

By: Representative Coleman

To: Education; Youth and
Family Affairs

HOUSE BILL NO. 1481

1 AN ACT TO CREATE NEW SECTION 43-21-322, MISSISSIPPI CODE OF
2 1972, TO REQUIRE THE DEPARTMENT OF PUBLIC SAFETY TO ADOPT RULES
3 SETTING STANDARDS FOR JUVENILE DETENTION FACILITIES; TO AMEND
4 SECTION 37-3-5, MISSISSIPPI CODE OF 1972, TO REQUIRE THE
5 DEPARTMENT OF EDUCATION TO OVERSEE THE ENFORCEMENT OF JUVENILE
6 DETENTION FACILITY LICENSING STANDARDS RELATED TO EDUCATION; TO
7 AMEND SECTION 43-21-323, MISSISSIPPI CODE OF 1972, IN CONFORMITY
8 THERETO; TO BRING FORWARD SECTIONS 43-21-321, 43-21-324,
9 43-21-325, MISSISSIPPI CODE OF 1972, WHICH RELATE TO JUVENILE
10 DETENTION CENTERS AND THE JUVENILE FACILITIES MONITORING UNIT, FOR
11 THE PURPOSE OF POSSIBLE AMENDMENT; AND FOR RELATED PURPOSES.

12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

13 **SECTION 1.** The following shall be codified as Section
14 43-21-322, Mississippi Code of 1972:

15 43-21-322. The Juvenile Detention Facilities Monitoring Unit
16 established in Section 43-21-323 shall adopt the following rules
17 on or before July 1, 2016, and shall be deemed to have complied
18 with the Mississippi Administrative Procedures Law by so doing,
19 and these rules shall be forwarded to the Secretary of State for
20 publication, compilation and indexing under Section 25-43-2.101.
21 From and after July 1, 2016, any proposed rule adoption or
22 amendment of any rule adopted pursuant to this section must comply



with all provisions of Article 3 of the Mississippi Administrative Procedures Law (Title 25, Chapter 43, Article 3, Mississippi Code of 1972).

I. General application of standards, administration and management, training and supervision of staff.

A. Definitions.

(1) "Abuse" means causing, or allowing to be caused, upon the youth, sexual abuse, sexual exploitation, emotional abuse, mental injury, nonaccidental physical injury, or other maltreatment. Discipline in a manner consistent with these standards is not considered to be abuse.

(2) "Assessment" means a thorough evaluation of a youth's classification, physical health, mental health, or educational functioning as required under these standards.

(3) "Auxiliary aids or services" means the accommodations necessary to afford youth with a recognized disability under federal or state law an equal opportunity to participate in, and enjoy the benefits of, the services, programs, and activities of the facility.

(4) "Belly belts or chains" means any mechanical restraint that wraps around the youth's waist or abdominal area.

(5) "Body cavity" means a rectal or vaginal cavity.

(6) "Body cavity search" means a search of a body cavity.



48 (7) "Chemical agents" means a chemical substance
49 that induces pain to control, restrain, or incapacitate a person.

50 (8) "Conflict management" means facility-approved
51 practices for stabilizing a crisis situation.

52 (9) "Contraband" means any object or substance
53 that is unlawful to possess under state laws or prohibited by the
54 policies of the facility.

55 (10) "Corporal punishment" means the willful
56 infliction of, or willfully causing the infliction of, physical
57 pain on a youth for the purpose of discipline.

58 (11) "Crisis intervention" means facility-approved
59 practices for stabilizing a crisis situation.

60 (12) "Crisis management" means facility-approved
61 practices for identifying, addressing, and resolving a crisis
62 situation.

63 (13) "De-escalation techniques" means
64 facility-approved strategies for defusing potentially dangerous or
65 disruptive behavior.

66 (14) "Exigent circumstances" means temporary and
67 unforeseeable circumstances that require immediate action in order
68 to address a serious threat to the security of a facility.

69 (15) "Facility" means a juvenile detention
70 facility.

71 (16) "Facility administrator" means the principal
72 official of the facility.



73 (17) "Facility administrator's designee" means the
74 person designated by the facility administrator to act officially
75 on his or her behalf.

76 (18) "Facility staff" means all employees of the
77 facility who are under the supervision of the facility
78 administrator.

79 (19) "Guardian" means a person appointed by a
80 court to make decisions regarding the support, care, education,
81 health, or welfare of a youth.

82 (20) "Grievance log" means an official record of
83 grievances.

84 (21) "Grievance procedures" means the processes
85 required under these standards for filing, resolving, and
86 recording grievances about any aspect of the facility, including
87 medical and mental health services.

88 (22) "Group punishment" means the imposition of
89 discipline on the whole population of youth or a group of youth
90 for the misbehavior of only one (1) youth or a few youths.

91 (23) "Health authority" means the individual,
92 governmental entity or health care contractor responsible for the
93 facility's health care services, including arrangements for all
94 levels of health care and the ensuring of quality and
95 accessibility of all health services provided to detained youth.



96 (24) "Health facility" means any licensed facility
97 that is organized, maintained, and operated for the diagnosis,
98 care, prevention, or treatment of medical illnesses or needs.

99 (25) "Health-trained staff" means facility staff
100 members trained by a qualified medical professional in limited
101 aspects of health care or gathering of health information.

102 (26) "Hogtying" means the practice of placing a
103 youth on a bed, floor, or other surface and securing the youth's
104 hands to his or her feet.

105 (27) "Individualized behavior plan" means a
106 written plan developed by facility staff members for addressing
107 the behavioral or safety concerns of a particular youth.

108 (28) "Informed consent" means that a qualified
109 health professional has informed the youth and/or the youth's
110 parent or guardian, in accordance with the law and in a
111 developmentally appropriate manner, of the diagnostic and
112 treatment options, risk assessment and prognosis, and of the right
113 to refuse treatment, and that the youth and the youth's parent or
114 guardian have consented in writing to the recommended treatment.

115 (29) "Isolation" means confining a youth in a room
116 by himself or herself for current and disruptive behavior that is
117 dangerous to the youth or others or that creates an imminent risk
118 of serious property damage.

119 (30) "Juvenile detention facility" means a
120 juvenile detention center authorized to hold youth for five (5) or



more days. The term "juvenile detention facility" does not include state-operated facilities or temporary holding facilities.

(31) "Management of assaultive behavior" means facility-approved practices for controlling behavior that is dangerous to the youth or others, or that creates an imminent risk of serious property damage.

(32) "Mechanical restraints" means handcuffs, leg shackles, leg irons, belly belts, belly chains, or other restraint devices used to restrict a youth's free movement of limbs or appendages.

(33) "Mental health authority" means the licensed entity that is charged with the responsibility for administering mental health services to youth in the facility.

(34) "Monitoring log" means the official record of detailed entries by staff members whenever monitoring records are required under these standards to be made and preserved.

(35) "One-on-one crisis intervention and observation" means individual counseling and continual face to face monitoring for any youth who is in isolation.

(36) "Operational capacity" means the maximum number of youth that a facility may safely and effectively accommodate under its current funding levels, staffing levels, and existing programs and services.



(37) "Pain compliance techniques" means pain rendering methods of a nondefensive nature to control, restrain, or incapacitate a youth.

(38) "Pat-down search" means an open-hand frisking or patting down of a person's outer clothing for the purpose of discovering contraband.

(39) "Physical body cavity search" means physical intrusion into a body cavity for the purpose of discovering contraband.

(40) "Physical force techniques" mean facility-approved defensive methods that a staff member may use when a youth's behavior threatens imminent harm to the youth or others or serious property destruction.

(41) "Physician" means any person licensed by the State of Mississippi to practice medicine in any of its branches.

(42) "Primary language" means the language that the youth is most comfortable speaking or using when communicating to others.

(43) "Programming" means a comprehensive multidisciplinary set of activities for meeting the rehabilitative, educational, recreational, cultural, and religious needs of the youth in the facility.

(44) "Qualified health professional" or "QHP" means a licensed or certified professional who is engaged in the



delivery of health services and who meets all applicable federal or state requirements to provide their professional services.

(45) "Qualified mental health professional" or "QMHP" means an individual with at least a master's degree in mental health or related fields and who has either a professional license or a Department of Mental Health credential as a mental health therapist.

(46) "Reasonable suspicion" means suspicion based on specific and articulable facts that, when taken together with rational inferences from those facts, reasonably warrant action.

(47) "Restraint review committee" means the committee responsible for regularly reading and assessing all force or restraint incidents and the policies and training on the use of force or restraints.

(48) "Room confinement" means a disciplinary sanction of confining a youth to a room for violating a rule.

(49) "Secured grievance box" means a locked container for depositing grievance forms and envelopes.

(50) "Sexual abuse" means:

(a) Sexual abuse of a youth by another youth, which includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:



191 (i) Contact between the penis and the
192 vulva or the penis and the anus, including penetration, however
193 slight;

194 (ii) Contact between the mouth and the
195 penis, vulva, or anus;

196 (iii) Penetration of the anal or genital
197 opening of another person, however slight, by a hand, finger,
198 object, or other instrument;

199 (b) Any other intentional touching, either
200 directly or through the clothing, of the genitalia, anus, groin,
201 breast, inner thigh, or the buttocks of another person, excluding
202 incidental contact that occurs without the intent to abuse,
203 arouse, or gratify sexual desire; and

204 (c) Sexual abuse of a youth by a staff
205 member, contractor, or volunteer, which includes any of the
206 following acts, with or without consent of the youth:

207 (i) Contact between the penis and the
208 vulva or the penis and the anus, including penetration, however
209 slight;

210 (ii) Contact between the mouth and the
211 penis, vulva, or anus;

212 (iii) Contact between the mouth and any
213 body part where the staff member, contractor, or volunteer has the
214 intent to abuse, arouse, or gratify sexual desire;



215 (iv) Penetration of the anal or genital
216 opening, however slight, by a hand, finger, object, or other
217 instrument, that is unrelated to official duties or where the
218 staff member, contractor, or volunteer has the intent to abuse,
219 arouse, or gratify sexual desire;

220 (v) Any other intentional contact,
221 either directly or through the clothing, of or with the genitalia,
222 anus, groin, breast, inner thigh, or the buttocks, that is
223 unrelated to official duties or where the staff member,
224 contractor, or volunteer has the intent to abuse, arouse, or
225 gratify sexual desire;

226 (vi) Any attempt, threat, or request by
227 a staff member, contractor, or volunteer to engage in the
228 activities described in paragraphs (i) through (v) of this
229 section;

230 (vii) Any display by a staff member,
231 contractor, or volunteer of his or her uncovered genitalia,
232 buttocks, or breast in the presence of a youth; and

233 (viii) Voyeurism by a staff member,
234 contractor, or volunteer. Voyeurism means an invasion of privacy
235 of a youth for reasons unrelated to official duties, such as
236 peering at a youth who is using a toilet to perform bodily
237 functions; requiring a youth to expose his or her buttocks,
238 genitals, or breasts; or taking images of all or part of a youth's
239 naked body or of a youth performing bodily functions.



240 (51) "Sexual harassment" means:

241 (a) Repeated and unwelcome sexual advances,

242 requests for sexual favors, or verbal comments, gestures, or

243 actions of a derogatory or offensive sexual nature by one (1)

244 youth directed toward another; and

245 (b) Repeated verbal comments or gestures of a

246 sexual nature to a youth by a staff member, contractor, or

247 volunteer, including demeaning references to gender, sexually

248 suggestive or derogatory comments about body or clothing, or

249 obscene language or gestures.

250 (52) "Sexual misconduct" means conduct that

251 constitutes either sexual abuse or sexual harassment.

252 (53) "Status offender" means a youth adjudicated

253 of conduct that would not be a crime if committed by an adult.

254 (54) "Strip search" means a search wherein all or

255 some of a youth's clothing is removed or rearranged for the

256 purpose of allowing for the visual inspection of the youth's

257 genitals, buttocks, anus, or female breasts.

258 (55) "Substance abuse" means using, without

259 medical reason, any psychoactive or mood-altering drug, including

260 alcohol, in such a manner as to induce impairment resulting in

261 dysfunctional social behavior.

262 (56) "Supervisory staff" means the assigned

263 supervisors responsible for ensuring that staff members properly

264 implement and enforce the policies and procedures of the facility.



(57) "Undocumented" means without official documentation evidencing lawful immigrant or nonimmigrant status.

(58) "Unit staff" means those staff members assigned to a particular housing or living unit in the facility.

(59) "Unit supervisor" means the assigned supervisor of a unit staff.

(60) "Universal safety precautions" means the guidelines recommended by the Centers for Disease Control for the screening, treatment, and management of infectious or contagious diseases.

(61) "Valid court order" means a court order that complies with Rule 10 of the Mississippi Uniform Rules of Youth Court Practice and the Juvenile Justice and Delinquency Prevention Act which, if violated, may be the basis for an order detaining a status offender at the facility.

(62) "Visual body cavity search" means the visual inspection of a body cavity for the purpose of discovering contraband.

(63) "Voluntary time-out" means a youth voluntarily leaving a programming activity when experiencing a state of anger, anxiety, or frustration for the purpose of regaining his or her composure.

(64) "Youth court judges" means a judge, referee, or designee authorized by the Mississippi Youth Court Law.

B. Qualifications for institutional staff positions.



290 (1) Staff are hired to serve as positive role
291 models for youth. Employees hired are qualified for their
292 positions by education, experience, and ability to relate to young
293 people, with minimum qualifications including a high school
294 diploma or equivalent and some experience working with youth. The
295 facility administrator's minimum qualifications include some
296 related college experience (including related military experience)
297 or a high school diploma or equivalent and a minimum of five (5)
298 years' experience working in youth programs.

299 (2) There are written job descriptions and
300 requirements for each classification or position in the facility.

301 (3) Employees who have direct contact with youth
302 receive a physical examination, including screening for infectious
303 and contagious diseases prior to job assignment, in accordance
304 with state and federal laws.

305 (4) Employees undergo a criminal record check in
306 accordance with state and federal laws. Staff members are not
307 hired unless and until an exemption is granted by the licensing
308 agency for any disqualifying offense. This record check includes
309 inquiry with the Child Abuse and Sex Offender Registry. There is
310 a periodic re-screening for all staff.

311 (5) Contractors undergo screenings and background
312 checks in compliance with the Prison Rape Elimination Act (PREA)
313 regulations prior to interaction with youth.



(6) Volunteers are screened prior to interaction with youth.

C. Staffing.

(1) The facility has sufficient staff to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and other scheduled activities. If the facility uses cameras or other video technology, the technology is used to supplement, not replace, direct staff supervision.

(2) The facility has at least a 1:8 ratio of unit staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs. The ratio is calculated based on the number of unit staff supervising the general population. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing, are not factored into these calculations.

(3) The facility has at least a 1:16 ratio of unit staff to youth during the hours that youth are asleep. At least two (2) staff members are on duty at all times in the facility.

(4) Staff members assigned to supervise youth are actively engaged in supervision during the hours in which they are assigned to supervise.



(5) Backup staff support is immediately available to respond to incidents or emergencies.

(6) Female staff members are always on duty in living units housing girls.

(7) The facility makes provisions for person(s) with limited English proficiency to have meaningful access to programs, services and activities. The facility keeps accurate records of those able to speak other languages and youth with limited English proficiency.

D. Training for institutional staff.

(1) Staff possess the information and skills necessary to carry out their duties.

(2) Written policies, procedures, and actual practices ensure that all categories of personnel meet juvenile detention training requirements. Training for staff with youth care and supervision duties includes instruction on basic juvenile detention officer standard operating procedures and restraint, de-escalation and crisis management training prior to assuming any job duties, an additional one hundred twenty (120) hours of juvenile detention training during the first year of employment, and forty (40) hours annually thereafter. All juvenile detention training is approved by the licensing authority. On the job or "shadowing" types of training (while valuable) do not count toward the hours of required training.



(3) The training set about above in D2 shall include facility staff training on policies and practices regarding:

(a) Discipline and basic rights of youth in detention.

(b) Access to mental health counseling and crisis intervention services for youth.

(c) Conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and isolation may be used.

(d) Suicide prevention and emergency procedures in case of suicide attempt.

(e) Prevention of youth victimization (e.g., inappropriate relationships with or behavior towards youth by other youth or staff).

(f) Adolescent development for girls and boys and communication skills.

(g) Needs of specific populations (e.g., gender, race, ethnicity, sexual orientation and gender identity, disability, or youth with limited English proficiency) within the facility.

(h) Nondiscrimination policies and maintenance of a drug-free workplace.

(i) Proper administration of CPR/first aid.



388 (j) Universal safety precautions for HIV,
389 hepatitis, and tuberculosis.

390 (k) Facility operations, security procedures,
391 fire and emergency procedures, safety procedures, and effective
392 report writing.

393 (4) Medical and mental health professionals who
394 provide services at the detention facility receive continuing
395 education as required by state and federal law, and those with
396 resident contact are current with CPR training and also receive
397 annual sexual misconduct prevention and intervention training.
398 Facility administrators determine training appropriate for any
399 other contractors who come into the facility.

400 (5) All new medical and mental health
401 professionals who provide services at the detention facility
402 receive an immediate basic orientation prior to any resident
403 contact that covers, at a minimum, relevant security and health
404 services policies and procedures, response to facility emergency
405 situations, the staff member's functional position description,
406 and youth-staff relationships. Completion of the orientation
407 program is documented and kept on file.

408 (6) Within ninety (90) days of first service all
409 health and mental health professionals who provide services at the
410 detention facility shall provide documentation of training in
411 health and age-specific needs of the youth population, infection
412 control, including the use of universal safety precautions, and



413 confidentiality of record and health information. Documentation
414 is to be kept on file.

415 (7) If the facility relies on health staff who are
416 not mental health professionals to provide any mental health
417 service otherwise permitted by state law, the responsible mental
418 health authority for the facility approves such staff, and ensures
419 that they have received adequate training in identifying and
420 interacting with individuals in need of mental health services.

421 (8) If the facility relies on facility staff to
422 perform the health screening at the time of admission, adequate
423 instruction in conducting the admission screen is required.

424 (9) Training personnel incorporate recommendations
425 and complaints from youth, parents, staff, management, quality
426 assurance personnel, and others into training plans and curricula.

427 **E. Supervision of staff.**

428 (1) The facility administrator regularly tours
429 living units to monitor institutional operations and provide
430 guidance to staff.

431 (2) Staff members receive annual evaluations for
432 performance, and the facility administrator or his/her designee
433 takes action in appropriate circumstances either to address
434 deficient performance or terminate employment. The facility
435 administrator or his/her designee also recognizes staff for
436 exemplary performance and ingenuity in promoting a positive
437 environment for youth.



438 (3) The facility administrator or his/her designee
439 conducts a daily review of logbooks; special incident reports;
440 records of use of force, restraints, and isolation; grievances;
441 and recreation records, and provides feedback to staff on areas of
442 concern. The facility administrator or his/her designee conducts
443 a weekly review of these documents except during exigent
444 circumstances or while on leave. [See also A(9) and B(6) in
445 Restraints, Use of Force, Isolation, Due Process, and Grievances.]

446 (4) The facility administrator or his/her designee
447 annually reviews all facility operating procedures, and updates
448 them as needed.

449 (5) The facility administrator or his/her designee
450 regularly schedules meetings or provides other opportunities for
451 staff to propose and discuss new policies or issues of concern, as
452 well as to offer suggestions for improvement of the facility or
453 programs.

454 (6) Written policies, procedures, and actual
455 practices ensure that: (a) staff model social skills for youth
456 and do not use profanity, threats, intimidation, humiliation, or
457 have inappropriate physical contact or personal relationships with
458 youth; and (b) facility management addresses violations of
459 standards of conduct.

460 **F. Child abuse, incident reports, and complaints.**

461 (1) The facility has a clear, understandable,
462 confidential, and accessible means for youth and staff to report



463 suspected child abuse. The facility administrator or his/her
464 designee ensures that staff, volunteers, and contractors
465 understand and comply with state mandatory child abuse reporting
466 laws.

467 (2) Staff and youth do not experience retaliation
468 for making complaints or reports of abuse.

469 (3) The facility administrator or his/her designee
470 maintains, reviews, and when appropriate, fully investigates all
471 reports of major incidents at the facility, including all uses of
472 physical force, all uses of restraints or isolation, all incidents
473 in which a youth or staff is injured, all incidents involving
474 contraband, and all significant property damage by youth. Staff
475 members alleged to be involved in the incident do not conduct the
476 investigation.

477 (4) Written policies, procedures, and actual
478 practices ensure that the facility administrator or his/her
479 designee advise those making complaints of the results of the
480 complaints or abuse reports or the actions taken to the extent the
481 information is available.

482 (5) The facility has a code of conduct requiring
483 staff to report misconduct of other staff members. Staff who fail
484 to adhere to the code of conduct face appropriate discipline.

485 (6) Staff receive specific training in handling
486 disclosures of victimization or other sensitive information made
487 to them by youth.



488 **II. Classification, assessment, health care, and data.**

489 **A. Specific detention limitations.**

490 (1) Admissions criteria limit detention
491 eligibility to youth likely to commit a serious offense pending
492 resolution of their case, youth likely to fail to appear in court,
493 and youth held pursuant to a specific court order for detention
494 where there is no alternative to custody.

495 (2) Status offenders are not detained at the
496 facility unless the youth violated a valid court order and
497 received the due process protections and consideration of less
498 restrictive alternatives as required by the federal Juvenile
499 Justice and Delinquency Prevention Act.

500 (3) There are written limitations on lower and
501 upper ages for detention in the facility, and in no case may a
502 youth under the age of ten (10) be held in the facility.

503 (4) Nonoffenders (including abused/neglected
504 youth) are not detained in the facility.

505 (5) Written policies, procedures, and actual
506 practices ensure that:

507 (a) The facility does not ask youth about
508 their immigration status.

509 (b) The facility does not detain youth simply
510 because the youth is undocumented.

511 (c) The facility does not detain youth with
512 immigration holds if they have no delinquency case or petition, 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 nonsecure placement, have their case dismissed, or finish a period of incarceration).

(d) If the facility contracts to hold youth detained pursuant to Department of Homeland Security (DHS, formerly INS) regulations, only youth meeting the DHS regulations on secure confinement of youth are detained.

(6) Youth with serious medical or mental health needs, or youth who are severely intoxicated, are not admitted into the facility unless and until appropriate medical or mental health professionals clear them. Youth transferred from or cleared by outside medical or mental health facilities are admitted only if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gunshot wounds).

(7) At the time of admission of a youth with disabilities (e.g., physical, visual, auditory, developmental, or intellectual) the facility and its educational program document that the physical plant can accommodate the youth, and the facility's programming can adequately address the youth's needs. Where appropriate, the youth court judge may transfer youth to other placements better suited to meet the youth's needs.

B. Admission process.



537 (1) Youth are processed into the facility in a
538 timely manner.

539 (2) For youth with limited English proficiency,
540 staff make arrangements for admission to be conducted in the
541 youth's native language in a timely manner.

542 (3) The facility assesses the frequency with which
543 it has contact with individuals with limited English proficiency
544 from different language groups.

545 (4) The facility establishes a process and informs
546 families and guardians about the ways in which they can
547 communicate with the facility about their children.

548 (5) The facility follows a process for providing
549 orientation to parents, guardians and caregivers within seven (7)
550 days of a youth's admission to the facility.

551 (6) Parents and guardians receive orientation
552 materials in the primary language spoken in the household, or the
553 facility makes other accommodations to ensure that parents and
554 guardians with limited English proficiency understand how the
555 facility operates.

556 (7) The facility does not charge for
557 interpretation services.

558 (8) When communicating with parents or guardians
559 of detained youth, staff do not rely on detained youth to serve as
560 interpreters in nonemergency situations.



561 (9) During the admission process, youth receive
562 information explaining, in an age-appropriate fashion, the
563 agency's strictly enforced policy regarding sexual abuse and
564 sexual harassment and how to report incidents or suspicions of
565 sexual abuse or sexual harassment.

566 (10) Within ten (10) days of admission, the
567 facility provides and documents comprehensive age-appropriate
568 education to youth either in person or through video regarding
569 their rights to be free from sexual abuse and sexual harassment
570 and to be free from retaliation for reporting such incidents, and
571 regarding agency policies and procedures for responding to such
572 incidents.

573 (11) Admissions staff screen youth to identify
574 immediate individual issues, such as intoxication or injury, and
575 collect information about the youth's family, education status,
576 and delinquency history.

577 (12) Admissions interviews occur in a private
578 setting.

579 (13) Staff ask youth about any disabilities and
580 provide necessary auxiliary aids or services to youth, as required
581 by the Americans with Disabilities Act.

582 (14) The admissions process includes offering
583 youth at least one (1) telephone call, a shower, and documented
584 secure storage of personal belongings. Youth are offered food
585 regardless of their time of arrival.



586 (15) At the time of admission or shortly
587 thereafter, youth receive a written and verbal orientation to
588 institutional rights, rules, and procedures by admission staff
589 including:

- 590 (a) Identification of key staff and roles.
- 591 (b) Rules on contraband and facility search
592 policies.
- 593 (c) A review of behavior expectations,
594 consequences that may result when youth violate the rules of the
595 facility, and due process protections.
- 596 (d) Grievance procedures.
- 597 (e) Access to emergency and routine health
598 and mental health care.
- 599 (f) Housing assignments.
- 600 (g) Opportunities for personal hygiene.
- 601 (h) Rules on visiting, correspondence, and
602 telephone use.
- 603 (i) Access to education, religious services,
604 programs, and recreational materials.
- 605 (j) Policies on use of force, restraints, and
606 isolation.
- 607 (k) The positive behavior incentive system.
- 608 (l) Emergency procedures.
- 609 (m) The right to be free from physical,
610 verbal, or sexual assault by other youth or staff.



611 (n) How to report problems at the facility
612 such as abuse, feeling unsafe, and theft.

613 (o) Nondiscrimination policies.

614 (16) Information is provided in a manner the youth
615 can understand, paying particular attention to language and
616 literacy needs of youth. Staff provide the orientation in the
617 primary language used by the youth.

618 (17) The facility makes key information about
619 safety and youth rights available and visible to youth through
620 posters, handbooks, or other written formats.

621 **C. Population management.**

622 (1) Written policies, procedures, and actual
623 practices ensure that when the institutional population approaches
624 or reaches its operational capacity, appropriate youth are
625 released, transferred, or "stepped down" to nonsecure settings.

626 (2) Written policies, procedures, and actual
627 practices ensure that staff review the institutional population on
628 a daily basis to identify youth who may no longer need secure
629 confinement and make appropriate notifications to the youth court
630 judge.

631 (3) The agency responsible for detention regularly
632 collects, reviews, and reports data, including: number of youth
633 brought to detention by each agency (e.g., police, school police,
634 group home); offenses charged or other reasons for detention such
635 as failure to appear or violation of probation; admissions to



detention; releases from detention; average daily population in detention; average length of stay in detention; and rearrests, violations of probation, and failures to appear. All data are available disaggregated by race/ethnicity, gender, and geography.

D. 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 his/her designee regularly reviews the process and any decisions that depart from established policies.

(2) As part of the classification process, within seventy-two (72) hours, staff consider the following information with the goal of keeping all youth safe and promoting their physical and emotional well-being:

- (a) Age;
- (b) Gender;
- (c) Separation of violent from nonviolent youth;
- (d) Level of emotional and cognitive development;
- (e) Current charges and offense history;
- (f) Physical size and stature;



660 (g) Presence of intellectual or developmental
661 disabilities;
662 (h) Physical disabilities;
663 (i) Presence of mental health needs;
664 (j) The youth's own perception of
665 vulnerability;
666 (k) Suicide risk;
667 (l) Prior sexual victimization or
668 abusiveness;
669 (m) Any gender nonconforming appearance or
670 manner or identification as lesbian, gay, bisexual, transgender,
671 gender nonconforming, two-spirited, or intersex, and whether the
672 youth may therefore be vulnerable to sexual abuse; and
673 (n) Any other specific information about
674 individual youth that may indicate heightened needs for
675 supervision, additional safety precautions, or separation from
676 certain other youth (youth's affiliation with a gang without more
677 specific information does not qualify).
678 (3) Staff gather information used for
679 classification through conversations with youth during the intake
680 process and medical and mental health screenings; during
681 classification assessments; and by reviewing court records, case
682 files, facility behavioral records, and other relevant
683 documentation from the youth's files. Facilities avoid



684 questioning youth about sensitive information that can be
685 ascertained through other means.

686 (4) Staff do not base housing or programming
687 decisions on race or ethnicity.

688 (5) There are no automatic policies for housing or
689 programming of gay, lesbian, bisexual, transgender, intersex,
690 questioning, gender nonconforming, and two-spirited youth on the
691 basis of their actual or perceived gender identity or sexual
692 orientation. Staff make any special housing or programming
693 decisions for such youth on an individual basis in consultation
694 with the youth to include the youth's perception of where he or
695 she will be most secure, as well as any recommendations from the
696 youth's health care provider, and document the reasons for the
697 particular treatment. The facility administrator or his/her
698 designee reviews the recommendations of staff and makes a final
699 decision.

700 (6) Written policies, procedures, and actual
701 practices ensure that youth with disabilities receive appropriate
702 accommodations in accordance with the Americans with Disabilities
703 Act and Section 504 of the Rehabilitation Act of 1973.

704 (7) When necessary, staff develop individualized
705 plans to provide for the safety of particular youth.

706 **E. Admission screenings.**

707 (1) The admission screening is a brief screening
708 immediately upon arrival meant to detect any urgent health or



709 mental health issues and to identify ongoing health concerns that
710 require immediate attention, including the continuation of
711 prescribed medication. The screening reflects the different
712 health issues in the male and female populations and includes:

713 (a) Inquiry into current and past illnesses,
714 and history of medical and mental health problems and conditions,
715 including:

716 (i) Medical, dental, and
717 psychiatric/mental health problems (including all past mental
718 health diagnoses, treatment, and suicide attempts), and infectious
719 and communicable diseases.

720 (ii) Medications needed for ongoing
721 conditions and other special health needs.

722 (iii) Allergies.

723 (iv) Symptom screening for tuberculosis
724 including questions regarding cough, night sweats, weight loss, or
725 recent exposure to someone who might have tuberculosis.

726 (v) Use of drugs or alcohol, including
727 types, methods of use, amounts, frequency, time of last use,
728 previous history of problems after ceased use, and any recent
729 hiding of drugs in his/her body.

730 (vi) Recent injuries (e.g., injuries at
731 or near the time of arrest).



(vii) History of gynecological problems, pregnancies, and current pregnancy status and related medical needs.

(viii) Names and contact information for physicians and clinics treating youth in the community, as well as health insurance information.

(ix) Name of an adult family contact.

(b) Observation of:

(i) Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation, emotional distress, or signs of depression), and sweating.

(ii) Disabilities including vision, hearing, mobility issues, and intellectual and/or developmental disabilities.

(iii) 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.

(c) The facility uses a standardized mental health screening instrument (such as the MAYSI) to identify youth who may be at risk of suicide or who may need prompt mental health services.

(2) Youth receive such physical and mental health screenings in a confidential setting conducted by QMHP upon



admission to the facility. Female detention center staff are available to conduct the screening for girls.

(3) Staff promptly refer the following youth for needed services:

(a) Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, or report having recently swallowed or ingested drugs, or otherwise in need of urgent care are denied admission until released by appropriate medical personnel.

(b) Youth who are identified in the screen as requiring additional medical services are immediately referred and receive an expedited medical follow-up within twenty-four (24) hours or sooner if medically necessary.

(c) 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 immediately referred and offered a meeting with a qualified mental health professional (QMHP) within twenty-four (24) hours.

(d) Youth who are identified in the screen as requiring additional mental health follow-up are immediately referred and receive appropriate assessment by a QMHP within twenty-four (24) hours or sooner if necessary.

(e) There is a system in place so that youth currently on prescription medication have their medication continued as medically appropriate.



782 (4) Staff provide documentation of:

783 (a) Disposition of the youth, such as
784 referral to emergency medical or mental health care services,
785 placement in general population with later referral to
786 health/mental health care services, or placement in the general
787 population.

788 (b) The date and time screening is completed
789 and the signature and title of the person completing the
790 screening.

791 (c) Staff place youth identified in the
792 admissions screen as needing further evaluation of suicide risk or
793 other acute mental health conditions on observation at intervals
794 not to exceed ten (10) minutes until they can be formally
795 evaluated by a QMHP. Staff directly and continuously supervise
796 any youth who has been identified at risk for suicide or self-harm
797 until a QMHP completes an assessment. Only a QMHP may remove a
798 youth from observation.

799 (d) Youth who are exhibiting active signs of
800 suicide are on one-on-one supervision in which a staff member is
801 within reasonable proximity of the youth until the youth is
802 evaluated by a QMHP.

803 (5) Written policies, procedures, and actual
804 practices developed in conjunction with the health authority
805 ensure sufficient supervision of youth identified with potential



806 medical problems (e.g., diabetes, asthma) until youth receive
807 health assessments.

808 **F. Health assessment.**

809 (1) Youth receive a health assessment soon after
810 admission and in no case later than one week after admission.

811 (2) The medical assessment portion of the health
812 assessment includes:

813 (a) Review of screening results and
814 collection of additional data to complete the medical, dental, and
815 mental health histories.

816 (b) Review with the parent or guardian (by
817 phone or in person) the physical and mental health issues of the
818 youth, making best efforts to protect confidential information.

819 (c) A detailed history of potentially
820 preventable risks to life and health including: smoking, drug use
821 (including alcohol), unsafe sex practices, problems with
822 interpersonal conflict resolution with violence, use of weapons,
823 eating patterns, and physical activity.

824 (d) A pregnancy test for sexually active
825 females.

826 (e) Review of immunization history and
827 scheduling or provision of needed updates in accordance with the
828 Advisory Committee on Immunization Practices (ACIP) guidelines.



829 (f) Recording of height, weight (and body
830 mass index by chart), pulse, blood pressure, temperature, and
831 results of other tests and examinations.

832 (g) Referral of girls for gynecological
833 examinations where clinically indicated.

834 (h) Review of the results of medical
835 examination and tests, and initiation of treatment when
836 appropriate.

837 (i) Contact with youth's medical professional
838 in the community as needed to ensure continuity of medical
839 treatment.

840 (3) The health assessment includes a mental health
841 screening portion in which the qualified health professional or
842 QMHP gathers information about:

843 (a) History of mental health (previous
844 psychiatric hospitalization, outpatient treatment, family history,
845 suicidal and homicidal behavior).

846 (b) Current and previous use of psychotropic
847 medications.

848 (c) History of drug and alcohol use.

849 (d) Developmental history (intellectual
850 and/or developmental disability, history of seizures, and cerebral
851 trauma).



(e) History of trauma (victimization, abuse, domestic violence, physical and/or sexual assault, and natural disaster).

(f) The youth's educational and vocational history.

(g) Social/cultural history (relationship with family, living arrangements, siblings, social supports, etc.).

(4) Information collected by medical or mental health professionals is used for care of youth in detention and not disclosed to courts for adjudication or criminal justice proceedings.

(5) A qualified medical professional performs the health assessment, with physician co-signature as required by law. Only same sex staff shall be present during a physical examination. QMHPs should ensure that practitioners are appropriately trained to conduct the mental health screening portion of the assessment.

(6) Staff refer youth identified through the screening as needing mental health follow-up to a QMHP. A QMHP sees the youth within forty-eight (48) hours or sooner if necessary to provide appropriate assessments and treatment as needed.

G. Health care services.



876 (1) The facility provides diagnosis and treatment
877 for conditions discovered during the screening and assessment of
878 youth and for youth with medical problems that arise after
879 admission.

880 (2) Chronic disease care is provided by qualified
881 health professionals who have appropriate training.

882 (3) Written policies, procedures, and actual
883 practices ensure that:

884 (a) Sick call is accessible every day.

885 (b) Youth may request to be seen without
886 disclosing the medical reason, and without having nonhealth care
887 staff evaluate the legitimacy of the request.

888 (c) Youth requesting sick call see a
889 qualified health professional.

890 (4) Services are accessible to meet the medical
891 needs of youth in the facility.

892 (5) Twenty-four-hour on-call or emergency medical
893 and mental health services, including transportation, are
894 accessible through on-site staff, by contract, or by way of other
895 immediately available services.

896 (6) There is a responsible health authority
897 accountable for health care services pursuant to a contract or job
898 description.

899 (7) The health authority develops, approves,
900 reviews, and revises at least annually, the written policies,



901 procedures, and actual practices regarding medical and mental
902 health care.

903 (8) Written job descriptions define the duties and
904 responsibilities of personnel in the facility health care
905 services.

906 (9) Medical and mental health professionals are
907 professionally licensed or certified as required by state law to
908 perform the functions required in their respective positions.

909 (10) Health professionals are available for health
910 and mental health services. Same sex staff are always present
911 during physical examinations.

912 (11) The facility health authority utilizes an
913 ongoing quality assurance and improvement program.

914 (12) The health authority and facility
915 administrator or his/her designee approve a written plan for
916 medical and mental health emergencies, and review the plan at
917 least annually.

918 (13) All staff supervising youth are trained in
919 the following:

920 (a) Signs and symptoms of medical
921 emergencies.

922 (b) Action required in emergencies, including
923 referral policies and procedures.

924 (c) First aid procedures for transferring
925 patients to medical facilities.



926 (d) Protocols for both boys and girls.

927 (14) All staff supervising youth are trained in
928 characteristics and reporting of the following:

929 (a) Mental illness, emotional disturbance,
930 and suicide risk.

931 (b) Cognitive, intellectual, and
932 developmental disabilities.

933 (c) Chemical dependency, including withdrawal
934 from drugs and alcohol.

935 (d) Signs and symptoms of child abuse
936 (including sexual abuse) and trauma-related disorders.

937 (15) The health authority ensures that staff
938 serving as "health-trained staff" to perform admission screenings
939 are properly trained to fulfill those duties.

940 (16) The facility has private areas for
941 examinations and for handling youth with special medical needs.

942 (17) Health and mental health professionals are
943 knowledgeable about informed consent laws.

944 (18) Providers advise youth about the limits of
945 confidentiality prior to initiating any medical or mental health
946 services.

947 (19) Medical examination and treatment conform to
948 state laws for informed consent and the right to refuse treatment.
949 Written policies, procedures, and actual practices ensure that:



950 (a) Medical staff obtain informed consent
951 from youth and/or parent or guardian as required by law, and honor
952 refusals of treatment.

953 (b) Where medical or mental health staff
954 believe that involuntary treatment is necessary, the treatment is
955 conducted in a hospital and not at the facility after compliance
956 with legal requirements.

957 (c) Staff document the youth and/or a
958 parent's or guardian's consent or refusal, and counseling with
959 respect to treatment, in youth's medical records.

960 (20) There are designated areas and/or policies
961 for medically isolating youth from the general population. Health
962 care beds are not used to handle overcrowding.

963 (21) For those detention centers that have an
964 infirmary, youth housed in the infirmary are admitted only by a
965 qualified health professional, and the infirmary has
966 twenty-four-hour staffing by qualified health professionals, with
967 twenty-four-hour on-call physician staffing.

968 (22) Staff provide notification and/or obtain
969 consent of parent(s) or guardian(s) in case of serious medical or
970 psychological problems, consistent with state law. If a minor is
971 committed to a hospital and held overnight, written policies,
972 procedures and actual practices ensure that staff make reasonable
973 attempts to notify parent(s) or guardian(s) within one (1) hour of
974 the hospitalization.



975 (23) Pregnant girls receive prompt prenatal care,
976 including physical examinations, nutrition guidance, child birth
977 and parenting education, counseling, and provisions for follow-up
978 care. Pregnant girls receive a modified diet and vitamins to meet
979 their nutritional needs.

980 (24) The facility provides regular health
981 education in self-care skills, including personal hygiene, oral
982 hygiene and dental care, nutrition, preventive health care, STDs
983 and STD prevention, stress management, drug/alcohol/tobacco
984 education, and physical fitness. The facility provides youth with
985 education tailored to the particular health needs of the youth.

986 (25) Written policies, procedures, and actual
987 practices ensure that:

988 (a) Staff do not automatically segregate
989 youth with HIV.

990 (b) Staff limit the sharing of confidential
991 information regarding youth with HIV, to those who need the
992 information to provide for the safety, security, health,
993 treatment, and continuity of care for youth, consistent with state
994 law.

995 (c) Staff ensure there is available a trained
996 qualified health professional (through contract) to provide
997 appropriate treatment for youth with HIV/AIDS. Youth with HIV are
998 managed by a qualified health professional trained in HIV
999 treatment.



1000 (d) All staff supervising youth receive
1001 training on and exercise universal safety precautions.

1002 (26) Written policies, procedures, and actual
1003 practices ensure that youth receive substance abuse treatment if
1004 needed.

1005 (27) Written policies, procedures, and actual
1006 practices ensure that youth who are victims of sexual abuse are
1007 handled appropriately, including: the collection of evidence;
1008 testing for STDs as appropriate; evaluation for counseling and
1009 referral to the rape crisis medical staff at the local hospital;
1010 reporting to the facility administrator or his/her designee; and
1011 reporting to child protective authorities. Written policies,
1012 procedures, and actual practices ensure that staff understand and
1013 respond sensitively to the psychological impact of sexual abuse.
1014 Female medical staff are available to examine girls in these
1015 situations if requested and male medical staff are available for
1016 males if requested.

1017 (28) Written policies, procedures, and actual
1018 practices ensure youth reporting to the health unit with an injury
1019 are questioned by qualified health professionals outside the
1020 hearing of other staff or youth regarding the cause of injury. If
1021 the health care provider suspects abuse, the provider immediately
1022 takes steps to preserve evidence of the injury; reports the
1023 suspected abuse; documents the injury in the youth's medical
1024 record; and completes an incident report.



1025 (29) Physical evaluation occurs in private and in
1026 a room with adequate space and adequate light and equipment that
1027 is necessary in order to perform clinical examinations.

1028 (30) Facility and qualified health professionals
1029 prepare discharge plans to provide to the youth court counselors
1030 and the youth's parent or guardian to ensure that youth leaving
1031 custody receive continuity of care for ongoing illnesses or
1032 conditions.

1033 **H. Dental services.**

1034 (1) Youth receive a dental screening by a
1035 qualified health professional. The screening takes place soon
1036 after admission, and in no case later than one (1) week after
1037 admission. The screening includes:

1038 (a) Visual observation of the teeth and gums.

1039 (b) Immediate referral to a dentist for any
1040 obvious or gross abnormalities.

1041 (2) The facility, through contract with a dental
1042 provider, provides youth with a full range of services that in the
1043 dentist's judgment are necessary for proper dental health,
1044 including use of topical fluorides, fillings, and extractions.

1045 **I. Mental health services.**

1046 (1) QMHPs are available through contracts to
1047 provide appropriate assessment and services to youth referred as
1048 needing mental health services.



1049 (2) Youth with significant mental health needs
1050 receive an evaluation by a QMHP and ongoing mental health services
1051 in accordance with a treatment plan. The treatment plan includes:
1052 (a) Identification of the mental and/or
1053 behavioral health issues to be addressed.
1054 (b) Any medication or medical course of
1055 action to be pursued.
1056 (c) Planned activities to monitor the
1057 efficacy of any medication or the possibility of side effects.
1058 (d) A description of any behavioral
1059 management plan or strategies to be undertaken.
1060 (e) A description of any counseling or
1061 psychotherapy to be provided.
1062 (f) A determination of whether the type or
1063 level of treatment can be provided in the detention center.
1064 (g) A plan for monitoring the course of
1065 treatment.
1066 (h) Any necessary modifications to the
1067 standard use of force and restraint procedures (e.g., a youth who
1068 has been sexually assaulted may need to be restrained differently
1069 than other youth in restraints).
1070 (i) A transition plan for when the youth
1071 leaves the care of the facility.
1072 (3) Staff carefully investigate all incidents of
1073 self-harm or attempted self-harm (e.g., cutting). Following any



1074 incident of self-harm, a QMHP prepares a detailed care and support
1075 plan for the youth. Staff also review the results of the
1076 investigation and institute remedial measures to prevent similar
1077 occurrences in the future.

1078 (4) Staff encourage youth who are assessed as
1079 vulnerable or at risk of self-harm to engage in appropriate
1080 activities and programs that will raise their self-esteem and
1081 reduce the risk of further self-harming behavior.

1082 (5) Twenty-four-hour on-call or emergency mental
1083 health services are accessible as needed.

1084 (6) Psychiatric, psychological, and psychiatric
1085 nursing care are accessible as needed.

1086 (7) If the facility relies on health staff who are
1087 not QMHPs to provide any mental health service otherwise permitted
1088 by state law (e.g., screening interviews), the responsible mental
1089 health authority ensures that they have received adequate training
1090 in identifying and interacting with individuals in need of mental
1091 health services.

1092 (8) Written policies, procedures, and actual
1093 practices ensure that youth are appropriately assessed and treated
1094 for suicide risk. This system includes the principles listed
1095 below:

1096 (a) All staff working with youth receive
1097 training on recognition of behavioral and verbal cues indicating
1098 vulnerability to suicide, and what to do in case of suicide



1099 attempts or suicides (e.g., the use of a cut-down tool for youth
1100 hanging).

1101 (b) The admissions screening addresses
1102 suicide risk through interview questions and observation.

1103 (c) QMHPs evaluate suicide risk.

1104 (d) Youth at risk of suicide receive prompt
1105 evaluation and frequent follow-up by QMHPs.

1106 (e) Staff document contemporaneously the
1107 monitoring of youth on suicide watch.

1108 (f) Staff monitor actively suicidal youth
1109 one-on-one on a continuous basis or transfer youth to an
1110 appropriate facility. Youth who have been on continuous
1111 one-to-one monitoring for twenty-four (24) hours are assessed as
1112 soon as possible, but no later than twenty-four (24) hours
1113 following such a twenty-four-hour one-to-one monitoring period, by
1114 a physician or QMHP to determine whether there is a need for
1115 hospitalization.

1116 (g) QMHPs provide clear, current information
1117 about the status of youth on suicide watch to staff supervising
1118 youth.

1119 (h) Staff do not substitute supervision aids,
1120 such as closed circuit television or placement with roommates, for
1121 in-person one-on-one staff monitoring.

1122 (i) Youth at risk of suicide are engaged in
1123 social interaction and are not isolated. Youth on all levels of



1124 suicide precautions (based on level of risk) have an opportunity
1125 to participate in school and activities (e.g., with the one-on-one
1126 staff person).

1127 (j) Youth on suicide watch are not left naked
1128 and are housed appropriately.

1129 (k) Only a QMHP may release a youth from
1130 suicide watch or lower a youth's level of precautions. QMHPs
1131 return youth to normal activity as soon as possible.

1132 (l) Youth released from suicide watch have an
1133 individualized plan of care that is followed by QMHPs and
1134 communicated to all staff who come into contact with the youth.

1135 (m) Suicides or attempts at suicide are
1136 carefully documented and there is a process for
1137 administrative/medical review and staff debriefing after each such
1138 occurrence.

1139 (n) Staff promptly notify parent(s) or
1140 guardian(s) following any incident of suicidal behavior or
1141 self-harm.

1142 **J. Administration of prescription medications.**

1143 (1) Qualified health or mental health
1144 professionals regularly monitor and document youth on psychotropic
1145 or other regular medications.

1146 (2) Only individuals permitted under state law and
1147 regulations administer medication to youth.



1148 (3) Qualified health professionals administer
1149 medications under circumstances that protect the youth's medical
1150 confidentiality (i.e., not in a public space).

1151 (4) Youth with conditions that require immediate
1152 use of medication are provided with immediate access to their
1153 medication (e.g., asthma inhalers).

1154 (5) The medical authority complies with state and
1155 federal laws and regulations regarding procuring, prescribing,
1156 dispensing, administering, and disposing of pharmaceuticals.

1157 (6) Written policies, procedures, and actual
1158 practices provide for continuity of medication while youth are in
1159 the facility.

1160 (7) Medications are stored in proper environmental
1161 conditions (e.g., temperature, light, moisture, ventilation), with
1162 attention to safety (segregation of medications for external
1163 versus internal use) and security.

1164 (8) Qualified mental health and health
1165 professionals ensure that the youth and his/her family understand
1166 the importance of continuing the current medication regimen upon
1167 the youth's release from the facility. Youth on psychotropic
1168 medications who require continuing care upon release are linked to
1169 community-based resources for ongoing oversight and care.

1170 (9) Health professionals maintain a supply of
1171 antidotes and emergency medications, and easily accessible



1172 information (e.g., the phone number of poison control) in case of
1173 overdoses or toxicological emergencies.

1174 **K. Medical, mental health, and dental records.**

1175 (1) Written policies, procedures, and actual
1176 practices ensure that access to confidential information is
1177 limited to those staff with a "need to know" consistent with
1178 applicable state and federal laws. Written policies, procedures,
1179 and actual practices ensure that staff share information where
1180 appropriate to provide for safety, security, health, treatment,
1181 and continuity of care for youth.

1182 (2) Medical and mental health professionals
1183 communicate instructions to custodial staff for youth with special
1184 needs, as appropriate.

1185 (3) Staff record and treat medical, mental health,
1186 substance abuse, and dental information as confidential.

1187 (4) Medical, mental health, substance abuse, and
1188 dental records are maintained and stored separately from
1189 confinement records.

1190 (5) There is a record for each child that includes
1191 screening forms, assessment records, findings, diagnoses,
1192 treatments, prescribed medications and records of administration,
1193 lab test records, consent or refusal forms, insurance information,
1194 discharge summaries, and reports from other health providers
1195 (e.g., dental or psychological).

1196 **III. Programming and access.**



1197 A. **Education.**

1198 (1) During admission, youth receive a brief
1199 educational history screening with respect to their school status,
1200 special education status, grade level, grades, and history of
1201 suspensions or expulsions. This information is used to determine
1202 initial placement in the institutional educational program.

1203 (2) Detention staff enroll youth in the facility
1204 school at the earliest possible time and, at the latest, within
1205 three (3) days of admission to the facility, excluding weekends
1206 and legal holidays.

1207 (3) No later than ten (10) days after admission to
1208 the facility, youth begin an extended detention education program.
1209 A team consisting of a certified teacher provided by the local
1210 sponsoring school district or a private provider agreed upon by
1211 the youth court judge and sponsoring school district, the
1212 appropriate official from the local home school district, and the
1213 youth court counselor or representative develop an individualized
1214 education program for the youth, where appropriate as determined
1215 by the teacher of the sponsoring school district, or a private
1216 provider agreed upon by the youth court judge and sponsoring
1217 school district. The youth's parent or guardian participates in
1218 the team unless excused by the youth court judge. Failure of any
1219 party to participate does not delay implementation of this
1220 education program.



1221 (4) The sponsoring school district provides three
1222 hundred thirty (330) minutes of instruction per school day per
1223 student.

1224 (5) The sponsoring school district provides
1225 instruction in the detention center for the minimum number of days
1226 per year in accordance with the requirements of paragraph (11) of
1227 this section.

1228 (6) School classes are held in appropriate,
1229 dedicated space.

1230 (7) The sponsoring school district provides
1231 adequate staff (including special education staff) to meet state
1232 student-to-teacher ratios for education. Staff are qualified and
1233 hold appropriate credentials, including any specialized
1234 credentials necessary for providing special education programming
1235 or instruction for youth with limited English proficiency.

1236 (8) The sponsoring school district identifies
1237 youth with limited English proficiency and provides appropriate
1238 instruction for those students to allow for meaningful access to
1239 the curriculum.

1240 (9) The sponsoring school district provides
1241 adequate substitute teaching staff to cover teaching duties of
1242 staff who are on vacation, sick, or otherwise not available. The
1243 sponsoring school district provides substitute teachers in order
1244 to ensure the continuation of educational services to youth in the
1245 detention center in accordance with the sponsoring school



1246 district's policy and procedures for students in the traditional
1247 school setting.

1248 (10) The facility school is annually reviewed and
1249 evaluated by the Mississippi Department of Education pursuant to
1250 Section 43-21-321.

1251 (11) The sponsoring school district provides the
1252 curricula required by the state for graduation from high school,
1253 including preparation for any required state examinations.

1254 (12) The sponsoring school district awards credit
1255 (including partial credit) for work completed, and forwards the
1256 youth's education records from the facility to other schools upon
1257 the youth's exit from the facility.

1258 (13) The sponsoring school district complies with
1259 the federal special education law (IDEA) and comparable state laws
1260 for students with educational disabilities.

1261 (a) The sponsoring school district has
1262 procedures to determine which youth have previously been
1263 identified as having educational disabilities, and to promptly
1264 obtain special education records for such students.

1265 (b) The sponsoring school district has
1266 procedures in place to identify and assess youth who potentially
1267 have a disability, in conformity with state and federal
1268 requirements for special education.

1269 (c) An Individualized Education Program (IEP)
1270 is in place for each student with identified disabilities.



1271 Students entering with an existing IEP receive interim services
1272 that match the IEP as closely as possible.

1273 (d) The process for developing or modifying
1274 IEPs at the facility school is the same as that used in public
1275 school settings.

1276 (e) The sponsoring school district provides
1277 special education students with a full continuum of regular
1278 education classes, special classes, and supplementary services.
1279 Special education students are allowed to participate in regular
1280 school programs to the maximum extent appropriate.

1281 (f) Special education staff at the school are
1282 certified by the state for the services they provide.

1283 (g) The sponsoring school district provides
1284 related services required by the IEP.

1285 (h) Transition services are provided as
1286 required by the IEP.

1287 (i) Parents or guardians are permitted to
1288 participate in decisions regarding special education of their
1289 youth, and facility staff are flexible in scheduling or using
1290 telephone conferences to permit parent or guardian involvement.

1291 (j) The sponsoring school district secures
1292 parent or guardian surrogates when parents or guardians are
1293 unavailable to participate in special education decisions.



1294 (k) The sponsoring school district complies
1295 with legally required timelines for assessment and IEP
1296 development.

1297 (l) The sponsoring school district complies
1298 with IDEA requirements for notice and due process.

1299 (m) Facility staff and school personnel do
1300 not inappropriately discipline youth for behaviors that are
1301 manifestations of their disabilities.

1302 (14) Students entering with an existing 504 plan
1303 receive interim services that match the plan as closely as
1304 possible.

1305 (15) The sponsoring school district provides GED
1306 preparation programs for appropriate youth.

1307 (16) Youth in isolation or room confinement
1308 receive an education program comparable to youth in other units in
1309 the facility. For example, dropped off packets of work without
1310 adequate instruction, follow-up, or grading are not sufficient to
1311 meet this standard. For the safety of others, a student receives
1312 counseling as it relates to the incident that caused reassignment,
1313 prior to reentering the classroom.

1314 (17) Behavior intervention plans are developed for
1315 youth whose behavior interferes with their school attendance and
1316 progress.

1317 (18) The sponsoring school district provides youth
1318 with reading materials geared to the reading levels, interests,



1319 and primary languages of confined youth. Youth have reasonable
1320 access to such materials.

1321 (19) These standards do not negate the
1322 responsibility of a youth's local school district to provide for
1323 his or her special education needs pursuant to federal and state
1324 law.

1325 (20) Upon request by the sponsoring school
1326 district, the local school district of any student receiving
1327 educational services reimburses the sponsoring school district for
1328 the number of days the student receives educational services,
1329 which does not include weekends and legal holidays. In a case
1330 where a student's IEP requires related services, the cost may be
1331 more than the traditional per pupil/per day rate. The amount
1332 includes the cost of additional services provided, based on the
1333 student's IEP.

1334 (21) The State Department of Education is
1335 responsible for ensuring compliance with this section. Facilities
1336 are neither penalized nor have their licenses withheld for failure
1337 to comply with areas beyond the control of the detention facility
1338 itself.

1339 **B. Exercise, recreation and other programming.**

1340 (1) Detention staff keep youth occupied through a
1341 comprehensive multidisciplinary program. Detention staff post and
1342 adhere to a daily schedule of activities in each living unit that



1343 incorporates both structured and free time. Detention staff log
1344 the date and reasons for any deviations from scheduled activities.

1345 (2) The facility provides recreational activities,
1346 including a range of activities in dayrooms or common areas, for
1347 example: reading, listening to the radio, watching television or
1348 videos, board games, drawing or painting, listening to or making
1349 music, and letter writing.

1350 (3) There is an adequate supply of recreation
1351 materials for use during recreation times, such as games, cards,
1352 and writing and art materials.

1353 (4) Detention staff, volunteers, or community
1354 groups provide additional programming that reflects the interests
1355 and needs of various racial and cultural groups within the
1356 facility, and that is gender-responsive. The facility offers a
1357 range of activities such as art, music, drama, writing, health,
1358 fitness, meditation/yoga, substance abuse prevention, mentoring,
1359 and voluntary religious or spiritual groups. When possible,
1360 programming is provided by community-based programs that offer the
1361 opportunity for continuity once the youth is released.

1362 (5) Equivalent programming exists for female and
1363 male youth in the facility. "Equivalent" does not mean that
1364 programming for males and females is identical, but that girls
1365 have reasonable opportunities for similar activities and an
1366 opportunity to participate in programs of comparable quality.



1367 (6) Youth in the facility, including youth in room
1368 confinement, have the opportunity for at least one (1) hour of
1369 large muscle exercise every day. Large muscle exercise can be
1370 accomplished through the facility school's physical education
1371 class so long as the one-hour minimum requirement is met. Youth
1372 have the opportunity to exercise outside, weather permitting and
1373 to the extent the physical plant allows. Facilities built prior
1374 to the effective date of these standards are not required to
1375 comply with outdoor recreation if their physical plants do not
1376 have such space available and they provide for other appropriate
1377 exercise space.

1378 (7) Youth are out of their rooms except during
1379 sleeping hours and for brief periods of transition, such as shift
1380 changes. For the majority of time that youth are out of their
1381 rooms, they are participating with detention staff or volunteers
1382 in structured recreational, cultural, or educational activities.
1383 Youth are also provided with some unstructured free time as well.

1384 (8) The facility has sufficient recreational
1385 equipment, such as games and balls, to provide a variety of
1386 physical education activities.

1387 (9) Written policies, procedures, and actual
1388 practices ensure that limitations on reading materials are
1389 reasonably related to the security of the facility, or the health
1390 and development of youth in the facility.



1391 (10) Reading materials appropriate for the age,
1392 interests, ability and literacy levels of youth are available in
1393 sufficient variety and quantity to the youth. Youth are allowed
1394 reading materials in their rooms.

1395 **C. Religion.**

1396 (1) Youth have the opportunity to participate in
1397 organized religious activities. Youth are not compelled to
1398 participate in religious activities.

1399 (2) Youth have the opportunity to meet or speak
1400 with clergy of the religion of their choice.

1401 (3) Youth receive special diets to accommodate
1402 sincerely held religious beliefs.

1403 (4) Youth are allowed religious books and reading
1404 materials in their rooms.

1405 (5) Detention staff do not restrict religious
1406 practices and materials absent a compelling government interest.

1407 **D. Positive behavior management.**

1408 (1) A written behavior management system provides
1409 a graduated scale of incentives for positive behavior.

1410 (2) Youth understand the rewards and sanctions
1411 system and how it works.

1412 (3) Staff implement the rewards and sanctions
1413 system fairly and consistently.



1414 (4) The behavior management system is
1415 facility-wide and points or status follow the youth when he or she
1416 is transferred from one unit to another.

1417 (5) To the extent possible, the culture of the
1418 facility emphasizes rewarding success in lieu of focusing on or
1419 punishing failure.

1420 E. **Mail.**

1421 (1) Detention staff do not limit the number of
1422 letters a youth may receive, including youth on disciplinary
1423 status. Detention staff provide youth with a reasonable amount of
1424 paper, access to writing implements, and postage for
1425 correspondence and encourage them to write to their families.

1426 (2) Detention staff only read mail if there is a
1427 reasonable suspicion based on specific information that the mail
1428 itself constitutes a criminal act or threat to the security of the
1429 facility, youth, or staff.

1430 (3) Detention staff open envelopes containing mail
1431 for a youth in the presence of the youth in order to inspect for
1432 contraband. However, detention staff may open mail for youth
1433 outside their presence if they have reasonable suspicion to
1434 believe that the mail contains contraband or other threats to the
1435 security of the facility, youth, or detention staff.

1436 (4) The facility establishes written policies,
1437 procedures, and actual practices regarding mail and ensures that
1438 staff, youth, and their families and guardians understand any



1439 limitations on those persons with whom the youth may correspond.
1440 In the event that the facility or child knows that the child's
1441 parent or guardian is incarcerated and the child is permitted to
1442 communicate with that parent or guardian, the facility makes
1443 efforts to assist the youth in communicating with that parent or
1444 guardian.

1445 (5) If staff withhold mail for any reason, staff
1446 inform the youth, log the date, time and reason for the action,
1447 place the mail in the youth's private property, and advise the
1448 youth that he or she may file a grievance over the decision to
1449 withhold the mail, unless such information would compromise an
1450 ongoing criminal investigation.

1451 (6) Staff distribute mail within twenty-four (24)
1452 hours of arrival at the facility, and post outgoing mail within
1453 twenty-four (24) hours of receipt of mail from youth, or on the
1454 next business day when the post office is open.

1455 **F. Telephone.**

1456 (1) The facility provides youth with reasonable
1457 access to telephones.

1458 (2) The facility allows youth to talk on the
1459 telephone for at least five (5) minutes per call (after a
1460 connection is established), at least twice a week.

1461 (3) Calls are available free of charge or calls
1462 are charged at reasonable rates. Staff make provisions to
1463 accommodate youth who need to make long distance calls. If the



1464 facility requires youth to make collect calls, the facility makes
1465 accommodations for youth whose families cannot afford collect
1466 calls.

1467 (4) Youth are permitted to use the telephone at
1468 times that are arranged in advance and that are convenient to
1469 staff and the recipient of the call.

1470 (5) If there is no response when the youth first
1471 uses the phone, the youth has reasonable opportunities to make
1472 additional efforts to call back.

1473 (6) Facilities make reasonable efforts to
1474 accommodate youth, parents, or guardians with hearing impairments
1475 when they wish to communicate with one another.

1476 **G. Visitation.**

1477 (1) The facility permits youth to visit with those
1478 individuals approved by the facility administrator or his/her
1479 designee or the youth court judge. The facility establishes a
1480 process to ensure that undocumented family members who are
1481 otherwise approved for visitation may visit their children.

1482 (2) Written policies clearly describe who may
1483 visit, the mode and manner of visitation, if and when contact
1484 visits may be available, how to request a contact visit if it
1485 requires special arrangements, and the approval procedure for
1486 visitors.



1487 (3) Family visiting occurs on several days of the
1488 week, on weekdays and weekends. Detention staff post a schedule
1489 of visiting hours and rules.

1490 (4) The facility permits families to schedule
1491 visits at other times with permission from the facility
1492 administrator or his/her designee. Written policies clearly
1493 describe procedures for special visits.

1494 (5) Visits are at least thirty (30) minutes in
1495 length. Contact visits are encouraged.

1496 (6) Detention staff do not deprive youth on
1497 disciplinary status of visits as a punishment. Youth on
1498 disciplinary status may have visits with family members unless
1499 such visits would pose an immediate threat to the safety and
1500 security of the facility.

1501 (7) Detention staff supervise the visiting area,
1502 but do not routinely monitor conversations, absent a reasonable
1503 suspicion that a crime, escape, or threat to safety or security
1504 may occur, or subject to court order.

1505 (8) If staff conduct searches of youth following
1506 visits, they use the least intrusive measure to protect against
1507 the introduction of contraband into the facility. Written
1508 policies and procedures clearly describe the facility's practice.

1509 (9) Detention staff post the search policies so
1510 visitors are aware of the rules.



1511 (10) Visitors are able to ask questions or
1512 register complaints about the treatment of youth. Unit staff or
1513 the facility administrator or his/her designee promptly respond to
1514 such questions or complaints within the limits of confidentiality.

1515 **H. Access to counsel, the courts, and public officials.**

1516 (1) Mail to and from attorneys, the courts, or
1517 public officials is privileged. Staff may open such mail in the
1518 presence of youth to check for contraband only but may not read
1519 such mail.

1520 (2) Attorney visits may occur at all reasonable
1521 times during hours that youth are awake and are not limited to
1522 family visiting hours.

1523 (3) There is a room or area in the facility that
1524 allows for confidential attorney conversations.

1525 (4) Youth are able to make and complete free and
1526 confidential phone calls to attorneys. Staff assist youth in
1527 obtaining the phone numbers of their attorneys if necessary.

1528 **I. Access to outside support services related to sexual**
1529 **misconduct.**

1530 (1) Detention staff provide youth with access to
1531 outside victim advocates for emotional support services related to
1532 sexual abuse, by providing, posting, or otherwise making
1533 accessible mailing addresses and telephone numbers, including
1534 toll-free hotline numbers where available, of local, state, or
1535 national victim advocacy or rape crisis organizations. Detention



1536 staff enable reasonable communication between youth and these
1537 organizations and agencies, in as confidential a manner as
1538 possible.

1539 (2) Detention staff inform youth, prior to giving
1540 them access, of the extent to which such communications will be
1541 monitored and the extent to which reports of abuse will be
1542 forwarded to authorities in accordance with mandatory reporting
1543 laws.

1544 **IV. Restraints, isolation, due process, and grievances.**

1545 **A. Physical force, mechanical restraints, and chemical**
1546 **agents.**

1547 (1) Written policies, procedures, and actual
1548 practices ensure that:

1549 (a) Unit staff receive annual training in
1550 conflict management, de-escalation of confrontations, crisis
1551 intervention, management of assaultive behavior, and the
1552 facility's continuum of methods of control.

1553 (b) Unit staff receive annual training on
1554 situations in which use of physical force or mechanical restraints
1555 is or is not justified, permitted methods of physical force and
1556 restraints, appropriate techniques for application of force and
1557 restraints, and guidance to staff in deciding what level of
1558 physical force or restraints to use if that becomes necessary.

1559 (c) Unit staff follow a graduated set of
1560 interventions that limit the use of physical force or mechanical



1561 restraints, employ a range of interventions or actions before
1562 using force or restraints, and permit only that amount of force
1563 needed to ensure the safety of the minor and others.

1564 (d) Only staff specifically trained in the
1565 application of physical force and mechanical restraints may use
1566 such techniques or devices; staff only use approved techniques or
1567 devices.

1568 (2) Written policies and procedures in the
1569 facility set forth the principles below for use of force and
1570 mechanical restraints:

1571 (a) Staff only use approved physical force
1572 techniques when a youth's behavior threatens imminent harm to the
1573 youth or others or serious property destruction.

1574 (b) Staff only use physical force or
1575 mechanical restraints in the degree and for the amount of time
1576 necessary to bring the situation under control. As soon as a
1577 youth regains self-control, staff stop using physical force or
1578 mechanical restraints.

1579 (c) During transportation, staff may use
1580 mechanical restraints to prevent injury or escape. Based on the
1581 youth's behavior and on an individual basis, staff may restrict
1582 movement of youth's legs during transportation. Staff do not
1583 handcuff youth together during transportation.

1584 (d) Staff do not use belly belts or chains on
1585 pregnant girls. Any use of leg shackles or leg irons on pregnant



1586 youth is made on a case-by-case basis by the facility
1587 administrator or his/her designee.

1588 (e) During facility emergencies, staff may
1589 use handcuffs to prevent injury or escape. Staff remove handcuffs
1590 promptly after the youth is placed in his or her room, or is
1591 otherwise in a safe place. In an instance in which a youth is out
1592 of control, the facility administrator or his/her designee may
1593 authorize ongoing use of restraints until the youth is under
1594 control. Staff continuously monitor youth who are in mechanical
1595 restraints using one-on-one direct staff supervision. Except in
1596 exigent circumstances, staff contact the mental health provider if
1597 any youth is in mechanical restraints in his or her room for
1598 longer than fifteen (15) minutes.

1599 (f) If use of force is necessary, staff use
1600 approved defensive physical force techniques including evasion and
1601 deflection maneuvers or holding techniques that immobilize the
1602 body without locking joints or using pressure points.

1603 (3) Youth who are restrained have reasonable
1604 access to food, water, toilet facilities, and hygiene supplies.

1605 (4) Written policies, procedures, and actual
1606 practices prohibit:

1607 (a) Use of chemical agents, including pepper
1608 spray, tear gas, and mace.



1609 (b) Use of pain compliance techniques at the
1610 facility. Pain compliance techniques are different from defensive
1611 physical force.

1612 (c) Hitting youth with a closed fist, kicking
1613 or striking youth, or using chokeholds or blows to the head on
1614 youth.

1615 (d) Use of four or five-point restraints,
1616 straightjackets, or restraint chairs.

1617 (e) Hogtying youth.

1618 (f) Restraining youth to fixed objects,
1619 including beds, or walls.

1620 (g) Restraining youth in a prone position and
1621 putting pressure on the youth's back or chest.

1622 (h) Using physical force or mechanical
1623 restraints for punishment, discipline, or treatment.

1624 (i) Use of belly belts or chains on pregnant
1625 girls.

1626 (5) Staff document all incidents in which physical
1627 force or mechanical restraints are used (except for restraints
1628 used pursuant to paragraph (2) (c) of this section), including:

1629 (a) Name of youth.

1630 (b) Date and time physical force or
1631 mechanical restraints were used on youth.

1632 (c) Date and time youth were released from
1633 mechanical restraints.



1634 (d) The person authorizing placement of youth
1635 in restraints.

1636 (e) A description of the circumstances
1637 leading up to the application of force or restraints, and what
1638 occurred during and after the restraint.

1639 (f) Persons involved in the incident and
1640 other witnesses.

1641 (g) The alternative actions attempted and
1642 found unsuccessful or reasons alternatives were not possible.

1643 (h) The type of physical force or mechanical
1644 restraints used.

1645 (i) Referrals or contacts with health and
1646 mental health professionals including the date and time such
1647 persons were contacted.

1648 (6) Medical professionals document all contact
1649 with youth subjected to physical force or restraints, including
1650 the name and position of medical or mental health professionals,
1651 the date and time of initial contact, all subsequent monitoring,
1652 pertinent findings, instructions to staff, and follow up to the
1653 incident.

1654 (7) Staff and youth involved in serious use of
1655 force or restraint incidents and/or use of force or restraint
1656 incidents where youth are injured undergo an immediate debriefing
1657 process with supervisory staff and mental health professionals to
1658 explore what might have prevented the need for force or restraint



1659 and alternative ways of handling the situation. Staff also make
1660 reasonable attempts to notify parents or guardians of serious use
1661 of force or restraint incidents and/or use of force or restraint
1662 incidents where youth are injured and ask for input and support on
1663 ways to prevent future such incidents.

1664 (8) The facility administrator or his/her designee
1665 regularly reviews and maintains a file in his or her office, for a
1666 period of at least one (1) year after the incident, of reports on
1667 all incidents in which youth are subjected to physical force or
1668 placed in restraints.

1669 (9) A restraint review committee, which includes
1670 the facility administrator or his/her designee, training staff,
1671 mental health staff, and line staff, regularly reviews all force
1672 and restraint incidents to identify departures from policy and
1673 issues needing policy clarification, to develop targeted training,
1674 and to provide feedback to staff on effective crisis management.
1675 [See also E(3) in General Application of Standards, Administration
1676 and Management, Training and Supervision of Staff.]

1677 **B. Isolation.**

1678 (1) Written policies and procedures in the
1679 facility set forth the following principles for the use of
1680 isolation.

1681 (a) Staff only use isolation if a youth's
1682 behavior threatens imminent harm to self or others or serious
1683 destruction of property.



1684 (b) Prior to using isolation, staff utilize
1685 less restrictive techniques, including talking with the youth in
1686 the youth's primary language to de-escalate the situation and
1687 bringing in staff, mental health professionals, or other youth to
1688 talk with the youth. Prior to using isolation, staff explain to
1689 the youth in the youth's primary language the reasons for the
1690 isolation, and the fact that he or she will be released upon
1691 regaining self-control.

1692 (c) Staff only keep youth in isolation for
1693 the amount of time necessary for the youth to regain self-control
1694 and no longer pose a threat. As soon as the youth's behavior
1695 ceases to threaten imminent harm to self or others or serious
1696 destruction of property, staff release the youth back to
1697 programming.

1698 (d) Staff notify the unit supervisor as soon
1699 as a youth is placed in isolation. Youth are not kept in
1700 isolation for longer than one (1) hour without explicit approval
1701 of the unit supervisor.

1702 (e) During the time that a youth is in
1703 isolation, staff provide one-on-one crisis intervention and
1704 observation at least every fifteen (15) minutes.

1705 (f) If a youth is in isolation for longer
1706 than one hour, a qualified mental health professional (QMHP) is
1707 contacted for a crisis intervention plan.



1708 (g) Staff may not hold a youth in isolation
1709 for longer than four hours. If a QMHP determines that a youth
1710 needs to be in isolation for longer than four hours, staff arrange
1711 transportation for the youth to an appropriate health facility.

1712 (h) If at any time during isolation, the
1713 level of crisis service needed is not available in the current
1714 environment, the youth is transported to a location where those
1715 services can be obtained (e.g., medical unit of the facility,
1716 hospital).

1717 (i) Youth in isolation have reasonable access
1718 to food, water, toilet facilities, and hygiene supplies.

1719 (2) Staff keep designated isolation rooms clean,
1720 appropriately ventilated, and at comfortable temperatures.

1721 (3) Designated isolation rooms are
1722 suicide-resistant and protrusion-free.

1723 (4) Staff document all incidents in which a youth
1724 is placed in isolation, including:

1725 (a) Name of the youth.

1726 (b) Date and time the youth was placed in
1727 isolation.

1728 (c) Name and position of the person
1729 authorizing placement of the youth in isolation.

1730 (d) Persons involved in the incident and
1731 other witnesses.



1732 (e) Date and time the youth was released from
1733 isolation.

1734 (f) Description of the circumstances leading
1735 to the use of isolation.

1736 (g) The alternative actions attempted and
1737 found unsuccessful, or reason alternatives were not possible.

1738 (h) Referrals and contacts with medical and
1739 mental health professionals, including the date, time, and person
1740 contacted.

1741 (5) The facility administrator or his/her designee
1742 regularly reviews the use of isolation, and maintains a file in
1743 his or her office for a period of at least one year after the
1744 incident, of reports on all incidents in which youth are placed in
1745 isolation.

1746 (6) The facility administrator or his/her
1747 designee, in conjunction with mental health staff, reviews all
1748 uses of isolation to identify departures from policy and provides
1749 feedback to staff on effective crisis management. [See also E(3)
1750 in General Application of Standards, Administration and
1751 Management, Training and Supervision of Staff.]

1752 **C. Voluntary time outs.**

1753 (1) Staff allow youth to have a voluntary time out
1754 for a short period of time at youth's request.

1755 (2) Staff document voluntary time outs.

1756 **D. Due process in discipline.**



1757 (1) Staff provide the youth in the youth's primary
1758 language with a written list of prohibited behaviors and the
1759 sanctions or consequences of such behaviors. Staff post the rules
1760 of the facility in all living units in English. Staff provide to
1761 each youth in the youth's primary language a written and verbal
1762 explanation of the rules and sanctions of the facility. Sanctions
1763 include less restrictive interventions in addition to room
1764 confinement.

1765 (2) Due process protections apply when youth may
1766 be subject to discipline for all major rule violations (i.e., when
1767 room confinement may last longer than four (4) hours). Staff
1768 provide due process hearings within forty-eight (48) hours of the
1769 incident (except weekends and legal holidays) and before the youth
1770 serves the room confinement time for a sanction.

1771 (3) Youth receive procedural due process
1772 protections during discipline including:

1773 (a) Written notice to the youth of the
1774 alleged rule violation.

1775 (b) A hearing before a disciplinary committee
1776 comprised of impartial staff who were not involved in the incident
1777 of alleged violation of the rule. The disciplinary committee
1778 gathers evidence and investigates the alleged violation. During
1779 the hearing, the youth is allowed to be present provided he or she
1780 does not pose a safety threat. The youth may have a staff member
1781 of his/her choosing present for assistance. The youth is allowed



1782 to present his/her case and present evidence and/or call
1783 witnesses.

1784 (c) Consultation with a QMHP regarding the
1785 youth's ability to understand and participate in due process,
1786 whether a youth's disability or mental illness contributed to his
1787 or her behavior when determining appropriate consequences, and
1788 whether the youth is capable of serving any assigned sanctions.

1789 (d) Following the hearing, the disciplinary
1790 committee renders a decision and finds the youth at fault or not.

1791 (e) The youth receives a written notice of
1792 the committee's decision and the reasons for the decision.

1793 (f) The youth may appeal a finding of being
1794 at fault to the facility administrator or his/her designee
1795 assigned to the facility.

1796 (g) Youth receive written notice of the
1797 committee's decision and right to appeal.

1798 (4) Under no circumstances is a youth deprived of
1799 his or her basic rights as part of discipline. Basic rights for
1800 each youth include:

1801 (a) A place to sleep (e.g., a mattress,
1802 pillow, blankets and sheets).

1803 (b) Full meals and evening snacks.

1804 (c) A full complement of clean clothes.

1805 (d) Parental or guardian and attorney visits.

1806 (e) Personal hygiene items.



1807 (f) Daily opportunity for exercise.
1808 (g) Telephone contacts with his or her
1809 attorney.
1810 (h) The right to receive and send mail.
1811 (i) A regular education program.
1812 (j) An opportunity for daily shower and
1813 access to toilet and drinking water as needed.
1814 (k) An opportunity to attend religious
1815 services and/or obtain religious counseling of the youth's choice.
1816 (l) Clean and sanitary living conditions.
1817 (m) Access to reading materials.
1818 (5) Staff do not use group punishment as a
1819 sanction for the misbehavior of individual youth.

1820 **E. Room confinement.**

1821 (1) Prior to any imposition of room confinement,
1822 staff provide the components of due process set forth above.
1823 Youth are not automatically subjected to room confinement and/or
1824 isolation upon their admission to the juvenile detention facility
1825 unless they would be subject to isolation in Section (C) (1) (a).
1826 (2) As soon as staff places a youth in room
1827 confinement, staff notify the unit supervisor. Staff may not keep
1828 youth in room confinement for longer than one (1) hour without
1829 explicit approval of the unit supervisor. Staff may not keep
1830 youth in room confinement longer than four (4) hours without



1831 explicit approval of the facility administrator or his/her
1832 designee.

1833 (3) Room confinement of more than twenty-four (24)
1834 hours is reserved for the most serious violations, is approved by
1835 the facility administrator or his/her designee, and is not imposed
1836 for more than forty-eight (48) hours continuously.

1837 (4) If a youth is in room confinement longer than
1838 twenty-four (24) hours, at least every twenty-four (24) hours the
1839 facility administrator or his/her designee who was not involved in
1840 the incident reviews and determines whether it is appropriate to
1841 authorize release.

1842 (5) If the youth repeatedly engages in behavior
1843 which results in room confinement, the facility administrator or
1844 his/her designee develops an individualized behavior plan for the
1845 youth.

1846 (6) Staff document all incidents in which a youth
1847 is placed in room confinement, including the name of the youth,
1848 the date and time the youth was placed in room confinement, the
1849 circumstances leading up to the confinement, less restrictive
1850 sanctions considered, the person authorizing placement in room
1851 confinement, the staff or youth involved in the incident, and the
1852 date and time the youth was released from the confinement.

1853 (7) The facility administrator or his/her designee
1854 regularly reviews and analyzes the use of room confinement and
1855 maintains a file in his or her office for a period of at least one



1856 year after the incident of reports on all incidents in which youth
1857 are placed in room confinement. After a year all records are
1858 preserved and maintained pursuant to state laws and regulations.

1859 (8) Unit staff receive regular training on the
1860 appropriate use of, and alternatives to, room confinement.

1861 (9) During any time that a youth is in room
1862 confinement, staff monitor the youth at intervals not to exceed
1863 fifteen (15) minutes. If the youth appears in need of mental
1864 health services, mental health or medical professionals are
1865 contacted. A monitoring log is maintained.

1866 (10) Youth in room confinement have reasonable
1867 access to water, toilet facilities, and hygiene supplies.

1868 **F. Corporal punishment.**

1869 (1) Staff do not use corporal punishment or cruel
1870 or degrading punishment, either physical or psychological, at the
1871 facility.

1872 **G. Grievance procedures.**

1873 (1) The facility's grievance procedures assure a
1874 method for the expression and resolution of youth's grievances and
1875 complaints about any aspect of the facility and its operation,
1876 including medical and mental health services.

1877 (2) Every youth and the youth's parent(s) or
1878 guardian(s) have the right to file grievances without fear of
1879 retaliation.



1880 (3) Staff provide to each youth in the youth's
1881 primary language a written and verbal explanation of the grievance
1882 procedures, the steps that must be taken to use them, and the name
1883 of the person or position designated to resolve grievances. Staff
1884 ask each youth whether he or she understands the facility's
1885 grievance procedures. If the youth confirms his or her
1886 understanding of the facility's grievance procedures, then both
1887 the staff member and the youth sign a written acknowledgment to
1888 that effect. Failure of the youth to sign a written
1889 acknowledgment does not invalidate an otherwise properly given
1890 written and verbal explanation of the facility's grievance
1891 procedures.

1892 (4) Informal grievance and resolution.

1893 (a) All youth and/or the youth's parent or
1894 guardian are given the opportunity to solve their complaints
1895 informally by allowing them to express their feelings and concerns
1896 about the complaint with the shift supervisor and/or detention
1897 officer.

1898 (b) If an acceptable resolution is not
1899 attained at this level, the youth and/or parent or guardian may
1900 then choose to file a formal grievance verbally or in writing,
1901 with identification or anonymously.

1902 (c) Staff do not require youth to use any
1903 informal grievance process or otherwise attempt to resolve with
1904 staff alleged incidents of sexual abuse.



1905 (5) Formal grievance procedure.

1906 (a) Unit staff do not interfere with a

1907 youth's right or the youth's parent's or guardian's right to file

1908 a grievance.

1909 (b) Youth have access to grievance forms and

1910 envelopes, which are located throughout the center. Upon request,

1911 the youth is given a pencil/pen, and placed in a reasonably

1912 private area, such as the recreation area, computer lab, intake

1913 room, etc., to complete the form.

1914 (c) Youth are not given a grievance form to

1915 complete while they are still exhibiting disruptive behavior.

1916 (d) Assistance by staff not involved in the

1917 issue of the grievance is provided if the youth requests it.

1918 (e) Staff involved in the issue of the

1919 grievance are not in the presence of the youth while the youth is

1920 completing the grievance form.

1921 (f) Upon completion of the grievance form,

1922 the facility allows the youth to place the form in the grievance

1923 envelope, seal the envelope, and place the envelope in a secured

1924 grievance box.

1925 (g) Grievances may be submitted verbally and

1926 are reduced to writing at the youth's request.

1927 (6) Collection and processing of grievances.



1928 (a) Each morning all grievance(s) are
1929 collected from the grievance boxes located in the center by either
1930 the facility administrator or his/her designee.

1931 (b) All grievances are given to the facility
1932 administrator or his/her designee immediately after collection.

1933 (c) On weekends and legal holidays the
1934 grievance(s) are collected each morning by the shift supervisor on
1935 duty and the shift supervisor places the unopened grievance(s) in
1936 the facility administrator or his/her designee's box and contacts
1937 the facility administrator or his/her designee to advise him/her
1938 if there are grievance(s) to review.

1939 (d) The facility administrator or his/her
1940 designee communicates with the youth within twenty-four (24) hours
1941 of receiving the grievance. This communication is documented and
1942 preserved according to state law.

1943 (e) The grievance is fully investigated by
1944 the facility administrator or his/her designee. Upon conclusion
1945 of the investigation, the decision is documented and the youth is
1946 informed of initial decision in writing within three (3) days
1947 excluding weekends and legal holidays. Staff alleged to be
1948 involved do not conduct the investigation.

1949 (f) The youth may appeal the initial
1950 decision.

1951 (g) All steps of the grievance process,
1952 including twenty-four-hour notification, initial decision, and all



1953 appeals are documented. Youth receive responses to grievances
1954 that are respectful, legible, and address the issues raised.

1955 (h) All grievances filed by parents or
1956 guardians are submitted to the facility administrator or his/her
1957 designee or the equivalent immediately.

1958 (i) If a grievance is found to be valid, the
1959 facility administrator or his/her designee takes appropriate
1960 action, and when staff actions are involved, provides for
1961 counseling, retraining, reprimand, discipline, or termination of
1962 the employee, and, in appropriate cases, for the filing of child
1963 abuse or criminal charges.

1964 (j) The facility administrator or his/her
1965 designee regularly analyzes grievance forms (granted and denied)
1966 for patterns or trends.

1967 (k) The facility's health authority considers
1968 grievances related to health and mental health care services as
1969 part of ongoing quality improvement activities.

1970 (7) **Distribution of grievance forms.**

1971 (a) Once the grievance procedure and
1972 resolution has been completed, the original and copies of the
1973 grievance form are to be distributed as follows:

1974 (i) A copy of the grievance and
1975 resolution is given to the youth.



1976 (ii) A copy of the grievance and
1977 resolution is maintained in the youth's file (unless the grievance
1978 is directly filed against a staff member).

1979 (iii) The original copy of the grievance
1980 and resolution is maintained in the grievance log, which is
1981 located in facility administrator or his/her designee's office.

1982 **V. Physical plant, environment, and safety.**

1983 **A. Positive institutional atmosphere.**

1984 (1) All persons in the facility are treated with
1985 respect. Written policies, procedures, and actual practices
1986 prohibit use of slurs, name-calling, and other disrespectful
1987 behavior by youth or staff.

1988 (2) Staff demonstrate an appropriate level of
1989 tolerance of normal adolescent behavior in their day-to-day
1990 working with youth.

1991 (3) The buildings and grounds are well maintained.

1992 (4) Staff recognize and celebrate important
1993 holidays, birthdays, and other dates of significance to youth.

1994 (5) Programming acknowledges and values the
1995 diverse population of youth in the facility.

1996 (6) Youth are allowed to speak in their primary
1997 language. Staff may only impose restrictions for safety or
1998 emergency situations.

1999 **B. Sanitation.**



2000 (1) The facility complies with all local, state,
2001 and federal health and sanitation codes, and has documentation
2002 demonstrating such compliance.

2003 (2) Youth are encouraged, enabled, and expected to
2004 keep themselves, their rooms, and communal areas clean. In order
2005 to achieve this, youth are given instruction, supervision, and
2006 supplies (including necessary protective gear) to carry out these
2007 tasks.

2008 (3) Rooms, bathrooms, and common areas are clean
2009 and free of mold and debris.

2010 (4) Youth perform the kinds of housekeeping tasks
2011 they might be expected to do at home, but are not substitutes for
2012 professional janitorial staff.

2013 (5) Youth do not perform dangerous tasks (e.g.,
2014 blood spill clean-up, floor stripping, use of hazardous chemicals,
2015 or roofing).

2016 (6) Youth do not perform housekeeping or other
2017 tasks that require them to miss school or interfere with normal
2018 sleeping hours.

2019 (7) The facility provides functioning toilets at a
2020 minimum ratio of at least one for every twelve (12) youth in male
2021 units and one (1) for every eight (8) youth in female units.
2022 Urinals may be substituted for up to one-half (1/2) of the toilets
2023 in male units. All housing units with five (5) or more youth have
2024 a minimum of two (2) toilets. Youth in "dry" rooms (without



2025 toilets) have immediate access to toilets (no longer than a five
2026 (5) minute delay after a youth's request).

2027 (8) Youth have access to operable sinks with hot
2028 and cold running water in the housing units at a minimum ratio of
2029 one (1) basin for every twelve (12) youth.

2030 (9) Youth have access to operable showers with
2031 temperature-controlled hot and cold running water at a minimum
2032 ratio of one (1) shower for every eight (8) youth. Water for
2033 showers is thermostatically controlled to temperatures between one
2034 hundred (100) and one hundred twenty (120) degrees Fahrenheit.

2035 (10) The facility is free of insect and/or rodent
2036 infestation.

2037 (11) Staff allow youth to take showers every day
2038 and allow youth an opportunity to groom themselves before court or
2039 any other important event.

2040 (12) Staff allow youth to brush their teeth after
2041 breakfast and dinner.

2042 (13) Staff allow youth to wash their hands before
2043 meals and after activities that may cause the spread of germs.

2044 (14) Staff provide youth with clean underclothing
2045 and socks daily. Staff provide youth with clean outer clothing,
2046 except footwear, not less than twice a week.

2047 (15) Staff provide youth with clean bed linens at
2048 least once weekly. Staff provide youth with clean towels daily.



2049 (16) Staff disinfect mattresses after each youth
2050 moves out of the room, before the next youth occupies the room.
2051 Staff repair or remove from circulation any mattresses that cannot
2052 be properly disinfected. Staff also disinfect garment bags and
2053 other storage spaces that hold youth's personal clothes after each
2054 use.

2055 (17) The furnishings are in good repair and
2056 appropriate for their expected use (e.g., mattresses are of
2057 sufficient quality and thickness for sleeping).

2058 C. **Food.**

2059 (1) The facility's food services comply with
2060 applicable local, state, and federal sanitation and health codes,
2061 and have documentation demonstrating such compliance.

2062 (2) Youth receive at least three (3) meals daily,
2063 of which two (2) are hot meals, with no more than fourteen (14)
2064 hours between the evening meal and breakfast. Youth receive
2065 snacks.

2066 (3) Youth in the facility receive a wholesome,
2067 appetizing, and nutritionally adequate diet.

2068 (4) The facility provides meals stored and served
2069 at safe temperatures.

2070 (5) The facility provides meals for youth with
2071 special dietary requirements with proper documentation (e.g.,
2072 youth with allergies, pregnant girls, youth with dental problems,
2073 and youth with religious beliefs that require adherence to



2074 religious dietary laws). This documentation is provided by staff
2075 for facility purposes after staff contact parent or guardian of
2076 youth, doctor, or any person or agency who can provide information
2077 regarding the youth.

2078 (6) There is no infestation of insects or rodents
2079 in food, food preparation and storage areas, the kitchen, or the
2080 dining area(s).

2081 (7) Youth eat meals in a cafeteria or common area
2082 unless on isolation or room confinement.

2083 (8) Youth have a reasonable time, no fewer than
2084 twenty (20) minutes, for each meal.

2085 (9) Youth may talk during meals absent safety or
2086 security reasons.

2087 (10) Staff may not withhold food for discipline.
2088 The facility does not serve deliberately unappetizing meals (e.g.,
2089 food loaf) to youth.

2090 (11) Staff follow up with youth who do not eat the
2091 meal to determine the reasons. If appropriate, staff initiate a
2092 medical or mental health referral.

2093 **D. Temperature, ventilation, and noise.**

2094 (1) Temperatures in indoor areas are appropriate
2095 to the summer and winter comfort zones, with no unhealthy
2096 extremes.

2097 (2) There is adequate ventilation in indoor areas.



2098 (3) Noise levels in the facility are comfortable
2099 and appropriate at all times.

2100 **E. Emergency preparedness and fire safety.**

2101 (1) The facility has an emergency preparedness
2102 plan that includes, but is not limited to, fire and fire
2103 prevention, severe weather, natural disasters, disturbances or
2104 riots, national security issues, and medical emergencies. The
2105 plan covers:

2106 (a) The identification of key personnel and
2107 adequate staff and their specific responsibilities during an
2108 emergency or disaster situation.

2109 (b) Agreements with other agencies or
2110 departments including communication protocols with everyone
2111 concerned. Needs of youth with special needs are met through
2112 agreements with those agencies that can provide the needed
2113 services.

2114 (c) Transportation to pre-determined
2115 evacuation sites including the transportation of medication.
2116 Other supplies including food, drinking water, first aid supplies,
2117 flashlights, batteries, etc.

2118 (d) Notification to families.

2119 (e) Needs of youth with disabilities in cases
2120 of an emergency.



2121 (f) Immediate release of youth from locked
2122 areas in case of an emergency, with clearly delineated
2123 responsibilities for unlocking doors.

2124 (2) All facilities built after the effective date
2125 of these standards meet applicable fire codes as to exits and
2126 means of egress.

2127 (3) The facility has identification and lighting
2128 of all exits, including during emergencies.

2129 (4) The facility has smoke alarms in appropriate
2130 locations and in working condition.

2131 (5) The facility has fire extinguishers in
2132 appropriate locations and in working condition. Staff receive
2133 training in the use of fire extinguishers. Fire extinguishers are
2134 regularly checked and serviced per fire codes and this is
2135 documented.

2136 (6) The facility has an evacuation plan that staff
2137 conspicuously post in each area of the facility. Staff regularly
2138 conduct and document fire drills, at least monthly and on a
2139 rotating basis by shift. Staff document fire drills including how
2140 long it takes to unlock doors and get youth cleared from the
2141 building.

2142 (7) First aid kits are immediately available and
2143 fully stocked with nonexpired items.

2144 (8) Potentially hazardous or flammable compounds
2145 are properly stored and secured.



2146 (9) Cut down tools are available on each living
2147 unit. Staff can quickly access the cut down tool and are trained
2148 in its use.

2149 F. **Lighting.**

2150 (1) Individual rooms have adequate lighting,
2151 sufficient for reading.

2152 (2) The lights in youth rooms are turned out at
2153 night (or adequately darkened for sleep), unless the youth
2154 requests otherwise, or for security, health, or mental health
2155 reasons.

2156 (3) Dayroom and/or common areas used for
2157 recreation are adequately lit, and include the use of natural
2158 light as much as possible.

2159 G. **Clothing and personal items.**

2160 (1) Facilities should strive to provide detainees
2161 with nonprison-like clothing.

2162 (2) Youth wear their own underwear as approved by
2163 the facility or the facility provides them with clean and
2164 sanitized underwear. The facility provides girls with bras and
2165 underwear that fit and are appropriate for females. The facility
2166 allows transgender youth to wear underwear appropriate to their
2167 gender identity.

2168 (3) Youth receive outerwear that is appropriate to
2169 the season.



2170 (4) The facility housing units have lockers or
2171 other storage for youth's clothing and personal items.

2172 (5) Youth have access to adequate and culturally
2173 appropriate personal hygiene and toiletry supplies, including
2174 hygiene supplies specific for girls if girls are detained in the
2175 facility. Items that could allow for spread of germs are not
2176 shared among youth (e.g., common toothpaste tube, deodorant,
2177 etc.).

2178 (6) Youth receive clean bedding and linen and
2179 sufficient blankets to provide reasonable comfort.

2180 H. **Searches.**

2181 (1) The facility has written policies, procedures,
2182 and actual practices governing searches of youth, the facility,
2183 and visitors in accordance with applicable law. The facility
2184 posts a summary of the search policy at the entrance to the
2185 facility; in the admissions area, day rooms, or in a handbook
2186 given to each youth; and in visiting areas. Written procedures
2187 address each of the following:

2188 (a) Intake searches may include pat-downs,
2189 metal detector, or clothing searches. If the facility permits
2190 strip searches or visual body cavity searches, they are conducted
2191 in accordance with applicable law. Staff do not search or
2192 physically examine a transgender or intersex youth for the sole
2193 purpose of determining the youth's genital status.



2194 (b) Youth who are returning from court,
2195 school, another facility, visits on the premises, or who have
2196 otherwise been continuously in custody, may be searched by a
2197 pat-down, metal detector, or clothing search. Staff may conduct
2198 strip or visual body cavity searches in such circumstances only
2199 with prior supervisory approval, upon reasonable suspicion that a
2200 youth is in possession of a weapon or contraband, and in
2201 accordance with applicable law. All strip and visual body cavity
2202 searches are documented and the rationale is reviewed for
2203 appropriate basis.

2204 (c) Staff conduct facility and individual
2205 room searches when needed with the least amount of disruption and
2206 with respect for youth's personal property.

2207 (d) Staff may conduct searches of persons
2208 entering the premises by facility-approved pat-down, metal
2209 detector, clothing searches, or other searches as permitted by
2210 applicable law, to ensure the safety of persons in the facility,
2211 to discover contraband, to inventory property, or to protect the
2212 security and sound operation of the facility.

2213 (e) The facility posts a list of items that
2214 may and may not be taken into the facility by visitors.

2215 (f) The facility provides staff with a list
2216 of items that may and may not be taken into the facility by staff.
2217 Staff are personally searched if there is probable cause that the
2218 staff member is in possession of a weapon or contraband.



2219 (2) Persons conducting pat-down searches and
2220 clothing searches are of the same gender as the person being
2221 searched except in exigent circumstances. Staff conducting strip
2222 searches, visual body cavity searches, or collecting urine samples
2223 are of the same gender as the person being strip searched except
2224 when performed by medical practitioners. Staff document and
2225 provide written justification for all cross-gender searches.

2226 (3) Only medical personnel may conduct physical
2227 body cavity searches. Staff notify parents or guardians if a
2228 youth is subjected to a physical body cavity search. Female staff
2229 are present during physical body cavity searches of girls.

2230 (4) Staff conduct strip searches and visual body
2231 cavity searches with youth individually and in a private setting.

2232 (5) Staff do not conduct searches of youth, youth
2233 rooms, or visitors as harassment or for the purpose of punishment
2234 or discipline.

2235 **I. Overcrowding, adequate living space, and privacy.**

2236 (1) The total population of the facility and the
2237 population per unit does not exceed operational capacity.

2238 (2) The facility enables youth to shower, perform
2239 body functions, and change clothing without nonmedical staff of
2240 the opposite gender viewing their breasts, buttocks, or genitalia,
2241 except in exigent circumstances. Staff of the opposite gender of
2242 the youth living there announce their presence when entering
2243 housing units.



2244 (3) The dayroom and/or common areas have
2245 sufficient chairs and tables to accommodate recreational
2246 activities.

2247 (4) Sleeping rooms are large enough to provide
2248 comfortable movement for in-room activities and hygiene for the
2249 number of youth in the room. All new construction meets
2250 applicable standards pertaining to minimum square feet per youth.
2251 Portions of facilities that were built before the effective date
2252 of this standard are exempt from this requirement.

2253 **J. Youth are safe from physical assault, sexual**
2254 **misconduct, harassment, and intimidation by staff.**

2255 (1) Written policies, procedures, and actual
2256 practices ensure that the facility administrator or his/her
2257 designee regularly reviews, and appropriately responds to,
2258 incident reports, grievances, child abuse reports, and other
2259 indicia of inappropriate behavior by staff.

2260 (2) The facility administrator or his/her designee
2261 compiles and analyzes monthly statistics of violence, use of
2262 restraints, use of isolation, and use of physical force.

2263 (3) Any and all sexual misconduct between staff
2264 and youth is prohibited. Written policies, procedures and actual
2265 practices ensure that employees observe professional boundaries
2266 between themselves and youth. The facility:



2267 (a) Prohibits any inappropriate contact or
2268 correspondence with current or formerly detained youth or their
2269 family members.

2270 (b) Requires that staff notify the facility
2271 administrator or his/her designee whenever one (1) of their
2272 relatives or friends is admitted to the facility.

2273 (4) The facility has a plan for prevention,
2274 detection, reporting, and investigation of sexual misconduct.
2275 Staff understand the plan and have the skills necessary to
2276 implement the plan (e.g., staff who conduct investigations have
2277 skills to properly investigate sexual misconduct).

2278 (5) Youth feel safe from victimization by staff,
2279 including abuse, threats of violence, theft, sexual misconduct,
2280 and assault.

2281 (6) Youth can report incidents of threats or harm
2282 by staff without fear of reprisal. Staff not involved in the
2283 incident promptly investigate such reports to take effective
2284 action to protect youth from threats or harm.

2285 (7) Staff provide appropriate support to youth
2286 during the investigation stage following allegations of abuse.

2287 **K. Youth are safe from physical assault, sexual**
2288 **misconduct and intimidation by other youth.**

2289 (1) Written policies, procedures, and actual
2290 practices ensure that the facility administrator or his/her
2291 designee regularly reviews, and appropriately responds to,



2292 incident reports, grievances, child abuse reports, and other
2293 indicia of intimidation or physical or sexual assault/harassment
2294 (including medical reports), of youth by other youth.

2295 (2) Staff conduct room checks when youth are in
2296 their rooms at intervals not to exceed fifteen (15) minutes.

2297 (3) Youth feel safe from victimization by other
2298 youth, including abuse, threats of violence, theft, sexual
2299 misconduct, and assault.

2300 (4) Youth can report incidents of threats or harm
2301 by other youth without fear of reprisal.

2302 (5) Staff address the behavior of youth who
2303 threaten or victimize others through appropriate means including
2304 the youth's individual behavior management plan.

2305 (6) There are regular opportunities for youth to
2306 provide input on how the facility can be made safer.

2307 **L. Staff in the facility are safe from physical or**
2308 **sexual assaults by youth.**

2309 (1) Written policies, procedures, and actual
2310 practices ensure that the facility administrator or his/her
2311 designee regularly reviews, and appropriately responds to,
2312 incident reports, grievances, child abuse reports, and other
2313 indicia of physical or sexual assaults (including medical
2314 reports), by youth on staff.

2315 (2) Unit staff are trained to handle assaultive
2316 behavior by youth, and backup support is available if necessary.



2317 M. **Weapons are prohibited in the facility.**

2318 (1) The facility has adequate security measures to
2319 ensure that neither youth nor staff bring weapons into the
2320 facility.

2321 (2) The facility properly stores and secures
2322 objects that can be used as weapons (e.g., kitchen utensils,
2323 chemicals, maintenance equipment).

2324 N. **Implementation of the Prison Rape Elimination Act.**

2325 (1) The facility fully implements the regulations
2326 promulgated by the U.S. Department of Justice pursuant to the
2327 Prison Rape Elimination Act (PREA), 28 C.F.R. Part 11.

2328 **SECTION 2.** Section 37-3-5, Mississippi Code of 1972, is
2329 amended as follows:

2330 37-3-5. The State Department of Education is hereby charged
2331 with the execution of all laws relating to the administrative,
2332 supervisory and consultative services to the public schools and
2333 agricultural high schools of the school districts throughout the
2334 State of Mississippi. The State Department of Education is also
2335 authorized to grant property to public school districts and
2336 agricultural high schools of the State of Mississippi.

2337 Subject to the direction of the State Board of Education as
2338 provided by law, the administration, management and control of the
2339 department is hereby vested in the State Superintendent of Public
2340 Education, who shall be directly responsible for the rightful
2341 functioning thereof.



The State Department of Education is also charged with enforcement of the education provisions in the juvenile detention facility licensing standards adopted by the Department of Public Safety to be implemented by the Juvenile Detention Monitoring Unit established under Section 43-21-323.

SECTION 3. Section 43-21-323, Mississippi Code of 1972, is amended as follows:

43-21-323. (1) There is established the Juvenile Detention Facilities Monitoring Unit within the Department of Public Safety * * *. The unit shall be responsible for investigating, evaluating and securing the rights of children held in juvenile justice facilities, including detention centers, training schools and group homes throughout the state to ensure that the facilities operate in compliance with * * * Section 43-21-322 and federal law. The monitoring unit shall only monitor group homes that serve as a dispositional placement for delinquent youth pursuant to Section 43-21-605. Nothing in this section shall be construed as giving the monitoring unit authority to monitor foster care or shelter care placements. All monitors shall be employees of the Department of Public Safety. The inspections by the unit shall encompass the following:

(a) To review and evaluate (i) all procedures set by detention centers, training schools and group homes and (ii) all records containing information related to the operations of the detention centers, training schools and group homes;



(b) To review and investigate all complaints filed with the monitoring unit concerning children's treatment in detention centers, training schools and group homes;

(c) To conduct quarterly monitoring visits of all detention centers, training schools and group homes. The monitor shall have access to an entire facility and shall conduct confidential interviews with youth and facility staff;

(d) To advise a facility on how to meet the needs of children who require immediate attention;

(e) To provide technical assistance and advice to juvenile detention facilities, which will assist the facilities in complying with state and federal law * * *; and

(f) Beginning October 1, 2016, and ending September 30, 2017, to conduct mock reviews with each detention center to determine what if any issues exist that may prevent licensure when the mandated standards are effective.

To carry out the duties in this subsection (1) a monitor may consult with an administrator, employee, child, parent, expert or other individual in the course of monitoring or investigating. In addition, the monitor may review court documents and other confidential records as necessary to fulfill these duties.

(2) Additional duties of the monitoring unit are as follows:

(a) To make available on a quarterly basis to the Governor, Lieutenant Governor and each member of the Legislature



2391 and each member of a county board of supervisors, a report that
2392 describes:

2393 (i) The work of the monitoring unit;

2394 (ii) The results of any review or investigation
2395 undertaken by the monitoring unit;

2396 (iii) Any allegations of abuse or injury of a
2397 child; and

2398 (iv) Any problems concerning the administration of
2399 a detention center.

2400 The reports described in this subsection shall keep the names
2401 of all children, parents and employees confidential.

2402 (b) To promote awareness among the public and the
2403 children held in detention by providing the following:

2404 (i) How the monitoring unit may be contacted;

2405 (ii) The purpose of the monitoring unit; and

2406 (iii) The services that the monitoring unit
2407 provides.

2408 (3) (a) The records of a monitor shall be confidential.

2409 Any child, staff member, parent or other interested individual may
2410 communicate to a monitor in person, by mail, by phone, or any
2411 other means. All communications shall be kept confidential and
2412 privileged, except that the youth court and the facility shall
2413 have access to such records, but the identity of reporters shall
2414 remain confidential.



2415 (b) All records generated under Section 43-21-322 shall
2416 be confidential and exempt from disclosure under the Mississippi
2417 Public Records Act of 1983 (Section 25-61-1 et seq.) unless
2418 specifically authorized under law.

2419 **SECTION 4.** Section 43-21-321, Mississippi Code of 1972, is
2420 brought forward as follows:

2421 43-21-321. (1) All juveniles shall undergo a health
2422 screening within one (1) hour of admission to any juvenile
2423 detention center, or as soon thereafter as reasonably possible.
2424 Information obtained during the screening shall include, but shall
2425 not be limited to, the juvenile's:

- 2426 (a) Mental health;
- 2427 (b) Suicide risk;
- 2428 (c) Alcohol and other drug use and abuse;
- 2429 (d) Physical health;
- 2430 (e) Aggressive behavior;
- 2431 (f) Family relations;
- 2432 (g) Peer relations;
- 2433 (h) Social skills;
- 2434 (i) Educational status; and
- 2435 (j) Vocational status.

2436 (2) If the screening instrument indicates that a juvenile is
2437 in need of emergency medical care or mental health intervention
2438 services, the detention staff shall refer those juveniles to the
2439 proper health care facility or community mental health service



2440 provider for further evaluation, as soon as reasonably possible.
2441 If the screening instrument, such as the Massachusetts Youth
2442 Screening Instrument version 2 (MAYSI-2) or other comparable
2443 mental health screening instrument indicates that the juvenile is
2444 in need of emergency medical care or mental health intervention
2445 services, the detention staff shall refer the juvenile to the
2446 proper health care facility or community mental health service
2447 provider for further evaluation, recommendation and referral for
2448 treatment, if necessary.

2449 (3) All juveniles shall receive a thorough orientation to
2450 the center's procedures, rules, programs and services. The intake
2451 process shall operate twenty-four (24) hours per day.

2452 (4) The directors of all of the juvenile detention centers
2453 shall amend or develop written procedures for admission of
2454 juveniles who are new to the system. These shall include, but are
2455 not limited to, the following:

2456 (a) Determine that the juvenile is legally committed to
2457 the facility;

2458 (b) Make a complete search of the juvenile and his
2459 possessions;

2460 (c) Dispose of personal property;

2461 (d) Require shower and hair care, if necessary;

2462 (e) Issue clean, laundered clothing, as needed;

2463 (f) Issue personal hygiene articles;



2464 (g) Perform medical, dental and mental health
2465 screening;
2466 (h) Assign a housing unit for the juvenile;
2467 (i) Record basic personal data and information to be
2468 used for mail and visiting lists;
2469 (j) Assist juveniles in notifying their families of
2470 their admission and procedures for mail and visiting;
2471 (k) Assign a registered number to the juvenile; and
2472 (l) Provide written orientation materials to the
2473 juvenile.
2474 (5) If a student's detention will cause him or her to miss
2475 one or more days of school during the academic school year, the
2476 detention center staff shall notify school district officials
2477 where the detainee last attended school by the first school day
2478 following the student's placement in the facility. Detention
2479 center staff shall not disclose youth court records to the school
2480 district, except as provided by Section 43-21-261.
2481 (6) All juvenile detention centers shall adhere to the
2482 following minimum standards:
2483 (a) Each center shall have a manual that states the
2484 policies and procedures for operating and maintaining the
2485 facility, and the manual shall be reviewed annually and revised as
2486 needed;



2487 (b) Each center shall have a policy that specifies
2488 support for a drug-free workplace for all employees, and the
2489 policy shall, at a minimum, include the following:

- 2490 (i) The prohibition of the use of illegal drugs;
- 2491 (ii) The prohibition of the possession of any
2492 illegal drugs except in the performance of official duties;
- 2493 (iii) The procedure used to ensure compliance with
2494 a drug-free workplace policy;
- 2495 (iv) The opportunities available for the treatment
2496 and counseling for drug abuse; and
- 2497 (v) The penalties for violation of the drug-free
2498 workplace policy;

2499 (c) Each center shall have a policy, procedure and
2500 practice that ensures that personnel files and records are
2501 current, accurate and confidential;

2502 (d) Each center shall promote the safety and protection
2503 of juvenile detainees from personal abuse, corporal punishment,
2504 personal injury, disease, property damage and harassment;

2505 (e) Each center shall have written policies that allow
2506 for mail and telephone rights for juvenile detainees, and the
2507 policies are to be made available to all staff and reviewed
2508 annually;

2509 (f) Center food service personnel shall implement
2510 sanitation practices based on State Department of Health food
2511 codes;



2512 (g) Each center shall provide juveniles with meals that
2513 are nutritionally adequate and properly prepared, stored and
2514 served according to the State Department of Health food codes;

2515 (h) Each center shall offer special diet food plans to
2516 juveniles under the following conditions:

2517 (i) When prescribed by appropriate medical or
2518 dental staff; or

2519 (ii) As directed or approved by a registered
2520 dietitian or physician; and

2521 (iii) As a complete meal service and not as a
2522 supplement to or choice between dietary meals and regular meals;

2523 (i) Each center shall serve religious diets when
2524 approved and petitioned in writing by a religious professional on
2525 behalf of a juvenile and approved by the juvenile detention center
2526 director;

2527 (j) Juvenile detention center directors shall provide a
2528 written method of ensuring regular monitoring of daily
2529 housekeeping, pest control and sanitation practices, and centers
2530 shall comply with all federal, state and local sanitation and
2531 health codes;

2532 (k) Juvenile detention center staff shall screen
2533 detainees for medical, dental and mental health needs during the
2534 intake process. If the screening indicates that medical, dental
2535 or mental health assistance is required or necessary, or if the
2536 intake officer deems it necessary, the detainee shall be provided



2537 access to appropriate health care professionals for evaluation and
2538 treatment. A medical history of all detainees shall be completed
2539 by the intake staff of the detention center immediately after
2540 arrival at the facility by using a medical history form which
2541 shall include, but not be limited to, the following:

2542 (i) Any medical, dental and mental health
2543 treatments and medications the juvenile is taking;

2544 (ii) Any chronic health problems such as
2545 allergies, seizures, diabetes, hearing or sight loss, hearing
2546 conditions or any other health problems; and

2547 (iii) Documentation of all medications
2548 administered and all health care services rendered;

2549 (l) Juvenile detention center detainees shall be
2550 provided access to medical care and treatment while in custody of
2551 the facility;

2552 (m) Each center shall provide reasonable access by
2553 youth services or county counselors for counseling opportunities.
2554 The youth service or county counselor shall visit with detainees
2555 on a regular basis;

2556 (n) Juvenile detention center detainees shall be
2557 referred to other counseling services when necessary including:
2558 mental health services; crisis intervention; referrals for
2559 treatment of drugs and alcohol and special offender treatment
2560 groups;



2561 (o) Each center shall have a policy that restricts the
2562 time a youth can be confined to a locked cell to the following
2563 circumstances:

2564 (i) When a youth is sleeping or sick;

2565 (ii) When a youth is on punishment;

2566 (iii) When there is an emergency that poses a
2567 threat to the security of the center;

2568 (iv) When the youth has voluntarily requested cell
2569 confinement;

2570 (v) When no less restrictive alternative exists
2571 and the youth is placed in protective custody because of a threat
2572 to his safety;

2573 (p) Local school districts shall work collaboratively
2574 with juvenile detention center staff to provide special education
2575 services as required by state and federal law. Upon the written
2576 request of the youth court judge for the county in which the
2577 detention center is located, a local school district in the county
2578 in which the detention center is located, or a private provider
2579 agreed upon by the youth court judge and sponsoring school
2580 district, shall provide a certified teacher to provide educational
2581 services to detainees. The youth court judge shall designate the
2582 school district which shall be defined as the sponsoring school
2583 district. The local home school district shall be defined as the
2584 school district where the detainee last attended prior to
2585 detention. Teacher selection shall be in consultation with the



2586 youth court judge. The Legislature shall annually appropriate
2587 sufficient funds for the provision of educational services, as
2588 provided under this section, to detainees in detention centers;

2589 (q) The sponsoring school district, or a private
2590 provider agreed upon by the youth court judge and sponsoring
2591 school district, shall be responsible for providing the
2592 instructional program for the detainee while in detention. After
2593 forty-eight (48) hours of detention, excluding legal holidays and
2594 weekends, the detainee shall receive the following services which
2595 may be computer-based:

2596 (i) Diagnostic assessment of grade-level mastery
2597 of reading and math skills;

2598 (ii) Individualized instruction and practice to
2599 address any weaknesses identified in the assessment conducted
2600 under subparagraph (i), provided such detainee is in the center
2601 for more than forty-eight (48) hours; and

2602 (iii) Character education to improve behavior;

2603 (r) No later than the tenth day of detention, the
2604 detainee shall begin an extended detention education program. A
2605 team consisting of a certified teacher provided by the local
2606 sponsoring school district or a private provider agreed upon by
2607 the youth court judge and sponsoring school district, the
2608 appropriate official from the local home school district, and the
2609 youth court counselor or representative will develop an
2610 individualized education program for the detainee, where



2611 appropriate as determined by the teacher of the sponsoring school
2612 district, or a private provider agreed upon by the youth court
2613 judge and sponsoring school district. The detainee's parent or
2614 guardian shall participate on the team unless excused by the youth
2615 court judge. Failure of any party to participate shall not delay
2616 implementation of this education program;

2617 (s) The sponsoring school district, or a private
2618 provider agreed upon by the youth court judge and sponsoring
2619 school district, shall provide the detention center with an
2620 appropriate and adequate computer lab to serve detainees. The
2621 Legislature shall annually appropriate sufficient funds to equip
2622 and maintain the computer labs. The computer lab shall become the
2623 property of the detention centers and the sponsoring school
2624 districts shall maintain and update the labs;

2625 (t) The Mississippi Department of Education will
2626 collaborate with the appropriate state and local agencies,
2627 juvenile detention centers and local school districts to ensure
2628 the provision of educational services to every student placed in a
2629 juvenile detention center. The Mississippi Department of
2630 Education has the authority to develop and promulgate policies and
2631 procedures regarding financial reimbursements to the sponsoring
2632 school district from school districts that have students of record
2633 or compulsory-school-age residing in said districts placed in a
2634 youth detention center. Such services may include, but not be
2635 limited to: assessment and math and reading instruction,



2636 character education and behavioral counseling. The Mississippi
2637 Department of Education shall work with the appropriate state and
2638 local agencies, juvenile detention centers and local school
2639 districts to annually determine the proposed costs for educational
2640 services to youth placed in juvenile detention centers and
2641 annually request sufficient funding for such services as
2642 necessary;

2643 (u) Recreational services shall be made available to
2644 juvenile detainees for purpose of physical exercise;

2645 (v) Juvenile detention center detainees shall have the
2646 opportunity to participate in the practices of their religious
2647 faith as long as such practices do not violate facility rules and
2648 are approved by the director of the juvenile detention center;

2649 (w) Each center shall provide sufficient space for a
2650 visiting room, and the facility shall encourage juveniles to
2651 maintain ties with families through visitation, and the detainees
2652 shall be allowed the opportunity to visit with the social workers,
2653 counselors and lawyers involved in the juvenile's care;

2654 (x) Juvenile detention centers shall ensure that staffs
2655 create transition planning for youth leaving the facilities.
2656 Plans shall include providing the youth and his or her parents or
2657 guardian with copies of the youth's detention center education and
2658 health records, information regarding the youth's home community,
2659 referrals to mental and counseling services when appropriate, and
2660 providing assistance in making initial appointments with community



2661 service providers; the transition team will work together to help
2662 the detainee successfully transition back into the home school
2663 district once released from detention. The transition team will
2664 consist of a certified teacher provided by the local sponsoring
2665 school district, or a private provider agreed upon by the youth
2666 court judge and sponsoring school district, the appropriate
2667 official from the local home school district, the school
2668 attendance officer assigned to the local home school district, and
2669 the youth court counselor or representative. The detainee's
2670 parent or guardian shall participate on the team unless excused by
2671 the youth court judge. Failure of any party to participate shall
2672 not delay implementation of this education program; and

2673 (y) The Juvenile Detention Facilities Monitoring Unit
2674 shall monitor the detention facilities for compliance with these
2675 minimum standards, and no child shall be housed in a detention
2676 facility the monitoring unit determines is substantially out of
2677 compliance with the standards prescribed in this subsection.

2678 (7) Programs and services shall be initiated for all
2679 juveniles once they have completed the admissions process.

2680 (8) Programs and professional services may be provided by
2681 the detention staff, youth court staff or the staff of the local
2682 or state agencies, or those programs and professional services may
2683 be provided through contractual arrangements with community
2684 agencies.



(9) Persons providing the services required in this section must be qualified or trained in their respective fields.

(10) All directors of juvenile detention centers shall amend or develop written procedures to fit the programs and services described in this section.

SECTION 5. Section 43-21-324, Mississippi Code of 1972, is brought forward as follows:

43-21-324. The Department of Public Safety shall contract with a juvenile justice expert who has substantial experience in the administration of constitutionally compliant juvenile facilities and significant experience monitoring juvenile justice facilities for a local jurisdiction, state, or as a court-appointed monitor. The contractor shall provide training to all of the Juvenile Facilities Monitoring Unit employees within six (6) months of April 1, 2014. All employees of the Monitoring Unit must successfully complete the training as determined by the juvenile justice expert through the use of a pretest and posttest, facility tour, or any other criteria the expert selects. The training shall include interviewing skills, report writing, and information regarding standard practices in juvenile detention centers. In addition to the training for the Juvenile Facilities Monitoring Unit, the Department of Public Safety shall arrange for at least eight (8) hours of training for the administrators of the juvenile detention centers in the state by the juvenile justice expert. The Department of Public Safety shall ensure that its



2710 contract with the juvenile justice expert includes a provision for
2711 technical assistance to the staff of the Juvenile Facilities
2712 Monitoring Unit for at least six (6) months after the completion
2713 of the training.

2714 **SECTION 6.** Section 43-21-325, Mississippi Code of 1972, is
2715 brought forward as follows:

2716 43-21-325. (1) The Department of Public Safety's Planning
2717 Division is authorized to monitor and carry out the provisions of
2718 the federal Juvenile Justice and Delinquency Prevention Act of
2719 2002 in the four (4) core protection requirements of the act for
2720 the state as follows:

2721 (a) Deinstitutionalization of status offenders;
2722 (b) Separation of juveniles from incarcerated adults;
2723 (c) Removal of juveniles from adult jails and lockups;
2724 and
2725 (d) Disproportional minority contact.

2726 (2) If any staff or individual of a secure facility
2727 prohibits the Department of Public Safety's Planning Division from
2728 fully performing its duties, as prescribed in the federal Juvenile
2729 Justice and Delinquency Prevention Act of 2002, then such staff or
2730 individual shall be guilty of a misdemeanor, and upon conviction
2731 shall be punished by a fine of not more than One Thousand Dollars
2732 (\$1,000.00).



2733 **SECTION 7.** This act shall take effect and be in force from
2734 and after its passage, except that Section 2 of this act shall
2735 take effect and be in force from and after October 16, 2017.

