



CONDITIONS OF YOUTH CONFINEMENT

Facility Standards and Resources



THE ANNIE E. CASEY FOUNDATION

ACKNOWLEDGMENTS

Special thanks to Sue Burrell at the Youth Law Center for authoring Improving Conditions of Confinement in Secure Juvenile Detention Centers in 1999, a precursor to the current report. Recognition and gratitude also go to the Center for Children’s Law and Policy, specifically Mark Soler and Dana Shoenberg, for guiding the development of the original standards for improving conditions of confinement in 2004 and leading on-the-ground training to help jurisdictions operationalize these standards in their local facilities.

Thank you to the following contributors:

- Building on this rich history, Jason Szanyi championed updates and revisions that meet the highest legal standards and are essential for humane operations.
- Jasmine Snell lent expertise and wisdom from her experience as a young person directly affected by the juvenile justice system. She endured long meetings and multiple reviews to ensure the standards reflected what matters to youth.
- Harley Consulting Group, namely Jackie Skapik and Tara Beaner, kept the team on schedule, facilitated meetings and made user training accessible online.
- Sarahi Garcia Martinez from Juvenile Justice Advocates International, along with Jason Szanyi, were instrumental in revising the standards and incorporating feedback from the focus groups and primary contributors.
- Doug Keillor, also with Juvenile Justice Advocates International, enhanced the assessment process with the introduction of technology. He and Sarahi Garcia Martinez helped develop an app that streamlines the process for reviewers, without sacrificing quality.
- The state of Indiana; Calcasieu Parish, La.; Santa Cruz, Calif.; and St. Louis County, Mo., applied the revisions in an early field test. The leaders in those jurisdictions — people charged with operating detention centers and/or working directly with youth in custody — provided invaluable input.
- Gail D. Mumford, a senior associate with the Foundation’s Juvenile Justice Strategy Group, maintained adherence to the project’s overarching vision: making the standards easier to use and more inclusive of youth and family partnerships and the wisdom of practitioners. She ensured those voices were part of the redesign process.

ABOUT THE ANNIE E. CASEY FOUNDATION

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation’s children and youth by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. For more information, visit the Foundation’s website at www.aecf.org.

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INTRODUCTION

The JDAI Juvenile Detention Facility Standards extend beyond pretrial detention centers and can be applied to any place youth are confined. Compared to the full set of standards, which were last revised in 2014, this version is easier to use and more inclusive of youth and family partnership.

The standards are the most comprehensive and demanding set of publicly available standards for the detention and treatment of young people. Officials use these standards to ensure their facilities reflect evolving best practices in the field. In addition, local teams of trained individuals use the standards as benchmarks when they assess their local facilities. As part of the assessment process, the teams issue findings and recommendations that form the basis for improvements to the facilities' policies, procedures and practices.

The full version of the juvenile detention facility standards continues to be available at www.aecf.org/resources/juvenile-detention-facility-assessment.

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GLOSSARY

A

AUXILIARY AIDS OR SERVICES (for youth with disabilities)

Supports to allow youth with disabilities to participate in the programs and activities of the facility (e.g., qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers and assistive listening devices).

B

BISEXUAL

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

C

CHEMICAL AGENT

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

CHEMICAL OR MEDICAL RESTRAINT

A form of medical restraint in which a drug (not a part of the person's normal medical treatment) is used to sedate or restrict a person's freedom of movement.

CLOSE OBSERVATION

A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff provide youth with a heightened level of supervision, not simply room confinement. In person, staff observe youth in a

suicide-resistant room and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

CLOTHING SEARCH

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

CONDITIONAL RELEASE

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

CONFIDENTIAL INFORMATION

Information, the release of which is restricted by law, policy or professional standards.

CONSTANT OBSERVATION

A supervision status for actively suicidal youth in which staff engage in continuous, uninterrupted, one-on-one observation of the youth.

D

DE-ESCALATION TECHNIQUES

Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

DEVELOPMENTAL DISABILITY

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

GLOSSARY

DIRECT CARE STAFF

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

E

EXIGENT CIRCUMSTANCES

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

F

FAMILY

People who provide love, support, mentorship, comfort and connection to youth; not solely defined by biology or legal status but instead tailored to the bonds that are important for individual youth.

G

GAY

The orientation of a person who primarily is emotionally, romantically and/or sexually attracted to individuals of the same sex, typically used in reference to boys or men.

GENDER EXPRESSION

A person's presentation or communication of their gender to others, through hairstyle, clothing, physical mannerisms, body alterations and/or name and pronoun.

GENDER NONCONFORMING

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

GUARDIAN

An agency or an individual, other than a parent, who is charged with caring for a young person.

H

HEALTH ASSESSMENT

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

HEALTH AUTHORITY

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

HOGTYING

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

GLOSSARY

I

INFORMED CONSENT

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

INTELLECTUAL DISABILITY

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

INTERSEX

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

L

LESBIAN

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

LGBTQ+

An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, intersex, asexual or having both masculine and feminine spirit. Note, terms used to describe gender identities and sexual orientation will be updated as they evolve.

LIMITED ENGLISH PROFICIENCY (LEP)

Used to describe individuals who do not speak English as their primary language and who have a limited ability

to read, write, speak or understand English; individuals may be competent in English for certain types of communication (e.g., speaking or understanding) and have LEP for other purposes (e.g., reading or writing).

M

MECHANICAL RESTRAINT

Any device attached to a person's body that restricts freedom of movement or normal access to their body.

MENTAL HEALTH ASSESSMENT

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

MIGRATORY STUDENT

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

N

NEED TO KNOW

A limitation on the type and extent of disclosure of confidential information to only information that is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior but does not need to know the source of the trauma that leads the youth to respond in that way, such as prior physical or sexual abuse.

GLOSSARY

NORMAL ADOLESCENT BEHAVIOR

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

P

PAIN COMPLIANCE TECHNIQUES

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

PAT-DOWN SEARCH

An inspection by running the hands over the clothed body of an individual by a staff member to determine whether they possess contraband.

PHYSICAL BODY CAVITY SEARCH

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

PHYSICAL FORCE

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

POST-TRAUMATIC STRESS

For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative

beliefs; feelings of confusion and unreality; and/or emotional detachment.

PROTECTION AND ADVOCACY SYSTEM

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

Q

QUALIFIED MEDICAL PROFESSIONAL

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

QUALIFIED MENTAL HEALTH PROFESSIONAL

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

QUESTIONING

The process of questioning or being unsure of one's sexual orientation or gender identity.

R

REASONABLE SUSPICION

A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the safety and security of a facility (must be more than a generalized concern or hunch about the potential for criminal activity or threat).

GLOSSARY

RESCUE TOOL

A device designed to cut quickly through fibrous material, which can release a person from clothing or fabric the person has fashioned into a ligature.

ROOM CHECK

The act of physically viewing a youth in their room, assessing their safety and taking any needed action(s) based on the observations.

ROOM CONFINEMENT

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

S

SAFETY

Feeling secure in oneself and supported, protected, heard and encouraged (applies to both youth and staff in a facility).

SEX TRAFFICKING

The recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act (a sex act on account of which anything of value is given or received, commonly referred to as prostitution).

SEXUAL ABUSE

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

SEXUAL HARASSMENT

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

SEXUAL ORIENTATION

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

STATUS OFFENSES

Offenses that would not be crimes if committed by an adult (e.g., being habitually disobedient, breaking tobacco or alcohol laws directed at minors, not attending school, breaking curfew laws, running away from home or being beyond the control of parents).

STEP DOWN

To be transferred to a less secure setting.

STRIP SEARCH

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

SUICIDE RESISTANT

Used to describe objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm themselves.

GLOSSARY

T

TRANSGENDER

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

TRAUMA

An event or events in which an individual experiences anything that is deeply disturbing or distressing, as well as trauma resulting from accidents or events without clear participating events.

U

UNDOCUMENTED

Not having a lawful immigration status.

UNIVERSAL SAFETY PRECAUTIONS

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

USE OF PHYSICAL FORCE OR RESTRAINT INCIDENT

Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints or the use of mechanical restraints beyond routine restraints that occur during transportation.

V

VISUAL BODY CAVITY SEARCH


A visual inspection of the anal or vaginal cavity of an individual.

VOLUNTARY TIME-OUT

A brief period of time in a youth's room or other space at the request of the youth.



CLASSIFICATION AND INTAKE



Detention is a stressful, traumatic and life-changing event for youth and family. Facility assessment team members should focus on ensuring that the facility's policies and staff recognize this by helping to connect young people with loved ones as soon as possible, treating youth as whole people upon intake (and not labeling them as offenders) and demonstrating empathy and compassion. Team members should focus on efforts the facility makes to anticipate and respond to the fear and confusion families experience by explaining what is happening and what to expect. Team members should also ensure that staff are taking steps to help youth feel safe upon admission. This doesn't mean simply asking about the likelihood of victimization or a youth's involvement in unlawful activities. It means promoting the young person's safety, defined by the standards as feeling secure in oneself and supported, protected, heard and encouraged.

A. SPECIFIC DETENTION LIMITATIONS

1. The facility has written limitations on lower and upper ages for detention in the facility and does not hold youth age 13 and under.
2. The facility does not detain youth who are not alleged to have committed a criminal offense, such as abused or neglected youth, youth charged with status offenses and youth ordered to detention for court-order violations related to an underlying status offense or child welfare case.
3. Staff do not ask youth about their immigration status.
4. The facility develops and implements written policies, procedures and actual practices to ensure that staff do not detain youth with immigration holds if they have no delinquency cases or charges, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a nonsecure placement, have their cases dismissed or finish a period of incarceration).

B. INTAKE

1. Intake for the juvenile justice system is available either on site or through on-call arrangements 24 hours a day, seven days a week. Staff process youth in no more than two days.

(i.e., feeling secure in oneself and feeling supported, protected, heard and encouraged) and not solely on protection from violence.
2. The intake process includes offering youth as many phone calls as needed (and at least two) to reach family members as soon as possible after youth are admitted to the facility. Staff offer youth a shower and food regardless of their time of arrival.
3. Intake staff have a conversation with youth about their safety at the facility. The conversation should focus on the broader definition of “safety” in these standards
4. Intake staff have particular training and skills to empathize with youth who experience the stress, trauma and disruption of admission to detention.
5. Intake staff treat youth as whole people during the intake process and do not label them as “offenders.”

C. DETENTION PROCESS

1. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules and procedures including the following:
 - a. Affirmation of the youth’s humanity and potential.
 - b. Acknowledgement of the stress and trauma associated with admission to detention.
 - c. The facility’s commitment to keep youth safe.
 - d. Identification of key facility staff and roles.
 - e. The facility’s system of positive behavior

interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules and consequences that may result when youth violate the rules of the facility.

- f. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance and the name of the person or position designated to resolve grievances.
- g. Access to routine and emergency medical and mental health care.
- h. Housing assignments.
- i. Opportunities for personal hygiene, such as daily showers.
- j. Opportunities and rights related to visitation, correspondence, telephone use and video visits.
- k. Opportunities and rights regarding access to counsel.
- l. Information and communications that are confidential.
- m. Access to education, religious services, programs and recreation.
- n. Policies on use of physical force, restraints and room confinement.
- o. Emergency procedures.
- p. The right to be free from physical, verbal or sexual abuse and harassment by other youth and staff.
- q. How to report problems at the facility such as abuse, feeling unsafe and theft.
- r. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.
- s. The availability of services and programs in a language other than English, as needed.
- t. The process for requesting different housing, education, programming and work assignments.
- u. Rules on contraband and facility search policies.
- v. Demonstration of appropriate pat-down and clothing searches [see also Searches in section VI.H.3].

- 2. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Written materials are available in all appropriate languages for limited English proficient youth.
- 3. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing or blind or have low vision.
- 4. Intake staff contact the young person's family as soon as possible following a youth's admission to explain what has happened, provide the information youth receive in the facility orientation and the contact information for a specific person at the facility, explain next steps and ask about and respond to any questions.
- 5. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks or other written formats included for youth with limited English proficiency (LEP) in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms.
- 6. The facility maintains data that show the number of youth and parents or guardians determined to have LEP by language group, and the placement of each youth by language group. Staff review the language data to assess the language assistance needs of the facility.
- 7. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of youth and parents or caregivers with limited English proficiency.

D. CLASSIFICATION DECISIONS

- 1. Upon admission, staff make housing, bed, programming, education and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they

have collected the information necessary to fully classify youth. The facility director or a designee regularly reviews the process and any decisions that depart from established policies.

2. As part of the classification process, within 72 hours, staff gather relevant information with the goal of prioritizing the youth's safety and physical and emotional well-being. Staff do not rely primarily or solely on factors such as age, stature, charged offenses or when making such determinations.
3. Staff also notify family members about the youth's classification and housing arrangement.
4. Staff ask all youth about their sexual orientation, gender identity and gender expression in a developmentally appropriate and affirming way (promoting each youth's optimal development and considering their physical and emotional abilities) without making assumptions. Staff ask youth how they want information about their sexual orientation, gender identity and gender expression recorded and with whom the information can be discussed.
5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.
6. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and

other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth's health and safety, whether the placement will present management or security problems, where the youth perceives they will be most secure and any recommendations from the youth's health-care provider. Staff do not automatically house transgender youth according to their sex at birth. Staff document the reasons for their decisions, and the facility director or a designee reviews each decision. Decisions are reassessed at least every 30 days to review the youth's safety and physical and emotional well-being.

7. The facility develops and implements written policies, procedures and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973 and any applicable state laws.
8. The facility has a process through which youth may request different housing, programming, education and work assignments.

E. CONFIDENTIALITY

1. The facility develops and implements written policies, procedures and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws.
2. Staff do not disclose information about a youth's sexual orientation or gender identity to anyone, including the youth's parents, without obtaining the youth's consent, unless disclosure is required by law or court order.
3. Staff treat a youth's case, law enforcement and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.
4. Staff do not disclose information about a youth to the media without the consent of the youth and their parent or guardian unless required by law or court order.



HEALTH AND MENTAL HEALTH CARE

Youth often come into detention with medical and mental health conditions needing prompt attention. Many young people and their family members have not had access to adequate health care in the community, and many youth have unrecognized health issues. Some youth have chronic medical or mental health-care needs, while others have care needs arising from the incident leading to detention, as well as from the mental-health impact of being incarcerated. This section highlights key elements in meeting the medical and mental health needs of youth. These standards place an emphasis on providing medical and mental health services in partnership with family members.

A. SCREENINGS AND REFERRALS

1. A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. The screening is conducted in a confidential setting immediately upon the youth's admission and includes:
 - a. Questions about the following:
 1. Current medical, dental and mental health problems or complaints.
 2. Recent injuries or physical trauma.
 3. Current medications needed for ongoing conditions and other special health needs.
 4. Allergies to medications, foods, insects and other aspects of the environment, as well as any special health requirements (e.g. dietary needs).
 5. Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses, including relevant contagious diseases such as COVID-19.
 6. Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms and any recent hiding of drugs in the youth's body.
 7. Current gynecological problems and pregnancies.
 8. The names and contact information for physicians and clinics treating the youth outside the facility.
 9. The name and contact information of an adult family member or guardian who can provide information and insights about the youth's medical and mental health history, provide Medicaid and health insurance information and consent to medical treatment for the youth, if necessary.
 10. Any current medical issues the youth would like to talk to a doctor about.
 - b. Observation of the following:
 1. State of consciousness, sweating or difficulty breathing.
 2. Signs of recent physical trauma, injuries or other physical problems.
 3. Signs of alcohol or drug intoxication or withdrawal.
 4. Mood, general appearance, situational ability to communicate and indicators of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying or rocking.
 5. Physical disabilities, including vision, hearing or mobility limitations.
 6. Signs of intellectual, developmental or learning disabilities.
 7. Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies) and needle marks or other indications of drug use.
2. A qualified medical professional conducts a screening in a confidential setting upon admission to identify youth who may be at the risk of suicide. The screening determines the following:
 - a. Medical, mental health or suicide risk during any prior period of confinement. Issues that actually relate to suicide risk may have been misclassified as medical issues.
 - b. Any information from the arresting or transporting officer that indicates the youth is a medical, mental health or suicide risk.
 - c. Previous suicide ideations or suicide attempts.
 - d. Previous treatment for mental health or emotional problems.
 - e. Recent experiences of significant loss (i.e. breakup, death of family members or close friends, job loss).
 - f. Family members or close friends who have ever attempted or died by suicide.
 - g. Thoughts of self-harm or suicide.
 - h. Feelings of hopelessness or despondency regarding the immediate future.
 - i. Suggestions of a risk of suicide, such as evidence of self-injury, crying or rocking, in the youth's physical appearance.
3. Staff conduct a standardized mental health screening (such as the MAYSI-2) that is validated for the population being screened to identify youth who may

need prompt mental health services. The screening is conducted in a confidential setting upon the youth's admission.

4. After the screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below:
 - a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol; are actively suicidal or self-injurious; report having recently swallowed or ingested illegal drugs; or are otherwise in need of urgent care are referred immediately for and receive timely care.
 - b. Youth who are identified as having immediate medical needs are referred immediately for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.
 - c. Youth who have any obvious or severe dental abnormalities, dental pain or other acute dental conditions that may have an adverse effect on their health are immediately referred to a dentist and receive prompt dental care.
 - d. Youth identified as needing further evaluation for suicide risk or other acute mental health conditions are immediately placed on constant one-on-one observation until they can be formally

assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional to develop an emergency intervention plan. A qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation.

- e. Youth who are identified as requiring additional medical or mental health follow-up for reasons other than immediate medical or mental health needs or suicide risk are immediately referred for and receive an assessment by a qualified medical or mental health professional, as appropriate.
 - f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours.
5. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth's treating physician and the parents or guardians and the young person about the reasons the medical professional believes the medication may be inappropriate.

B. FULL HEALTH ASSESSMENT

1. All youth receive a full health assessment by a registered nurse, nurse practitioner, physician's assistant or physician soon after admission, and in no case later than one week after admission.
2. The full health assessment includes the following:
 - a. Reviewing of screening results and collecting of additional data to complete medical, dental and mental health histories.
 - b. Reviewing with the parent or guardian (by phone or in person) the medical and mental health needs of the youth, including all areas of the full health assessment (e.g., immunization history and needs).
 - c. Recording of height, weight, pulse, blood pressure, temperature and results of other tests and examinations.
 - d. A full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.
 - e. Performing of screening and lab tests consistent with age- and gender-specific recommendations of the American Medical Association's Guidelines for Adolescent Preventive Services and other tests and examinations, as appropriate.
 - f. Reviewing of immunization history and scheduling or providing needed updates in accordance with the Advisory Committee on Immunization Practices guidelines.

- g. Testing and/or rapid testing for contagious diseases, such as COVID-19.
 - h. Pregnancy testing for sexually active females and gynecological exams for females when clinically indicated through an assessment by a qualified medical professional and conversation with the youth.
 - i. Testing for sexually transmitted infections, subject to the limitations on gynecological examinations outlined above.
 - j. Obtaining history of the following:
 - 1. Potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol and unsafe sex practices.
 - 2. Services for intellectual, developmental or learning disabilities.
 - 3. Psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).
 - 4. Current and previous use of psychotropic medications.
 - 5. Traumatic brain injury or seizures.
 - k. Inquiring about the following:
 - 1. Symptoms of post-traumatic stress.
 - 2. Recent injuries or physical trauma.
 - 3. Current self-harming behavior and suicidal ideation.
 - l. Identifying of medical needs related to a youth's identification as transgender or intersex.
 - m. Reviewing of the results of medical examinations and tests by a qualified medical professional and initiating of treatment as indicated.
 - n. Contacting with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.
3. In the youth's medical records, staff document the youth's and parents' or guardians' consent or refusal with respect to treatment. Staff also document consent or refusal with respect to receiving counseling from medical professionals related to that treatment.

C. MEDICAL SERVICES

- 1. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and as needed after admission, paying particular attention to conditions prevalent among detained youth (e.g., sickle cell anemia, asthma). Evaluation and treatment meet or exceed the community level of care.
- 2. Qualified medical professionals develop service plans for youth with identified medical needs.
- 3. The facility develops and implements written policies, procedures and actual practices to ensure that youth:
 - a. have the opportunity to consult with a qualified medical professional every day;
 - b. may request to be seen without disclosing the medical reason to nonmedical staff, and without having nonmedical staff evaluate the legitimacy of the request;
 - c. upon requesting a consultation with a health professional, see a qualified medical professional in a space designated for medical evaluations; and
 - d. have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered.
- 4. The facility has sufficient service hours of qualified medical professionals, including scheduled on-site services, to promptly meet the needs of youth in the facility.
- 5. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures and actual practices ensure

that staff notify parents or guardians within one hour of the hospitalization.

6. Staff allow parents or guardians to visit youth who are hospitalized.

D. MENTAL HEALTH SERVICES

1. Youth who may have mental health needs (e.g., youth who have been identified as needing further evaluation through the facility's mental health screening) receive an assessment by a qualified mental health professional. Qualified mental health professionals contact family members as part of the assessment to obtain information and insights. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting.
2. The facility has sufficient service hours of qualified mental health professionals to promptly meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.
3. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma and suicide risk among adolescents and age-appropriate interventions.
4. Qualified mental health professionals work with direct care staff and other nonclinical staff in the facility, providing guidance, insight and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.

E. SUICIDE PREVENTION AND RESPONSE

1. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional and the family members of such youth to develop an emergency intervention plan. A qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation.
2. Staff refer all incidents of self-harm or attempted self-harm (e.g., cutting) to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, a qualified mental health professional prepares a detailed care and support plan for the youth.
3. A rescue tool is available and quickly accessible on each living unit, and staff are trained in its use.

F. INFORMED CONSENT

1. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about the youth's medical and mental health history, Medicaid and health insurance

information and consent to medical treatment for the youth, if necessary. [Also listed at section II.A.1.a(9).]

2. Medical and mental health examinations and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures and actual practices to ensure the following:
 - a. Qualified medical and mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.
 - b. Qualified medical and mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.

- c. In cases where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility.
- d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).
- e. Staff document the youth's and parents' or guardians' consent or refusal, and counseling with respect to treatment, in the youth's medical records. [See section II, B, 3]

G. CONFIDENTIALITY

1. The facility develops and implements written policies, procedures and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services and continuity of care for youth. If the facility

is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA laws and regulations.

2. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.


H. RELEASE PLANNING

1. Qualified medical or mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have medical or mental health needs to ensure that youth leaving

custody receive continuity of care for ongoing illnesses or conditions. Qualified medical and mental health professionals develop discharge plans in partnership with and with insight from family members.



ACCESS



A young person's success in the community is linked to supportive relationships with family members and others. Because detention is inherently disruptive to those relationships, facility administrators and staff must ensure there are frequent, accessible and meaningful opportunities to maintain such connections, including those beyond the youth's immediate biological or legal family. Additionally, from the time of a youth's admission, facility staff should view family members as resources and partners, as well as recognize the effects of detention on families as a whole. This means communicating continuously with family members and seeking their input when making decisions that affect their children. This section also addresses the need for youth to be able to visit and communicate with their attorneys and other advocates about their cases, problems in the facility or other issues requiring legal assistance.

A. FAMILY ENGAGEMENT

1. Upon the youth's arrival at the facility, parents or guardians are immediately contacted by a staff member, unless the facility has official documentation that parents or guardians should not be notified. The staff member explains the youth's status and the detention process, and obtain information about the youth and their adjustment to the facility. This includes parents of youth who are in the custody of the child welfare system, unless the facility has official documentation showing that parents or guardians should not be notified. The facility makes appropriate arrangements to communicate with family members who have limited English proficiency.
2. Facility staff actively encourage contact between youth and their family members through visitation, phone calls, video visits and other means.
3. Staff involve family members in decisions about their youth at the facility, including identifying behavior management strategies; making decisions about education, medical and mental health services; and planning for the youth's discharge.
4. The facility offers parents and guardians a verbal, written, audio-visual or group orientation within seven days of their youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who have limited English proficiency understand how the facility operates.
5. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.
6. The facility does not bill the youth or their family for days in detention or services provided at the facility, including phone calls, mail and video and in-person visitation.
7. Family members are informed of the process to share compliments, complaints and grievances about the treatment of youth and family members by facility staff. Facility administrators promptly reply to complaints and grievances.
8. There are regular forums for families to voice issues of concern, offer suggestions for improvement and obtain needed information about institutional policies and practices.
9. The facility has a formal process for involving family members when reviewing programming and revising policies that relate to family members' access to the facility, including policies on grievances, visitation and access to telephone and mail.

B. VISITATION

1. The facility treats visitation as a right, not a privilege. Staff permit youth to visit with parents or guardians, siblings, other family members, mentors, community-based service providers, educators, clergy members and other supportive adults. Written policies clearly describe the approval procedure for visitation, and staff communicate the policies to family members. Staff encourage visitation with young people's own children, including by allowing visits outside of the facility.
2. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives or friends.
3. Family visiting occurs on several days of the week, including both weekends and weekdays, and is not limited to normal business hours. Youth may visit with family members as many times as families are willing to attend visitation hours. Staff post a schedule of visiting hours and rules in English and other appropriate languages.
4. The facility informs family members that they may schedule visits at other times with permission from the

facility director or a designee. Written policies clearly describe procedures for special visits.

5. The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (online platforms, e.g., Zoom, Skype or FaceTime). These alternatives supplement, but do not replace, in-person visitation opportunities.
6. Visits are at least one hour in length and are contact visits, meaning there is no physical barrier between the youth and visitor and some physical contact is allowed.
7. Staff do not punish youth on disciplinary status by depriving them of visits. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny a youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period and reschedule the visit for a different time.
8. If staff conduct searches of youth before or after visits, they use pat down or metal detector searches. More intrusive searches are only used when there is

individualized and reasonable suspicion of possession of contraband.

9. Searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies in English and other appropriate languages so visitors are aware of the rules.
10. Visitation spaces are furnished and decorated similarly to places that family members would gather outside of the facility to promote normal family interactions. Entrances, visitation areas and restrooms used by the public are accessible by individuals with limited mobility. Visitation spaces don't feel like prison.
11. The facility takes steps to ensure meaningful access to visitation to youth with limited English proficiency. Youth are not allowed to serve as interpreters for their visitors and family during formal proceedings or staff conferences.

C. CORRESPONDENCE

1. Staff provide youth with paper, access to writing instruments and postage for correspondence. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide access to email.
2. Facility staff do not read incoming or outgoing mail or email. Staff only read mail if there is an individualized

reasonable suspicion based on specific information that the mail itself constitutes a criminal act or a threat to the security of the facility, and they open such mail in the presence of youth.

3. Youth are allowed to correspond in writing or via telephone with incarcerated family members absent a specific and articulable security reason.

D. TELEPHONE CALLS AND VIDEO VISITS

1. Facility staff provide youth with free and easy access to telephone calls and video visitation opportunities, and staff do not listen in on or record young people's conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility.

2. Staff do not deprive youth of phone calls and video visits as a disciplinary sanction. Staff may use additional or longer phone calls or video visits as an incentive as part of the facility's positive behavior management system.

E. ACCESS TO COUNSEL, THE COURTS AND PUBLIC OFFICIALS —

1. Staff allow visits from attorneys, paralegals and other legal support staff such as investigators, experts and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (e.g., laptops, legal files). Staff give attorneys the opportunity for youth and family members to meet together if needed for the youth's defense.
2. Mail to and from attorneys, the courts or public officials is privileged. Staff do not open or read such mail.
3. The facility provides a private room or area that allows for confidential attorney visits.
4. Youth are able to make free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.

IV.

PROGRAMMING

Youth in detention are, first and foremost, adolescents. Youth should report that they are involved in the same kinds of age-appropriate, healthy and educational activities that they would experience in the community. These standards ensure that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficiency. Youth should go outdoors regularly; engage in physical exercise; participate in a range of enrichment, skill-building and recreational activities; have the opportunity to practice their religion; and have time and space for quiet time, rest and reflection. This section also covers the ways youth are encouraged and motivated through therapeutic interventions, positive reinforcement, celebrations of success and incentives for good behavior.

A. EDUCATION

1. School and facility administrators develop and implement written policies, procedures and actual practices to facilitate communication and coordination between educators and facility staff to ensure that all youth in the facility have access to an appropriate educational program.
2. At the time of admission, youth receive a brief educational history screening to review their school status, special education status, grade level, grades and the last school they attended and whether they have limited English proficiency or meet the definition of a migratory student. Staff also contact family members at the time of admission to gather information on the youth's educational history and needs. Staff use this information to inform initial placement in the facility's educational program.
3. Youth attend the facility school at the earliest possible time but no later than the next school day after admission to the facility.
4. Within five days of admission to the facility, education staff complete a comprehensive assessment of the youth's general educational functioning to facilitate placement in an appropriate program. The assessment is completed with input from family members and includes data from multiple sources, including standardized tests, informal measures, observations, student self-reports, parent reports, progress monitoring and educational records from the youth's prior school. The facility school provides parents with information about the education plan that is developed for their child upon admission to the facility.
5. The facility school complies with state and local education laws governing the minimum number of minutes in a school day and ensures that each student receives the required number of minutes of educational instruction, from the moment students are in the classroom until the class ends. Facility staff ensure that procedures to move youth to and from their educational program do not interfere with the minimum number of minutes in a school day.
6. The facility school operates twelve months a year with scheduled breaks. The facility provides additional elective and special activities for programming during breaks and school holidays.
7. School classes are held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.
8. Teachers in the facility receive compensation equal to or greater than that received by teachers in other public schools in the jurisdiction.
9. The facility provides educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials and computers and other education-related technology, except where security concerns make it unsafe to use those materials at the facility.
10. The facility school complies with federal special education law (e.g., the Individuals with Disabilities Education Act [IDEA]) and comparable state requirements for students with disabilities.
 - a. The facility school has procedures to determine which youth have previously been identified as having disabilities and require special education and related services, and to promptly obtain special education records for such students.
 - b. The facility school has procedures in place to identify and assess youth who may have a disability, but who have not been previously identified, in conformity with state and federal requirements for special education, including the Child Find provisions of IDEA.
 - c. A current Individualized Education Program (IEP) is in place for each student with identified disabilities. Students entering with an existing IEP receive services comparable to those described in the IEP until such time as the school adopts the IEP or develops and implements a new IEP that is consistent with federal and state law. Modifications to the IEP are based on the needs of the student, not the convenience of the facility.
 - d. The process for developing or modifying IEPs at the facility school is the same as that used in regular public school settings, including compliance with the parental notice and parental participation requirements under IDEA.
 - e. The facility school provides special education students with a full continuum of general education classes, special classes and

- supplementary services. Special education students participate in general education classes and programs to the maximum extent possible.
- f. Special education staff at the school are certified or credentialed by the state for the services they provide.
 - g. The facility school holds teachers accountable for teaching to a youth's IEP goals and monitoring progress toward achieving those goals.
 - h. The facility school provides related services required by the IEP, including speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services and health care.
 - i. The facility school provides transition services that facilitate a student's movement from school to post-school activities as required by a youth's IEP. Post-school activities include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education and independent living.
 - j. Parents or guardians receive required notices of and participate in decisions regarding the special education of their youth, and facility staff are flexible in scheduling and using in-person, telephone, or Web conferencing to facilitate parent or guardian involvement. School staff provide notices to parents or guardians that are understandable and in their primary language, unless it is not feasible to do so.
 - k. The facility school secures parent surrogates when parents or guardians are unavailable to participate in special education decisions. Parent surrogates are not employees of the school or the facility.
 - l. The facility school complies with legally required timelines for assessment and IEP development and implementation.
 - m. The facility school complies with all IDEA requirements for notice and due process.
 - n. Facility staff and school personnel follow disciplinary procedures that provide for manifestation determination reviews and functional behavioral assessments for youth with disabilities. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities.
11. Students entering with an existing 504 plan receive services that match the plan as closely as possible.
 12. The facility school encourages youth to work toward a high school diploma. The facility also provides General Education Development (GED) programs, preparation and testing. If testing is not available on site, facility staff arrange for students to be transported off grounds to a local testing center.
 13. The facility offers educational activities, vocational and technical programming, opportunities to earn certifications (e.g., ServSafe, OSHA 10) and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education.
 14. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of educational records, such as credits and grades; assessment of any missing credits required to graduate; and other steps necessary to facilitate the youth's immediate enrollment in another appropriate educational placement upon release from the facility.
 15. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth's IEP goals.
 16. The parents or guardians of detained youth receive the same access to and explanation of educational records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state and local laws and policies.

B. EXERCISE, RECREATION AND OTHER PROGRAMMING

1. Staff keep youth occupied through a comprehensive multidisciplinary exercise and recreation program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities. Youth with physical disabilities have the opportunity to participate in recreational activities.
2. Staff, volunteers, contractors and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic and cultural groups within the facility. Youth have opportunities to provide input into the programming at the facility.
3. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of physical exercise every weekday and at least two hours of physical exercise each weekend day in a space outside of their own room. Physical exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.
4. Staff take youth outside for their hour of exercise, weather permitting (e.g., not too hot or too cold).
5. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural or educational activities. Staff provide youth with some unstructured free time as well.
6. Staff allow youth to keep reading materials in their rooms.
7. Staff allow youth to access the library at least once per week.

C. RELIGION

1. The facility permits youth to participate in religious services, in person and/or virtually. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion or religious practice. Youth who decide not to participate in religious services are not confined to their rooms during that time and are allowed to engage in some alternative recreational activity.
2. Youth receive special diets to accommodate sincerely held religious beliefs.

D. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth.
2. Staff are trained in the use of the behavior management system and implement it fairly and consistently.
3. The culture of the institution emphasizes recognizing and affirming achievements and positive behavior in lieu of focusing on or punishing failure.

E. YOUTH WITH SPECIAL NEEDS

1. The facility develops and implements written policies, procedures and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's programs, activities and services. The preference is for reasonable accommodations so youth with disabilities can participate in existing programs, activities and services.
3. The facility takes steps to ensure meaningful access to all aspects of the facility's programs, activities and services for youth with limited English proficiency. This includes steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.

V.

TRAINING AND SUPERVISION OF EMPLOYEES

The quality of any facility depends heavily on its staff. This section requires that the facility hire properly qualified employees and provide the necessary preservice and ongoing training they need to work with youth in confinement and their families. The facility should be an operational setting that enables staff to do their work well – through appropriate staffing and administrative supervision and proper self-care. This section further requires that facility staff engage in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints and child abuse reports.

A. QUALIFICATIONS FOR INSTITUTIONAL STAFF POSITIONS

1. Employees with duties that involve direct services for youth are qualified for their positions by their ability to relate to young people, with a minimum of two years of experience working with youth. Staff serves as positive role models for youth.
2. Written job descriptions, requirements and annual training plans exist for all positions in the facility.
3. All staff receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with federal and state laws.
4. Before hiring new employees or contractor services, the facility ensures that staff responsible for screening new hires:
 - a. perform a criminal background records check (system involvement as a teenager is not an automatic disqualifier for potential staff);
 - b. consult any child abuse registry maintained by the state or locality in which the employee has worked or would work;
 - c. consistent with federal, state and local law, make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment (see Prison Rape Elimination Act [PREA] 28 CFR § 115.317[f]-[h] for additional detail on compliance); and
 - d. consider any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.
5. The facility imposes a continuous affirmative duty upon employees to disclose having engaged in sexual abuse; having been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or having been civilly or administratively adjudicated to have engaged in any of these activities. The facility conducts criminal background checks at least every five years.

B. STAFFING

1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth, visitation, transportation to health-care appointments (on and off site) and access to school programming and other scheduled activities.
2. There is at least a 1:8 ratio of direct-care staff to youth during the hours that youth are awake. There are sufficient available staff (on site or on call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. Direct-care staff are stationed where they can directly see, hear and speak with youth. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.
3. There is at least a 1:16 ratio of direct-care staff to youth during the hours that youth are asleep. There is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct-care staff.
4. The facility uses cameras or other video technology to monitor living units and other areas of the facility. Cameras and other video technology supplement, but do not replace, direct staff supervision.
5. The facility has developed, implemented and documented a staffing plan. The facility reviews the plan at least annually and complies with federal and state statutes related to labor law and PREA standards.

6. Staff must remain awake and alert on all shifts. Staff do not sleep while on duty.
7. Backup staff support is immediately available to respond to incidents or emergencies.
8. At least one female staff member is always on duty in living units housing girls, and at least one male staff member is always on duty in living units housing boys.
9. The facility has adequate staff and/or volunteers to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.
10. The facility has adequate staff with the language capacity to provide youth with limited English proficiency with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages.

C. TRAINING FOR INSTITUTIONAL STAFF

1. The facility develops and implements written policies, procedures and actual practices to ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment and 30 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually.
2. The facility designates a person who is responsible for coordinating staff training. Facility staff receive training on the following:
 - a. Basic rights of youth who are incarcerated, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.
 - b. Characteristics of the youth:
 1. Adolescent development, including sexual and mental health and development.
 2. The physical, sexual and emotional abuse experiences of youth and how to understand post-traumatic stress reactions and effectively interact with youth with histories of abuse and trauma-related behaviors.
 3. The impact of traumatic events (including exposure to severe violence, death or life-threatening accidents or disasters, as well as incarceration) on youth development and how to recognize and respond to youth whose behavior is affected by post-traumatic stress.
 - c. Working with specific populations:
 1. Signs of mental illness and/or intellectual disabilities and the needs of and ways of working with youth with mental illness or intellectual disabilities.
 2. The facility's language-access policies and plans, including how to access language assistance services for youth with limited English proficiency.
 3. Information on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner.
 4. How to work and communicate with lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQ+) youth, as well as how to recognize, prevent and respond to harassment of LGBTQ+ youth.
 - d. Positive behavior management, de-escalation techniques and conflict management:
 1. Approaches for communicating effectively and professionally (not using racial slurs or other types of disrespectful behavior) with youth.

2. Conflict management, de-escalation techniques and management of assaultive behavior.
 3. Appropriate use of and alternatives to physical force, mechanical restraints and room confinement.
- e. Detecting, responding to and reporting of child abuse, neglect and violation of staff responsibilities:
1. Signs and symptoms of child abuse and neglect.
 2. Compliance with relevant laws related to mandatory reporting to outside authorities.
 3. The right of youth and staff to be free from retaliation for reporting abuse, neglect and violations of staff responsibilities.
- f. Abuse and sexual harassment prevention, detection and response:
1. The facility's policy prohibiting sexual abuse and sexual harassment.
 2. The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.
 3. Responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, reporting and response.
 4. How to distinguish between consensual sexual contact and sexual abuse between youth.
- g. Medical and mental health competencies:
1. How to properly administer CPR and first aid and automated external defibrillators (AEDs).
 2. How to recognize signs of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., how to use a rescue tool for youth hanging).
 3. How to recognize signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.
 4. How to recognize signs and symptoms of mental illness and emotional disturbance.
5. Procedures for appropriate referrals of medical and mental health needs, including transportation to medical or mental health facilities.
- h. Facility operations and facility emergencies:
1. Staff code of conduct.
 2. Security and safety procedures (e.g., location and use of fire extinguishers, evacuation policies).
 3. Facility rules on contraband and prohibited items.
 4. Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.
 5. Effective report writing.
3. Where staff are expected to engage youth in skill building, discussion groups, recreational activities and other structured programming, the facility provides the training necessary for staff to perform these functions effectively.
 4. The facility provides training to volunteers and contractors as necessary to prepare them for their roles and to prevent victimization of youth.
 5. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service as permitted by state law, the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.
 6. Training personnel incorporate recommendations and concerns from youth, parents or guardians, staff, management and quality assurance personnel, as well as audits and other sources, into training plans and curricula.

D. SUPERVISION OF INSTITUTIONAL STAFF

1. The facility director regularly (at least weekly) tours living units to monitor institutional operations and provide guidance to staff.
2. Staff receive annual evaluations for performance, and facility directors recognize exemplary performance and address deficient performance.
3. At least monthly, administrators monitor indicators of conditions to identify potential problems in advance by reviewing logbooks; special incident reports; records of use of physical force, restraints and room confinement; grievances; and recreation records. In reviews and evaluations, directors provide positive feedback to staff on exemplary performance. Administrators advise staff of any areas of concern and take appropriate action with respect to particular staff members, such as retraining.
4. At least quarterly, the facility director schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.
5. The facility develops and implements written policies, procedures and actual practices to ensure that staff model social skills for youth and do not use profanity, threats, discriminatory comments, intimidation or humiliation, or have inappropriate physical contact or personal relationships with youth. Facility management addresses violations of standards of conduct through corrective action.
6. Administrators discipline staff, contractors and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect.

E. REPORTS OF ABUSE, NEGLECT, RETALIATION AND VIOLATIONS OF RESPONSIBILITIES

1. The facility has a clear, understandable, confidential and accessible means for youth and staff to report suspected child abuse, neglect, sex trafficking, retaliation (against youth or staff who report an incident) and violations of staff responsibilities.
2. Staff and youth do not experience retaliation for making complaints about or reports of child abuse.
3. The facility director reports any allegations of child abuse to parents or guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified), the child welfare system caseworker (if applicable), the child's attorney or other legal representative and any other party required by law. If a youth reports abuse, neglect or retaliation at a previous placement, staff report the youth's claim to the appropriate authorities and to the head of the facility where the alleged incident took place.
4. Administrators reassign staff who are under investigation for behavior that would constitute sexual harassment, sexual abuse or child abuse or neglect to a position in which they have no contact with youth, pending the outcome of an investigation.
5. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff who fail to adhere to the code of conduct face appropriate discipline.

F. QUALITY ASSURANCE AND YOUTH ENGAGEMENT

1. The facility director (or a designee) collects and analyzes accurate and uniform data and reports on major incidents such as violence; use of restraints, room confinement and physical force; sexual harassment and abuse, attempted and completed escapes; attempted and completed suicides; and serious disease outbreaks. (Additional detail on PREA compliance at 28 CFR §§ 115.387 and 115.389.)
2. The facility director (or a designee) reviews the data and reports listed above on a regular basis, at least weekly. The facility director convenes a team of youth and staff to assist with continuous quality improvement efforts.
3. The facility director convenes a committee to set performance goals and develop quality assurance and improvement plans for the facility. Administrators review and update performance goals and plans on an ongoing basis after major incidents, but no less frequently than once a year. (Additional detail on PREA compliance at 28 CFR § 115.388.)
4. The facility director schedules and completes an audit for compliance with PREA standards for juvenile facilities at least once every three years and takes any corrective actions necessary to address findings of “does not meet standard.” (Additional detail on PREA compliance at 28 CFR §§ 115.401–404.)
5. The facility takes steps to establish a youth council in the facility. The youth council is organized and operationalized to assist in designing of programming that improves group life. The council meets monthly with the facility director to share recommendations regarding accomplishments, necessary facility improvements and the general culture of the facility.

VI.

ENVIRONMENT

This section requires facilities to provide a nonpunitive, developmentally appropriate environment for youth who need to be held in a secure setting. The section also encompasses quality-of-life issues – assuring that youth will have clean, properly fitting clothing, healthy and appealing food and permission to retain appropriate personal items. Young people should be afforded a measure of privacy, and their human dignity should always be respected. Juvenile detention facilities should not look like or be operated as jails.

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

A. POSITIVE INSTITUTIONAL ATMOSPHERE

1. All persons in the facility are treated with respect and dignity.
2. The facility establishes written policies, procedures and actual practices to prohibit use of slurs, name-calling and other disrespectful behavior by youth and staff.
3. Furnishings and other decorations in dorms and other areas reflect a home-like, non-penal environment supportive of youth to the maximum extent possible.
4. Facility buildings and grounds are well maintained.
5. Staff allow youth to decorate and personalize their own living space.
6. Staff recognize and celebrate important holidays, birthdays and other dates of significance to youth.
7. Staff wear attire that is appropriate to their role of protecting and supporting youth, such as business casual attire or casual uniforms, not law enforcement- or military-style garb.
8. Youth are allowed to speak in their primary language, with exceptions in emergency situations if necessary.

B. SANITATION

1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.
2. Staff encourage, enable and expect youth to keep themselves, their rooms and all communal areas clean. To achieve this, staff give youth instruction and supervision on how to use supplies (including necessary protective gear) and to carry out necessary tasks.
3. The facility has and implements a plan for maintaining a clean, sanitary environment, which is updated annually to ensure compliance with best practices in environmental health and safety. The plan includes:
 - a. A schedule for cleaning common areas, bathrooms, rooms and showers on a daily basis to keep them free of mold and debris.
 - b. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.
 - c. Use of antimicrobial treatment agents to clean areas where bacteria may grow.
4. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff. These tasks do not take time from school or sleeping hours.
5. Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping or roofing).
6. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.
7. The facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in “dry” rooms (without toilets) have immediate access to toilets (no longer than a five-minute delay after a youth request).
8. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every six youth.
9. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth.

10. The facility is free of insect and rodent infestation.
11. Youth are allowed to shower daily.
12. Staff allow youth to brush their teeth after breakfast and dinner.
13. Youth and staff wash their hands before meals and after activities that may cause the spread of germs.
14. Staff provide youth with the opportunity to groom themselves before court and other important events, providing culturally appropriate products and respecting their cultural expression.
15. Staff provide youth with clean underclothes and socks daily, or allow youth to clean their underclothes and socks to ensure they are wearing clean underclothes each day and clean outer clothing at least twice a week.
16. Staff provide youth with clean bed linens at least once weekly (including two sheets, a pillow and a pillowcase), a mattress and sufficient blankets to provide reasonable comfort. Staff provide youth with clean towels daily. Staff do not remove these items as a form of discipline.
17. Staff disinfect mattress covers before a new youth uses the mattress. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.

C. FOOD

1. The facility's food services comply with applicable local, state and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.
2. Youth receive at least three meals daily at proper temperature, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings.
3. Youth in the facility receive a wholesome, appetizing and nutritional diet adequate for special needs and religious beliefs. Young people have an opportunity to provide input into the menu, which, where possible, reflects their cultural backgrounds.
4. If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.
5. Youth may obtain second servings of food.
6. Youth eat meals in a cafeteria or common area.
7. Youth have a reasonable time, no fewer than 20 minutes, for each meal.
8. Staff do not prohibit youth from talking during meals.
9. Staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.
10. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.

D. TEMPERATURE AND NOISE

1. Temperatures in indoor areas are appropriate to summer and winter comfort zones, with no unhealthy extremes. Staff provide additional blankets or clothing to youth who are cold.
2. Noise levels in the facility are comfortable and appropriate at all times.

E. EMERGENCY PREPAREDNESS AND FIRE SAFETY

1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security emergencies and medical emergencies. The plan covers the following:
 - a. Notification to families.
 - b. Meeting the needs of youth with mental illness or physical, intellectual or developmental disabilities.
 - c. Meeting the needs of limited English proficient youth.
 - d. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.
2. The facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training.
3. The facility complies with all local, state and federal fire codes and regulations and has documentation demonstrating such compliance.
4. The facility has smoke alarms in appropriate locations and in working condition.
5. The facility has a sprinkler system in appropriate locations and in working condition.
6. The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.
7. Staff regularly conduct and document fire drills, at least annually on all shifts, and invite the local fire marshal or fire authority to attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.
8. First aid kits are immediately available and fully stocked with non-expired items.
9. The facility has an automated external defibrillator (AED) on site and staff trained to use it.
10. Staff properly store and secure potentially hazardous or flammable items.

F. LIGHTING

1. Individual rooms have adequate lighting, sufficient for reading.
2. The lights in young people's rooms are turned out at night (or adequately darkened for sleep), unless a youth requests otherwise, or for individual security, medical or mental health reasons.

G. CLOTHING AND PERSONAL ITEMS

1. Youth wear shirts or sweatshirts and pants or sweat-pants that are appropriate in size and to their gender identity and religious beliefs. Youth do not wear prison-like jumpsuits or scrubs.

2. Youth wear their own underwear, or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females.
3. The facility allows youth to wear clothing appropriate to their gender identity and the season, including bras and underwear.
4. Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth's personal items absent specific safety or security concerns.
5. The facility housing units have lockers or other storage for young people's clothing and personal items.
6. The facility provides adequate and culturally appropriate hair and skin care products (e.g., oils for the scalp of Black youth), services and supplies for youth. Rules about hair and skin care are gender and culturally sensitive (e.g., youth are not required to shampoo their hair at a frequency that is damaging to their hair).
7. Youth have access to adequate personal hygiene and toiletry supplies, including menstrual supplies if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., toothpaste tubes, nonspray deodorant).

H. SEARCHES

1. The facility has written procedures and policies available for youth and family to read that address each of the following:
 - a. Searches during intake or upon returning from court, include pat-downs, metal detectors or clothing searches. If state law allows strip searches or visual body cavity searches, they are conducted in accordance with applicable law, and only upon reasonable suspicion of contraband. Staff do not conduct such searches during intake or on family members.
 - b. If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a young person is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys. When possible, the body cavity search is conducted by a medical professional of the same gender as the young person.
 - c. Staff document and provide written justification for all cross-gender searches.
 - d. Staff do not search or physically examine transgender or intersex youth for the sole purpose of determining the youth's genital status. (Additional detail on PREA compliance at 28 CFR § 115.315(e).)
2. Staff demonstrate on other staff or a mannequin appropriate pat-down and clothing searches during youth orientation.
3. Staff conduct facility and individual room searches, when needed, with the least amount of disruption and with respect for young people's personal property.
4. Staff do not conduct searches of youth, youth rooms or visitors as harassment or for the purpose of punishment or discipline.
5. The facility provides staff with lockers away from the living units for staff to store their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is reasonable suspicion of a weapon or contraband.

I. CROSS-GENDER VIEWING AND PRIVACY

1. The facility enables youth to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances.
2. Staff of the opposite gender of the youth in residence announce their presence when entering housing units.
3. Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.
4. Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions or changing clothing.
5. The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth's safety (e.g., a curtain that allows the staff member to view a youth's head and feet but nothing in between).

J. OVERCROWDING AND ACCESSIBLE LIVING SPACE

1. The facility has adequate living space, and the total population and the population per unit do not exceed maximum rated capacity.
2. If the facility has multiple occupancy rooms, they do not exceed 20% of the bed capacity of the unit and allow comfortable movement for in-room activities.
3. Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation and other activities occur.
4. The facility has toilets, sinks and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. Accessibility accommodations include the following:
 - a. Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto the grab bars.
 - b. Flush valves and faucets that are operable without tight grasping, pinching or twisting.
 - c. Showers that have sufficiently wide openings, low thresholds, adequate grab bars and seatings.
5. The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:
 - a. Floor space that permits movement about the sleeping room and access to all of the room's features.
 - b. A bed of a height that facilitates transfers to and from wheelchairs.
 - c. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.

VII.

RESTRAINTS, ROOM CONFINEMENT, DUE PROCESS AND GRIEVANCES

Youth and staff must be in an environment where they experience positive relationships with each other; expectations are clear; compliance with rules is encouraged through positive behavior interventions; and staff are well trained to help prevent and de-escalate conflict and crises. The section focuses on what happens when these protective factors are insufficient. It includes the facility's rules for restraint, the use of physical force, room confinement, discipline, due process and responses to rule violations. This section also addresses the facility's response to young people's concerns and complaints through an effective grievance process.

A. USE OF PHYSICAL FORCE, RESTRAINTS AND CHEMICAL AGENTS

1. The facility develops and implements written policies, procedures and actual practices to ensure that staff receive regular training on the following:
 - a. Conflict management, de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical force and mechanical restraints, appropriate techniques for use of force and restraints and situations in which use of physical force is not justified.
 - b. A graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using physical force or restraints, and permit only the least restrictive measures to prevent physical harm to the youth or others.
2. Only staff specifically trained in the use of physical force may use it.
3. Written policies and procedures in the facility set forth the principles below for the use of physical force and mechanical restraints:
 - a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others.
 - b. The only mechanical restraints that staff may use in the facility are handcuffs.
 - c. Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.
 - d. During transportation (inside or outside of the facility), staff may use handcuffs only to prevent injury or escape. In the rare instances that staff perceive the need for additional measures, the facility may decide to increase the personnel conducting transportation. Belly belts or chains or leg shackles should be avoided.
 - e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in their room or is otherwise in a safe place.
 - f. Staff never leave youth who are sleeping in restraints.
 - g. Staff never leave youth who are in restraints alone.
4. The facility develops and implements written policies, procedures and actual practices to prohibit the use of any kind of chemical agents and medical restraint devices with the exception of handcuffs, for example the use of pressure point controls and pain compliance techniques, use of restraint jackets of any kind, hogtying youth, restraining youth to any kind of objects, restraining youth in prone positions or in ways that may restrict their airway.
5. The facility establishes policies that forbid hitting youth with a closed fist; throwing youth into a wall or onto the floor; kicking or striking youth; pulling a youth's hair; using chokeholds or blows to the head on youth; using physical force or mechanical restraints on youth for punishment, discipline, retaliation or treatment; and using belly belts or chains or leg shackles on pregnant girls at any time.
6. Facility staff document all use of physical force or restraint incidents, and include information from interviews with involved staff and youth, including the following:
 - a. The name of the youth.
 - b. The date and time physical force or restraints were used on the youth.
 - c. The date and time the youth was released from restraints.
 - d. The name of the person who authorized the placement of the youth in restraints, if applicable.
 - e. A description of the circumstances leading up to the use of physical force or restraints.
 - f. The name(s) of staff involved in the incident.
 - g. The names of any youth or staff witnesses.
 - h. A description of the alternative actions attempted and found unsuccessful, or the reason(s) alternatives were not possible.
 - i. The type of physical force or restraints used and a description of how they were applied.

7. Staff ensure that all youth who are the subject of a use of physical force or restraint incident see a qualified medical professional within one hour of the use of physical force or restraint.
8. Qualified medical and mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. Documentation includes the name and position of qualified medical or mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other records of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff and follow-up to the incident.
9. Staff and youth involved in use of physical force or restraint incidents undergo a debriefing process
 - with supervisory staff and qualified mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation.
10. The facility director and the restraint review committee (comprising staff and youth) review files at least weekly and maintain records for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including room confinement.
 - II. A restraint committee that includes mental health providers for the facility meets at least monthly to review incidents, disciplinary action and room confinement of youth to evaluate the effectiveness and appropriateness of behavioral management techniques and staff's response to youth behavior.

B. ROOM CONFINEMENT

- I. Before resorting to room confinement, staff use all other less restrictive techniques. The facility has written policies and procedures that set forth the following principles for the use of room confinement:
 - a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others.
 - b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation or staffing shortages.
 - c. While youth are in room confinement, staff, including medical professionals, engage in crisis intervention techniques and follow a protocol that:
 1. requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the youth in room confinement;
 2. clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors and administrators; and
 3. requires staff to develop a plan that will allow youth to leave room confinement and return to programming.
 - d. Staff do not place young people in room confinement for longer than two hours. Within two hours, staff return the youth to their dorm, develop special individualized programming for the youth or consult with a qualified mental health professional about whether the youth's behavior requires that they be transported to a mental health facility.
 - e. If at any time during room confinement, qualified medical or mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., a medical unit of the facility or a hospital).
 - f. Youth in room confinement have reasonable access to water, toilet facilities and hygiene supplies.
2. Staff develop special individualized programming for young people with persistent behavior problems that threaten the safety of youth or staff or the security of the facility, and do not use room confinement as a substitute for special individualized programming. Special individualized programming includes the following:

- a. A plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and can work toward to be removed from special programming.
 - b. Involvement of youth in other aspects of the facility's programming unless such involvement threatens the safety of youth or staff or the security of the facility.
 - c. A guarantee that the youth will not be denied any of their basic rights.
 - d. Daily review with the young person of their progress toward the goals outlined in the plan.
3. Designated areas used for room confinement are suicide resistant and protrusion free.
 4. Facility staff document all incidents in which a youth is placed in room confinement, including the following information:
 - a. The name of the youth.
 - b. The date and time the youth was placed in room confinement.
 - c. The staff involved in the incident leading to the use of room confinement.
 - d. Documentation of required checks of youth at regular but staggered intervals, including the youth's behavior and temperament at each interval.
 - e. The date and time the youth was released from room confinement.
 - f. A description of the circumstances leading to the use of room confinement.
 - g. A description of the alternative actions attempted and found unsuccessful, or the reason(s) alternatives were not possible.
 - h. Referrals and contacts with qualified medical and mental health professionals, including the date, time and person contacted.
 5. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.
 6. Staff provide notice of the use of room confinement to parents or guardians and the youth's attorney or guardian ad litem by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of youth being placed in room confinement.
 7. Qualified medical and mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff and follow-up to the incident.
 8. Facility leaders and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.
 9. The facility director regularly reviews the use of room confinement to ensure that it is only a temporary response to behavior that threatens immediate harm to the youth or others and maintain records for a period of at least one year after the incident, of reports on all room confinement incidents.
 10. The facility director regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The facility director (or a designee) disaggregates the data by race, ethnicity, gender, special education status, limited English proficiency status and length of stay.
 11. The facility director, in conjunction with qualified mental health professionals, review all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.

C. VOLUNTARY TIME-OUTS

1. Youth are allowed to have voluntary time-outs for a short period of time at the youth's request. These are supervised by staff and documented. Youth are not locked in their room or another room when taking a voluntary time out.
2. Staff document voluntary time-outs in the unit log and in other internal reports. During the time a youth is taking a voluntary time-out, staff verify the youth's safety and welfare at least every 10 minutes.

D. DUE PROCESS AND DISCIPLINE

1. Staff post the rules of the institution in all living units.
2. Staff provide youth with due process protections before significant loss of privileges, including but not limited to room confinement and transfer to a unit that imposes restrictions on programming. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present their side of the story to a decision maker who was not directly involved in the incident or issue and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.
3. Staff consider whether a youth's disability, mental illness, special education status or limited English proficiency contributed to their behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.
4. Under no circumstances do staff deprive youth of their basic rights as part of discipline, including the following:
 - a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).
 - b. Full meals and evening snacks.
 - c. A full complement of clean clothes.
 - d. Visits with approved visitors and the youth's attorney.
 - e. Personal hygiene items.
 - f. Daily opportunity for exercise.
 - g. Telephone contacts with approved individuals and the youth's attorney.
 - h. Correspondence (receiving and sending).
 - i. A regular daily education program.
 - j. Access to medical and mental health services.
 - k. An opportunity for a daily shower and access to facilities and drinking water as needed.
 - l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.
 - m. Clean and sanitary living conditions.
 - n. Access to reading materials.
5. Staff do not use group punishment as a sanction for the negative behavior of individual youth.

E. GRIEVANCES AND REPORTING PROCEDURES

1. The facility provides more than one way to report abuse, neglect, harassment or retaliation by other youth or staff within the facility or other grievances.

Reports done by youth and/or family members are not a cause for discipline or retaliation.

2. The agency provides at least one way for youth to report abuse, neglect, harassment or retaliation to a public or private entity or office that independent from the agency that operates the facility. This entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351[b].)
3. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing instruments to fill out the forms.
4. The facility's grievance system is accessible to all youth, including youth with limited literacy or English proficiency and youth with intellectual or developmental disabilities.
5. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms and the cafeteria. Only the grievance coordinator and a designee have access to the contents of the locked boxes, which the grievance coordinator or a designee check each business day.
6. Grievances are submitted to the facility director or a designee. Grievances are handled by an individual who can independently investigate the issues raised and recommend corrective action to the facility director. Youth are permitted to submit a grievance without submitting it to the staff member who is the subject of the complaint.
7. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.
8. The facility does not include time limits on when youth can file grievances.
9. The facility has a written policy that outlines the facility's approach to preventing, detecting and responding to abuse, neglect, harassment or retaliation.
10. The facility permits third parties, including family members, attorneys and outside advocates, to file grievances on behalf of youth.
11. The facility permits youth to request staff assistance to complete the grievance form if necessary.
12. Facility staff, administrators, ombudspersons or other personnel fully investigate and document all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation. Youth receive and fully understand notice of the results of the investigation within three business days of the end of the investigation.
13. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.
14. If staff find a grievance to be valid, facility administrators take appropriate action, and, when staff actions are involved, provide for counseling, retraining, reprimand, discipline or termination of the employee, as well as, if appropriate, for the filing of child abuse or criminal charges.
15. Facility administrators regularly gather and review data on grievances by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status and limited English proficiency for patterns or trends.

VIII.

SAFETY

Youth and facility staff cannot thrive in the absence of physical and emotional safety. This section identifies the facility's responsibilities to guarantee and protect the safety of youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims and investigate allegations of misconduct.

A. YOUTH SAFETY

1. The facility develops and implements written policies, procedures and actual practices to ensure that facility directors conduct a review at the conclusion of major safety incidents at the facility. The review is conducted by a team comprising upper-level management, line staff, medical and mental health staff and investigators, as appropriate. (Additional detail on PREA compliance at § 115.386.)
 2. All staff, including qualified medical and mental health professionals, contractors and volunteers, report information about suspected or actual abuse, neglect and maltreatment according to relevant mandatory reporting laws and agency policy.
 3. If no qualified medical or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.
 4. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth.
 5. Written policies, procedures and actual practices prohibits any contact or correspondence with currently or formerly detained youth or their family members, except when required by official duties.
 6. Written policies, procedures and actual practices requires that staff members notify the facility director whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.
 7. Written policies, procedures and actual practices establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.
 8. Written policies, procedures and actual practices prohibit all forms of sexual abuse and sexual harassment.
 9. The facility has a written policy that outlines the facility's approach to preventing, detecting and responding to such conduct.
 10. The facility implements a procedure to identify youth who feel victimized by staff or other youth, including from experiences of abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment and assault.
11. Young people can report incidents of threats or harm by staff or other youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility's policies regarding investigations.
 12. The facility provides young people with access to external victim advocates for emotional support services related to sexual abuse, by providing, posting or otherwise making accessible contact information, including toll-free hotline numbers where available, of local, state or national victim-advocacy or rape-crisis organizations, and, for persons detained solely for civil immigration purposes, agencies that provide immigrant services. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.
 13. Staff conduct room checks when young people are in their rooms at least every 15 minutes, including at times when youth are asleep or have requested a time-out and more frequently as required (e.g., for youth on suicide precautions).
 14. Staff address the behavior of youth who threaten or victimize others using appropriate means, including through their individual behavior management plans.
 15. At least once a year, facility leaders survey staff and youth and their family members regarding their perception of youth (their own and others) safety within the facility. Youth have opportunities to provide input on how the facility can be made safer.

B. STAFF SAFETY

1. The facility provides training and other employee assistance resources to help staff anticipate and respond to trauma, job stress and behavior of youth in a healthy way.
2. The facility offers support services to staff who have been injured on the job.

C. WEAPONS AND CONTRABAND

1. The facility has adequate security measures to ensure that youth, staff and visitors cannot bring weapons or contraband into the facility.
2. Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).

D. INVESTIGATIONS

1. The facility's written policies, procedures and actual practices ensure that an administrative or criminal investigation is completed for all allegations of abuse, neglect, retaliation and neglect or violation of responsibilities.
 - a. employs a uniform evidence collection protocol that is developmentally appropriate for youth; and
 - b. provides victim advocacy services to support the youth through the medical examination and investigatory interviews, and offer emotional support, crisis intervention, information and referrals.
2. Staff notify parents or guardians and the youth's attorney of any investigations into abuse, neglect, retaliation or neglect or violation of responsibilities that involves their child/client, as well as any investigations into the child's behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth's caseworker within 24 hours of learning of the information. Staff make at least three attempts to contact the individuals listed above by phone, documenting the date, time and result of each attempt. If staff cannot reach the individuals listed above after making these attempts, staff mail a letter to the individuals at their last known address and document the mailing.
3. For allegations of sexual abuse, the facility transports youth to a location that:
 - a. offers forensic medical examinations by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners;
4. The facility has written policies, procedures and actual practices that ensure that staff know what to do if they are the first responders to a crime in order to preserve evidence and protect youth. (Additional detail on PREA compliance at 28 CFR § 115.364.)
5. When facility staff conduct their own investigations, they do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. (Additional detail on PREA compliance at 28 CFR § 115.371.)
6. Staff alleged to be involved in an incident do not conduct the investigation.
7. Investigators gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators and witnesses; and review prior

complaints and reports of abuse involving the suspected perpetrator.

8. When an allegation involves alleged criminal activity, facility investigators conduct compelled interviews of staff only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
9. Investigations include an effort to determine whether staff actions or failures to act contributed to abuse, neglect, retaliation or neglect or violations of responsibilities, including failures to report observed misconduct involving these situations by coworkers.
10. A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff. The debriefing includes a structured process for staff to communicate among themselves about the incident and communicate with youth about the facts and the steps taken to promote youth and staff safety and prevent future incidents.
11. Following an investigation, staff inform the youth and the individual who filed the complaint (if other than the youth) as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded within 24 hours of learning of the decision. If the individuals listed above are not at the facility, staff attempt to contact them by phone on at least three occasions, documenting the date, time and result of each attempt. If staff cannot reach the individuals listed above after making these attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)
12. Following a youth's allegation that a staff member has committed sexual abuse against the youth, staff inform the youth (unless the agency has determined that the allegation is unfounded) whenever (1) the staff member is no longer posted within the youth's unit, (2) the staff member is no longer employed at the facility, (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility; notifications occur within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to contact the youth by phone on at least three occasions, documenting the date, time and result of each attempt. If staff cannot reach the youth after making these attempts, staff mail a letter to the youth at their last known address and document the mailing.
13. Administrators discipline staff, contractors and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at V.D.8.]
14. Following a youth's allegation that they have been sexually abused by another youth, staff inform the youth complainant (unless the agency has determined that the allegation is unfounded) whenever (1) the agency learns that the youth has been indicted on a charge related to sexual abuse within the facility and (2) the agency learns that the youth has been convicted on a charge related to sexual abuse within the facility; notifications occur within 24 hours of learning the information.
15. The facility has written policies, procedures and actual practices that protect from retaliation all youth and staff who report abuse, neglect, retaliation and neglect or violations of responsibilities or who cooperate with investigations. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.367.)
16. The facility has a quality assurance process and a system of continuous quality improvement for investigations.



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