

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



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

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

28 **A. Definitions.**

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

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

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

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

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

46 (6) "Body cavity search" means a search of a body  
47 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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

186 (50) "Sexual abuse" means:

187 (a) Sexual abuse of a youth by another youth,  
188 which includes any of the following acts, if the victim does not  
189 consent, is coerced into such act by overt or implied threats of  
190 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.



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

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

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

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

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

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

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

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

289 **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.



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

316 C. **Staffing.**

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

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

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

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



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

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

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

348 **D. Training for institutional staff.**

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

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



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

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

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

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

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

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

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

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

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

387 (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



513 if they would be released under state law (e.g., youth arrested  
514 for a delinquent act who are released by the court at a detention  
515 hearing, receive a disposition to a nonsecure placement, have  
516 their case dismissed, or finish a period of incarceration).

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

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

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

536 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



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

640 **D. Classification decisions.**

641 (1) Upon admission, staff make housing, bed,  
642 programming, education, and work assignments in accordance with  
643 written classification policies. Staff provide youth with  
644 heightened supervision until they have collected the information  
645 necessary to fully classify youth. The facility administrator or  
646 his/her designee regularly reviews the process and any decisions  
647 that depart from established policies.

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

- 652 (a) Age;
- 653 (b) Gender;
- 654 (c) Separation of violent from nonviolent  
655 youth;
- 656 (d) Level of emotional and cognitive  
657 development;
- 658 (e) Current charges and offense history;
- 659 (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).



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

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

738 (ix) Name of an adult family contact.

739 (b) Observation of:

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

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

747 (iii) Condition of skin, including  
748 evidence of trauma, bruises, lesions, jaundice, rash, infestation  
749 (e.g., lice, scabies), and needle marks or other indications of  
750 drug use.

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

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



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

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

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

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

770 (c) Youth who are identified upon initial  
771 screening or at a later date as having experienced prior sexual  
772 victimization or who previously perpetrated sexual abuse are  
773 immediately referred and offered a meeting with a qualified mental  
774 health professional (QMHP) within twenty-four (24) hours.

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

779 (e) There is a system in place so that youth  
780 currently on prescription medication have their medication  
781 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).



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

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

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

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

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

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

875 **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.



2342           The State Department of Education is also charged with  
2343 enforcement of the education provisions in the juvenile detention  
2344 facility licensing standards adopted by the Department of Public  
2345 Safety to be implemented by the Juvenile Detention Monitoring Unit  
2346 established under Section 43-21-323.

2347           **SECTION 3.** Section 43-21-323, Mississippi Code of 1972, is  
2348 amended as follows:

2349           43-21-323. (1) There is established the Juvenile Detention  
2350 Facilities Monitoring Unit within the Department of Public  
2351 Safety \* \* \*. The unit shall be responsible for investigating,  
2352 evaluating and securing the rights of children held in juvenile  
2353 justice facilities, including detention centers, training schools  
2354 and group homes throughout the state to ensure that the facilities  
2355 operate in compliance with \* \* \* Section 43-21-322 and federal  
2356 law. The monitoring unit shall only monitor group homes that  
2357 serve as a dispositional placement for delinquent youth pursuant  
2358 to Section 43-21-605. Nothing in this section shall be construed  
2359 as giving the monitoring unit authority to monitor foster care or  
2360 shelter care placements. All monitors shall be employees of the  
2361 Department of Public Safety. The inspections by the unit shall  
2362 encompass the following:

2363           (a) To review and evaluate (i) all procedures set by  
2364 detention centers, training schools and group homes and (ii) all  
2365 records containing information related to the operations of the  
2366 detention centers, training schools and group homes;



2367 (b) To review and investigate all complaints filed with  
2368 the monitoring unit concerning children's treatment in detention  
2369 centers, training schools and group homes;

2370 (c) To conduct quarterly monitoring visits of all  
2371 detention centers, training schools and group homes. The monitor  
2372 shall have access to an entire facility and shall conduct  
2373 confidential interviews with youth and facility staff;

2374 (d) To advise a facility on how to meet the needs of  
2375 children who require immediate attention;

2376 (e) To provide technical assistance and advice to  
2377 juvenile detention facilities, which will assist the facilities in  
2378 complying with state and federal law \* \* \*; and

2379 (f) Beginning October 1, 2016, and ending September 30,  
2380 2017, to conduct mock reviews with each detention center to  
2381 determine what if any issues exist that may prevent licensure when  
2382 the mandated standards are effective.

2383 To carry out the duties in this subsection (1) a monitor may  
2384 consult with an administrator, employee, child, parent, expert or  
2385 other individual in the course of monitoring or investigating. In  
2386 addition, the monitor may review court documents and other  
2387 confidential records as necessary to fulfill these duties.

2388 (2) Additional duties of the monitoring unit are as follows:

2389 (a) To make available on a quarterly basis to the  
2390 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.



2685 (9) Persons providing the services required in this section  
2686 must be qualified or trained in their respective fields.

2687 (10) All directors of juvenile detention centers shall amend  
2688 or develop written procedures to fit the programs and services  
2689 described in this section.

2690 **SECTION 5.** Section 43-21-324, Mississippi Code of 1972, is  
2691 brought forward as follows:

2692 43-21-324. The Department of Public Safety shall contract  
2693 with a juvenile justice expert who has substantial experience in  
2694 the administration of constitutionally compliant juvenile  
2695 facilities and significant experience monitoring juvenile justice  
2696 facilities for a local jurisdiction, state, or as a  
2697 court-appointed monitor. The contractor shall provide training to  
2698 all of the Juvenile Facilities Monitoring Unit employees within  
2699 six (6) months of April 1, 2014. All employees of the Monitoring  
2700 Unit must successfully complete the training as determined by the  
2701 juvenile justice expert through the use of a pretest and posttest,  
2702 facility tour, or any other criteria the expert selects. The  
2703 training shall include interviewing skills, report writing, and  
2704 information regarding standard practices in juvenile detention  
2705 centers. In addition to the training for the Juvenile Facilities  
2706 Monitoring Unit, the Department of Public Safety shall arrange for  
2707 at least eight (8) hours of training for the administrators of the  
2708 juvenile detention centers in the state by the juvenile justice  
2709 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.

