



DIVISION OF YOUTH SERVICES

**Standards For Secure Facilities
Operated by A Contracted Provider**

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ADMINISTRATION AND MANAGEMENT

Arkansas Code Annotated § 9-28-201 charges DYS with providing rehabilitation services to delinquent juveniles and their families.

Mission

The Division of Youth Services (DYS) provides effective prevention, intervention, and treatment programs for youth involved in the Arkansas juvenile justice system in order to give youth and their families the opportunities and services they need to be successful in a way that ensures public safety.

Vision

The Division of Youth Services works to give youth involved in the juvenile justice system the tools and supports to thrive in their communities and throughout life.

Core Beliefs

The Division of Youth Services (DYS) believes that:

(1) Youth are best served in least-restrictive settings located close to the youth's home.

(2) All decision-making, programs, and services should be supported by evidence-based practice and informed by the latest research and data demonstrating their effectiveness in improving outcomes for youth and families.

(3) Effective community-based services can reduce the use of confinement and commitment to DYS and result in significant fiscal savings in state revenue.

(4) Treatment and placement decisions shall be individualized to meet the unique needs of each youth. Decisions shall be based on a validated risk and needs assessment tool and actively involve the youth and their families in the planning process.

(5) All youth in DYS custody shall be provided quality educational services and vocational training opportunities. Collaboration with local school districts is critical to successful prevention, aftercare, and re-entry for DYS youth.

(6) All children and youth in the state should have equal opportunities for services and success, without regard to gender, race, ethnicity, disability, geographic location, or income level.

Training and Supervision Standards

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

Key Definitions:

Adverse childhood experiences (ACEs): Are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide.

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental health problems, instability due to parental separation or household members being in jail or prison.

Note: The examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

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

Crisis Intervention: A means of managing emergency situations.

De-escalation: Techniques other than use of physical force or room confinement that are designed to prevent or defuse confrontations or other incidents

Developmental Disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of

mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit hyperactivity disorders (to include primary inattentive or hyperactivity or both), autism spectrum disorder, cerebral palsy, and muscular dystrophy.

Direct Care Staff: The Contractor's staff who are responsible for providing in-person supervision and interacting with youth in housing units, recreational, dining, educational and medical areas, and all other areas of the facility where programming may occur. This includes, but is not limited to, staff directly assigned to a housing unit, facility administration, shift supervisors, housing unit supervisors, case managers, therapists, facility directors and deputy directors, teachers, paraprofessionals, and any other staff responsible for the safety of youth.

Human Trafficking & Sexual Exploitation: Also known as trafficking in persons or modern-day slavery, is a crime that involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts. The coercion can be subtle or overt, physical, or psychological. Exploitation of a minor for commercial sex is human trafficking, regardless of whether any form of force, fraud, or coercion was used.

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

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

Physical Force: Intentional physical contact between a staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, or who is committing major property destruction.

Post-traumatic Stress: An individual who has been exposed to direct or indirect trauma either via a single incident or a through repeated exposure. Symptoms include a

persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

Qualified Medical Professional: An individual licensed to provide medical services in accordance with state law, state and/or national licensing boards and who has adequate education, training, and experience to perform the duties required in accordance with professional standards and professional ethics.

Qualified Mental Professional: An individual licensed to provide mental health services to include substance abuse or dependency in accordance with state law, state and/or national licensing boards and who has adequate education, training, and experience to perform the duties required in accordance with professional standards and professional ethics.

Rescue Tool (Cut Down Tool / Hoffman Knife): A device designed specifically to cut quickly through fibrous material, which can release youth from clothing, or fabric the youth has fashioned into a ligature. Seatbelt cutter cannot serve as a rescue tool, as they are unable to cut bunched cloth such as bed sheets or pants or a t-shirt.

Sexual Abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act (PREA) juvenile facility standards appears at *28 CFR § 115.5*. This term does not include consensual sexual contact between youth, although the Contractor shall prohibit such behaviors at all facilities it operates. There shall be clear language in the rules of the facilities that there is no consensual sex allowed between youth and it is prohibited.

Sexual Harassment: PREA defines sexual harassment as (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or

volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Trauma: The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): Direct exposure; Witnessing the trauma; Learning that a relative or close friend was exposed to a trauma.

Universal Precautions: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people employed by the Contractor at each facility regardless of the person's diagnosis or presumed infection status.

A. Staff Qualifications

1. The Contractor hires staff to serve as positive role models for youth. The Contractor's employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years' experience working with youth.
2. The Contractor recruits and hires an ethnically, racially, culturally, and gender diverse staff and administrators to meet the needs of the facilities it operates.
3. The contractor shall develop and annually update written job descriptions and requirements for all positions in the each of the facilities it operates.
4. The Contractor's employees receive a physical examination, including screening for infectious and contagious diseases prior to job assignment.
5. Before hiring new employees, the Contractor ensures that staff responsible for screening new hires:
 - a. Perform a criminal background records check.
 - b. Perform a background review through an Arkansas Child and Adult Maltreatment Central Registry Check. If out of state perform same

background check with the state's appropriate Child Maltreatment Central Registry Check in which the employee has worked.

- c. Consistent with federal, state, and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § 115.317(f)-(h).)
- d. All of the contractor's employees and all subcontractors and volunteers who may have contact with youth shall undergo the same Arkansas Child and Adult Maltreatment Central Registry Check and a criminal background check

6. The Contractor shall ensure all individuals employed by them or contracted by them that are providing medical, mental health, behavioral health, substance abuse, sex offender treatments, trauma counseling services to youth in the custody of the Division of Youth Services shall possess all applicable current State of Arkansas licenses and/or certifications required by statute and/or by the accreditation authority and/or the appropriate State licensing authority or by the appropriate federal and/or State licensing board/commission for any professional license and/or certification need to perform one's assigned job duties.

7. The Contractor shall ensure it does not hire or promote anyone who may have contact with youth, and does not enlist the services of any subcontractor who may have contact with youth who:

- Has engaged in sexual abuse.
- Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; sexual abuse; child abuse; domestic violence; stalking; or elder abuse.

- Has been civilly or administratively adjudicated to have engaged in the activity described above.

8. No person shall be eligible to be employed by the Contractor or any subcontractor if that person has pled guilty, nolo contendere or who has been found guilty of any of the following offenses by any court in the State of Arkansas, or similar offense by a court in another state or any similar offenses by a federal court. The following offenses are *permanently* prohibited:

01. Abuse of an endangered or impaired person if a felony	§5-28-103
02. Aggravated Robbery	§5-12-103
03. Arson	§5-38-201
04. Assault in the 1st, 2nd, or 3rd degree	§5-13-205 - §5-13-207
05. Assault, Aggravated	§5-13-204
06. Assault, Aggravated on a Family or Household Member	§5-26-306
07. Battery in the 1st, 2nd, or 3rd Degree	§5-13-201 - §5-13-203
08. Assault in the 1st, 2nd, or 3rd degree	§5-13-205 - §5-13-207
09. Capital Murder	§5-10-101
10. Computer Crimes Against Minors	§5-27-601 et. seq.
11. Criminal Use of a Prohibited Weapon	§5-73-104
12. Domestic Battery in the 1st, 2nd, or 3rd Degree	§5-26-303 – §5-26-305
13. Employing or Consenting to the Use of a Child in a Sexual Performance	§5-27-402
14. Endangering the welfare of a minor in the first degree	§5-27-205
15. Engaging Children in Sexually Explicit Conduct for Use in Visual or Print Media	§5-27-303
16. False Imprisonment in the 1st or 2nd degree	§5-27-201 §5-27-202
17. Felony Abuse of an Endangered or Impaired Person	§5-28-103
18. Furnishing, possessing, or using prohibited articles	§5-54-119
19. Introduction of Controlled Substance into Body of Another Person	§5-13-210

20. Kidnapping	§5-11-102
21. Manslaughter	§5-10-104
22. Murder in the 1st Degree	§5-10-102
23. Murder in the 2nd Degree	§5-10-103
24. Negligent Homicide	§5-10-105
25. Pandering or Possessing Visual or Print Medium Depicting Sexually Explicit Conduct Involving a Child	§5-27-304
26. Permanent Detention or Restraint	§5-11-106
27. Permitting Abuse of a Minor	§5-27-221
28. Producing, Directing, or Promoting a Sexual Performance by a Child	§5-27-403
29. Promoting Obscene Materials	§5-68-303
30. Promoting Obscene Performance	§5-68-304
31. Promoting Prostitution in the 1st, 2nd, or 3rd degree	§5-70-104 - §5-70-106
32. Rape	§5-14-103
33. Robbery	§5-12-102
34. Sexual Assault 1st, or 2nd Degree	§5-14-124 - §5-124-125
35. Sexual Extortion	§5-14-113
36 Sexual Offense (any)	§5-14-101, et. seq.
37. Simultaneous Possession of Drugs and Firearms	§5-74-106
38. Transportation of Minors for Prohibited Sexual Conduct	§5-27-306

No person shall be eligible to be employed by the Contractor or any subcontractor if that person has pled guilty, nolo contendere or who has been found guilty of any of the following offenses by any court in the State of Arkansas, or similar offense by a court in another state or any similar offenses by a federal court. The following offenses listed below may not be employed by the Contractor to work in a DYS facility unless:

01. Breaking of Entering	§5-39-202
02 Burglary	§5-39-201

03. Coercion	§5-13-208
04 Contributing to the Delinquency of a Juvenile	§5-27-220
05. Contributing to the Delinquency of a Minor	§5-27-209
06. Criminal Impersonation	§5-3-208
07. Death Threats Concerning a School Employee or Students	§5-17-101
08. Endangering the welfare of an Incompetent Person in the first or second degree.	§5-27-205 - §
09. Felony Interference with a Law Enforcement Officer	§5-54-104
10. Felony Violation of the Uniform Controlled Substance Act	§5-64-101 - §5-64-508
11. Financial Identity Fraud	§5-37-227
12. Forgery	§5-37-201
13. Felony Interference with a Law Enforcement Officer	§5-54-104
14. Interference with Court Ordered Custody	§5-26-502
15. Interference with Visitation	§5-26-501
16. Obscene Performance at a Live Public Show	§5-68-305
17. Offense of Cruelty to Animals	§5-62-103
18. Offense of Aggravated Cruelty to Dog, Cat, or Horse	§5-62.104
19. Patronizing a Prostitute	§5-70-103
20. Prostitution	§5-70-102
21. Public Display of Obscenity	§5-68-205
22. Resisting Arrest	§5-54-103
23. Simultaneous Possession of Drugs and Firearms	§5-74-106
24. Soliciting Money or Property from Incompetents	§5-27-229
25. Stalking	§5-71-229
26. Terroristic Act	§5-13-310
27. Theft by Receiving	§5-36-106
28. Theft of Property	§5-36-103
29. Theft of Services	§5-36-104

30. Unlawful Discharge of a Firearm from a Vehicle	§5-74-107
31. Voyeurism	§5-16-102

a. The date of the conviction, plea of guilt, or nolo contendere for a misdemeanor offense is at least five (5) years from the date of the request for the criminal history records check and there have been no criminal convictions or pleas of guilty or nolo contendere of any type or nature during the five (5) year period preceding the background check request. The individual has completed probation or parole supervision. The individual has paid all court ordered fees, fines/or restitution. The individual has fully complied with all court orders pertaining to the conviction or plea.

b. The date of the conviction, plea of guilt, or nolo contendere for a felony offense is at least ten (10) years from the date of the request for the criminal history records check and there have been no criminal convictions or pleas of guilty or nolo contendere of any type or nature during the ten (10) year period preceding the background check request. The individual has completed probation or parole supervision. The individual has paid all court ordered fees, fines/or restitution. The individual has fully complied with all court orders pertaining to the conviction or plea.

9. The Contractor shall designate a person at each facility it operates to be responsible for hiring staff and all human resources and personnel related issues. This person shall ask all applicants and employees who may have contact with youth directly about previous misconduct described above (in 7 & 8). The Contractor's facility hiring staff do so in written applications and interviews for hiring or promotions, as well as any interviews or written self-evaluations conducted as part of reviews of current employees. The Contractor imposes a continuous affirmative duty upon employees to disclose any of the misconduct described above (in 7 & 8) within 24 hours of the misconduct occurring.

10. The Contractor must 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.

B. Staff Training

Staff development is an essential program component. A well planned and executed staff development program increases the competency and performance of staff and volunteers and establishes a common understanding of a program's objectives, policies, and rules.

1. The Contractor ensures all of their staff possess the information and skills necessary to carry out their specific job duties.

2. The Contractor designates a person at each facility who is responsible for coordinating all staff training activities at the facility. The person shall have the necessary training and skills in providing or in procuring relevant and appropriate staff training.

3. The Contractor shall ensure their staff development includes formal classroom instruction, under the direction of a qualified subject matter expert instructor. Staff also attend staff development meetings, or conferences that include a formal agenda along with regularly scheduled in-service training. This section does not preclude the appropriate use of videotapes, films, and other audio/visual has an adjunct method as part any of staff development training.

4. The contractor shall develop and implement written policies, procedures, and actual practices to ensure that all categories of personnel meet training requirements for all facilities.

A. Training for direct care staff includes at least **80 hours of training** prior to assuming any job duties, an additional **120 hours of training during the first year of employment**, and **40 hours annually thereafter**.

B. Training for all other support staff not in a direct care position includes at least **40 hours of training prior to assuming any job duties** and an additional **40 hours of training annually**.

5. The Contractor shall ensure all direct care staff, along with qualified medical professionals, and qualified mental health professionals receive training on policies and practices regarding:

- A. Staff code of conduct.
- B. Staff duty to report illegal and unethical behavior by any employee.
- B. Basic rights of incarcerated youth, including the legal rights of youth, role of the Arkansas Juvenile Ombudsman, grievance procedures, and the right to be free of retaliation from filing a grievance or making a complaint.
- C. Facility operations, security procedures, and safety procedures.
- D. Action required in emergencies, including referral and evacuation policies and procedures.
- E. Fire procedures, including the use of fire extinguishers.
- F. Facility rules on contraband and prohibited items.
- G. Appropriate search techniques, including cross-gender pat-down searches under exigent circumstances.
- H. Effective incident report writing.
- I. Confidentiality of records and limitations on disclosure of confidential information.

6. Positive behavior management, de-escalation techniques, and conflict management.

- A. The facility's positive behavior management system.
- B. The value of positive behavior interventions and supports grounded in an incentive-based model that emphasizes:
 - i Setting clear and specific expectations for youth.
 - ii. Role modeling and teaching youth appropriate skills and behaviors.
 - iii. Rewarding and reinforcing application of these skills and behaviors.
 - iv. Using more positive incentives than consequences.

- v. Creating opportunities for success while building upon individual strengths and positive attributes; and
 - vi. Using appropriate consequences only when necessary.
- C. How to communicate effectively and professionally with all youth, including youth with developmental disabilities; with mental health and behavioral disorders; with limited English proficiency; and with trauma-histories.
- D. Access to mental health and crisis intervention services for youth.
- E. De-escalation and non-physical intervention techniques as priorities over physical intervention, including verbal interventions and separation from the group to help the youth regain control without the use of isolation; improving interpersonal communication skills; and examples of evidence-based approaches that help staff to effectively work with youth.
- F. Verbal De-escalation and physical intervention / restraint (Safe Crisis Management).
- i. All of the Contractor's direct care staff, shall receive training on the DYS approved curriculum, Safe Crisis Management (SCM) regarding use of physical restraint and verbal de-escalation technique before working directly with youth.
 - ii. Only a currently certified SCM Instructor shall provide the SCM initial new hire training and the annual refresher.
 - iii. Staff must be able to fully participate in aspects of the training, especially the physical skills training as part of employment.
- Note: If a staff member cannot fully participate in the physical skills training part of the training, then he or she cannot work around any DYS youth or be admitted onto any DYS facility. Medical exclusions are not acceptable
- iv. A copy of each staff's certification for each year he/she received training shall be maintained by the training coordinator and a copy shall kept in the person's personnel file.
 - v. This training shall be delivered by a properly certified instructor and all instructors must maintain his/her trainer certification through annual

recertification. Each facility shall provide DYS an annual list of all current certified instructors and which facility the instructor is assigned to. A copy of the instructor's certification shall be maintained by the training coordinator and a copy shall be kept in the person's personnel file.

vi. Staff must pass any written exam and physical skill-based component as a condition of employment.

vii. All direct care staff, supervisory staff, facility director, and assistant facility director shall receive annual re-training and it shall be a condition of continued employment that staff must pass any written exam and skill-based component to remain employed each year.

G. All the Contractor's direct care staff shall receive training on the use and duration of room confinement, the negative repercussions and ineffectiveness of long-term use of room confinement, and the rationale for successful alternatives to room confinement.

H. All the Contractor's direct care staff shall receive training on the appropriate use of physical force including the negative repercussions of its use and effective alternatives.

I. All the Contractor's direct care staff shall receive training on the appropriate use of mechanical restraints including the negative repercussions of their use and effective alternatives.

7. All the Contractor's direct care staff shall receive training on response to and reporting of child abuse, neglect, and violations of staff responsibilities:

A. Signs and symptoms of child abuse and neglect.

B. Handling disclosures of victimization in a sensitive manner and

C. The right of youth and staff to be free from retaliation for reporting abuse, neglect, or violation of staff responsibilities.

8. All the Contractor's direct care staff shall receive training on Sexual abuse and sexual harassment prevention, detection, and response:

- A. The right of youth to be free from sexual misconduct and the facility's zero tolerance policy prohibiting sexual abuse and sexual harassment.
- B. 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.
- C. Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- D. How to comply with relevant mandatory reporting laws.
- E. How to distinguish between consensual sexual contact and sexual abuse between youth.
- F. How to maintain professional boundaries with youth.
- G. Cross gender searches.

9. All the Contractor's direct care staff shall receive training on medical and mental health needs of youth:

- A. Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs).
- B. Universal safety precautions and response to high-risk bodily fluid spills.
- C. Training on the components of the facility's suicide prevention policy, warning signs and symptoms, behavioral and verbal cues indicating vulnerability to suicide, predisposing factors to suicide by youths, why youth in correctional facilities are conducive to suicidal behavior, high suicide risk periods, facility architectural features that present a suicide hazard, items of personal property and most appropriate intervening approaches, actions, and responses, including the use of rescue tool/cut down tool.
- D. Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.
- E. Signs and symptoms of mental illness and emotional disturbance.
- F. Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol; and

G. Procedures for appropriate referrals of health and mental health needs to the contracted medical mental health provider for transportation to medical or mental health care.

10. All of the Contractor's direct care staff shall receive training on Background characteristics of youth:

- A. Adolescent brain development. The training curriculum includes research findings that brain maturation continues through adolescence and into early adulthood; the areas of functioning that are affected (e.g., impulse control, judgment, and vulnerability to peer pressure); and strategies that can support staff in getting better results (e.g., youth are more likely to accept responsibility if they perceive the response as fair, establishing positive relationships with youth).
- B. Trauma and its impact on youth development and behavior including exposure to domestic or community violence, death, life-threatening accidents, parental incarceration, and youth incarceration. The training curriculum includes the physical, sexual, and emotional abuse histories of youth; how to recognize and respond to youth whose behavior is affected by post-traumatic stress; how youth with trauma histories may respond to confrontation and the use of restraint or isolation; and techniques to deal with the effects on staff of working with traumatized youth.
- C. Adverse childhood experiences (ACEs), including the impact of ACEs and how to recognize and respond to youth who have experienced ACEs.
- D. The facility's non-discrimination policy and working with youth in a respectful and non-discriminatory manner.
- E. Recognizing the signs and symptoms of developmental and/or physical disabilities and how to support and communicate effectively with youth with developmental and/or physical disabilities and delays. Training will include information about how these youth may experience negative adjustments to confinement facilities, difficulties learning rules and routines that result in more disciplinary responses, stigma and discrimination associated with disabilities, and increased vulnerability to suicide and victimization.

F. Recognizing signs and symptoms of mental disorders and mental illness and how to support and communicate effectively with these youth. Training will include information about how youth with mental disorders may react to stimuli inside facilities, how to de-escalate youth with mental disorders, increased vulnerability to suicide and victimization, commonly used psychotropic medications and side effects, and the stigma and discrimination associated with mental illness.

G. The facility's language access policies and plans, including how to access language assistance services for limited English proficient youth.

H. Gender-specific needs of youth in custody, including special considerations for youth who have experienced trauma, pregnant girls, and gender responsive health protocols; including gender-responsive sexual health and sexual development, and how it affects behavior of youth in DYS facilities.

11. All the Contractor's support staff receive training on policies and practices regarding:

A. Basic rights of incarcerated youth, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.

B. Staff code of conduct.

C. Specific responsibilities of assigned job duties.

D. Staff duty to report illegal and unethical behavior by any employee.

D. Sexual abuse and sexual harassment prevention, detection and response including:

i. The right of youth to be free from sexual misconduct and the facility's policy prohibiting sexual abuse and sexual harassment.

ii. 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.

iii. Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and

- iv. How to comply with relevant mandatory reporting laws.
- E. Incident reporting.
- F. Confidentiality of records and limitations on disclosure of confidential information.
- G. Facility operations, security procedures, and safety procedures.
- H. Action required in emergencies, including referral and evacuation policies and procedures.
- I. Fire procedures, including the use of fire extinguishers.
- J. Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs).
- K. Universal safety precautions and response to high-risk bodily fluid spills.

12. In addition to initial training, all the Contractor's staff receive subsequent annual trainings regarding:

A. Training on the components of the facility's suicide prevention policy, warning signs and symptoms, behavioral and verbal cues indicating vulnerability to suicide, predisposing factors to suicide by youths, why youth correction facilities are conducive to suicidal behavior, high suicide risk periods, facility architectural features that present a suicide hazard, items of personal property and most appropriate intervening approaches, actions and responses, including the use of the rescue "cut down" tool.

B. Sexual abuse and sexual harassment prevention, detection and response including:

i. Right of youth to be free from sexual misconduct.

ii. 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.

iii. Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

iv. How to comply with relevant mandatory reporting laws.

C. Facility operations, security procedures, and safety procedures.

D. Action required in emergencies, including referral and evacuation policies and procedures.

E. Fire procedures, including the use of fire extinguishers.

F. Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs).

G. Universal safety precautions and response to high-risk bodily fluid spills.

H. Incident reporting.

13. The Contractor's designated training staff coordinator at each facility shall document, through employee handwritten signature, that each employee received the required trainings. The name of the training, date it was provided, who provided and how long the training lasted along with the handwritten signature of each participant

shall be documented on a training sign in form. The designated training coordinator shall keep an official training file on each person working at the facility and shall contain all documentation and certificates of completed training. Another copy shall be placed in the employee's personnel file.

14. Training in the following areas include scenarios, role plays, and other interactive and experiential learning to increase staff awareness and ability to apply skills in practice.

A. Training on the components of the facility's suicide prevention policy, warning signs and symptoms, behavioral and verbal cues indicating vulnerability to suicide, and appropriate intervening approaches, actions, and responses, including the use of rescue tool.

B. Training on the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, and how to comply with relevant mandatory reporting laws.

C. How to recognize, support, and communicate effectively with youth with developmental disabilities.

D. How to recognize, support, and communicate effectively with youth with mental disorders.

E. How to recognize and effectively respond to youth with trauma histories and trauma-related reactions.

F. De-escalation and non-physical intervention techniques as priorities over physical intervention, including verbal interventions and separation from the group to help the youth regain control without the use of isolation; improving interpersonal communication skills; and examples of evidence-based approaches that help staff to effectively work with youth.

15. Where staff are expected to engage youth in skill building, discussion groups, recreational activities, and other structured programming, the Contractor shall provide the necessary tools and training for staff to perform these functions effectively.

16. The Contractor shall provide orientation and training to all volunteers and any contractors as necessary and appropriate given the extent and level of their work and state of federal law, including training to prevent victimization of youth and training required under the Prison Rape Elimination Act, 28 CFR § 115.332.

17. The Contractor's staff at each facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter(s) they are likely to encounter in confinement settings. All training shall document, through employee handwritten signature, that each employee received the training. The date it was provided, who provided the training, how long the training lasted along with the handwritten signature of each participant shall be documented on a training sign in form. A copy shall be kept in the facility's training coordinator's office in the employee's training file along with a copy in the employee personnel file

18. The Contractor's designated training personnel shall 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. The training plan shall be reviewed by each facility's training personnel at least quarterly.

19. The Contractor shall be required to participate in any Division of Youth Services (DYS) sponsored staff development opportunities as directed by DHS.

C. Staffing Requirements

- 1.** The Contractor shall develop, implement, and document a facility staffing plan for each facility the Contractor operates. The Contractor shall provide the Division of Youth Services (DYS) with a copy of each facility's staffing plan annually. The Contractor reviews each facility's staffing plan at least annually. Any changes to the Contractor staffing plan at any of its facilities shall be submitted to the Director and Deputy Director of DHS for review and approval by the DHS Director or designee.
- 2.** The Contractor's staffing plans shall include a replacement factor that accurately accounts for staff training, foreseeable vacancies, staff vacation, family and medical leave, and other absences.
- 3.** The Contractor's staffing plans shall provide sufficient staff to avoid involuntary double-shifts and minimizes mandated overtime. If a facility routinely relies upon mandated overtime, or mandated double shifts, the Contractor re-evaluate and revise the staffing plan to address the problem. (Additional detail on PREA compliance at 28 *CFR* § 115.313(a), (d)).
- 4.** The contractor shall comply with its facility staffing plan except during limited and discrete exigent circumstances, and staff document any deviations from the plan during such circumstances. The DHS Director or designee must approve any deviation to the Contractor's approved staffing plan prior to the Contractor implementing an exigent staffing plan.
- 5.** The Contractor's staffing plans shall ensure there are sufficient staff at each facility to provide adequate and continuous supervision of all youth. Staffing is adequate to provide for visitation, daily offsite transportation such as to health care appointments (on-site and off-site), and access to school programming and other scheduled activities.
- 6.** The Contractor staffing plans shall ensure there is at least a **1:8** ratio of direct care staff to youth during the hours that youth are awake, 6 A.M. to 9 P.M. There are

sufficient available staff (on-site or on call) beyond the **1:8** ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. The ratio is calculated based on the number of direct care staff supervising the general population.

7. Direct care staff are stationed inside living units where they can directly see, hear, and speak with youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations. The facility does not depart from these staffing levels except in exigent circumstances, which are documented and preapproved by the DYS Director or designee.

8. The Contractor staffing plans shall ensure there is at least a **1:16** ratio of direct care staff to youth during the hours that youth are asleep. Youth shall be checked by a direct care staff person or other properly trained staff member such as a shift supervisor or dorm manager at least every 15 minutes when you are in their rooms whether asleep or awake. Documentation of 15-minute room checks for each occupied by a youth shall be documented in each living unit logbook.

9. The Contractor staffing plans shall ensure in addition to the required number of direct care staff, there is always at least one other staff member present at each facility who can assist in an emergency or provide relief to direct care staff. The Contractor does not depart from these staffing levels except in exigent circumstances, which are documented and approved by the Director of DYS or her/his designee prior to being implemented.

10. The Contractor shall ensure each facility maintains onsite weekly or biweekly schedules of all staff employed at all facilities showing the names, titles, location, and shift(s) worked for each day of the week.

11. The Contractor shall ensure staffing patterns should concentrate maximum staffing and case managers and therapist(s) availability to youth when they are in the facility and should provide consistency and stability, so youth know the roles of each staff member.

12. The Contractor shall ensure the staffing pattern of each facility concentrates case managers and therapists during periods when youth are able to use these resources that do not interfere with the youth's education including but not limited to the following:

- A. After school, until bedtime (generally 3:00 p.m. until 10:00 p.m.).
- B. On Saturdays, Sundays, and holidays when administrative and support staff are generally not scheduled.
- C. During visiting times, leisure times, and evenings.

13. The Contractor shall ensure each 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.

14. The Contractor shall ensure staff do not sleep while on duty.

15. The Contractor shall ensure backup staff support is immediately available to respond to incidents or emergencies.

16. The Contractor shall ensure direct care staff of one gender shall be the sole supervisors of youth of the same gender during showers, physical searches, pat downs, or during other times in which personal hygiene practices or needs would require the presence of direct care staff of the same gender.

17. The Contractor shall ensure each facility has adequate staff to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.

18. The Contractor shall ensure each facility has adequate resources with the language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility shall keep accurate records of staff able to speak other languages

Classification and Intake Standards

Secure Care can be a highly stressful and potentially traumatic event for a young person. From the moment the youth arrive at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, health, mental health, and physical needs. The Classification and Intake section addresses these "front end" considerations; including intake, housing, programmatic assignments to keep youth safe, and treatment plan development. This section also covers the orientation process necessary for youth to understand what to expect in a facility, what rights they have, and how to ask for services or help.

Key Definitions

Auxiliary Aids or Services for Youth with Disabilities: Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

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

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

Intellectual Disability: A disability originating during the developmental period. This means problems with intellectual or adaptive functioning were evident during childhood or adolescence. Is characterized by significant deficits in intellectual functioning. This includes various mental abilities: reasoning; problem solving; planning; abstract

thinking; judgment; academic learning (ability to learn in school via traditional teaching methods); and experiential learning (the ability to learn through experience, trial and error, and observation). These mental abilities are measured by IQ tests. The tests used to measure IQ must be standardized and culturally appropriate. This is typically an IQ score of 70 or below. Additionally, there is significant deficits or impairments in adaptive functioning. This includes skills needed to live in an independent and responsible manner. Limited abilities in these life skills make it difficult to achieve age-appropriate standards of behavior. Without these skills, a person needs additional supports to succeed at school, work, or independent life. These skills are in communication, social skills, personal independence at home or in community settings, school, or work functioning. Deficits in adaptive functioning are measured using standardized, culturally appropriate tests.

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

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

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

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

Sexual Abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act (PREA) juvenile facility standards appears at *28 CFR § 115.5*. This term does not include consensual sexual contact between youth, although the Contractor shall prohibit such behaviors at all facilities it operates. There shall be clear language in the rules of the facilities that there is no consensual sex allowed between youth and it is prohibited.

Sexual Harassment: PREA defines sexual harassment as (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

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

Step Down: Transferred to a less secure setting i.e., a group home.

Undocumented Person: Not having a lawful immigration status.

A. Intake & Orientation

- 1.** The Contractor shall process youth into each facility in a timely manner. Admission & intake shall be available twenty-four hours a day, seven days a week.
- 2.** The Contractor shall ensure youth are classified and assigned to a housing unit based on age, maturity, and gender using appropriate classification system that addresses risks and needs that use reliable and validated screening and assessment instruments, and identifies youth who are vulnerable to victimization or at risk of victimizing others.
- 3.** The Contractor shall have appropriate and reliable interpretation services available at each facility it operates to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The Contractor shall not charge for interpretation services.
- 4.** The Contractor shall provide orientation and intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. The Contractor shall provide this information in the primary language used by the youth.
- 5.** The Contractor shall ensure Intake/admission interviews occur in a private setting.
- 6.** The Contractor shall ensure the assigned intake/admission personnel ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. The Contractor shall arrange for necessary accommodations, auxiliary aids, or services.
- 7.** The Contractor shall ensure the intake/admission process includes offering youth at least one phone call to each parent / legal guardian, a shower, and document secure storage of personal belongings within the first two (2) hours of admission. This contact shall be documented in JJIS and in the youth's case file.
- 8.** The Contractor shall offer youth food regardless of their time of arrival at a facility.
- 9.** The Contractor shall ensure upon a youth's transfer the receiving facility contacts the youth's parent or legal guardian to inform them of the youth's arrival within one hour of

arrival at the receiving facility. This contact shall be documented in JJIS and in the youth's case file.

10. The Contractor shall ensure the family is invited to attend the Initial Treatment Team meeting and all other scheduled treatment team meetings and the family shall be encouraged to fully participate by offering their input regarding the youth's treatment plan. The Contractor shall ensure the family contact is documented in JJIS and the youth's case file within three (3) working days after a treatment team meeting by the facility assigned case manager.

11. The Contractor shall ensure the family is also provided a welcome packet and orientation materials. This information can be sent via regular mail or email within three (3) working days of the youth's arrival at the facility. This shall be documented in the youth's case file of the date the material was sent and manner in which the material was sent (i.e., regular mail, if so, the address it was sent to, or if by email if parent(s) / legal guardian(s) requests it be sent via email).

12. The Contractor shall ensure each youth shall receive orientation both written and verbal or via a video orientation within 48-hours of admission to the facility which shall include youth rights, facility rules and procedures including:

A. Identification of key staff and roles.

B. Rules on contraband and facility search policies.

C. A copy of the Youth Bill of Rights.

D. The Contractor shall ensure each facility it operates has a 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.

E. The existence of the grievance process, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, the locations within the facility where grievance boxes are located, and the name of the person or position designated to resolve grievances.

- F. The youth's right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.
- G. How to report problems at the facility such as abuse, feeling unsafe, and theft.
- H. That the intake process determines a youth's housing assignment.
- I. The process for requesting different housing, education, programming, and work assignments.
- J. Opportunities for personal hygiene, such as daily showers.
- K. Rules on visiting, correspondence, packages, and telephone use.
- L. Rules regarding access to counsel
- M. Information and communications that are confidential.
- N. Access to education including post-secondary opportunities and trade programs, religious services, programs, and recreation.
- O. Policies on use of physical force, restraints, room confinement, and other prohibited practices.
- P. Inform youth that emergency protocols exist and in the event of an emergency staff will provide specific instructions to youth.
- Q. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.
- R. The availability of services and programs in a language other than English.
- S. Demonstration of appropriate pat-down and clothing searches.
- T. Review of the Contractors program and how to progress through the program levels.
- U. Rules regarding staff and youth relationships.
- V. Rights under the Americans with Disabilities Act.
- W. Communicable and contagious diseases and infection control program.

X. Flammable, toxic, caustic (FTC) program.

Y. Prison Rape Elimination Act (PREA) youth education program that complies with the federal statute [28 *CFR* § 115.333].

This shall be documented in JJIS, and the youth's case file once completed.

13. The Contractor shall provide information in a manner the youth can understand, paying particular attention to language and literacy needs of the youth. The Contractor shall ensure staff provide the orientation in the primary language used by the youth. The Contractor shall ensure staff make written materials available in all appropriate languages for limited English proficient youth.

14. The Contractor shall make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.

15. The Contractor shall make key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. The Contractor shall make materials available for limited English proficient youth in all appropriate languages. The Contractor shall allow youth to retain copies of youth handbooks and other orientation materials in their rooms. The Contractor shall replace youth handbooks as needed, even if the youth discards or destroys his/her original copy.

16. The Contractor shall assess the frequency with which youth and their parent(s) or guardian(s) who are Limited English Proficient (LEP) have contact with each facility by collecting data on the primary language of the youth, the primary language of parent(s) or legal guardian(s), and the language spoken in the youth's home. The Contractor shall ensure each facility operated by the Contractor maintains data that show the number of youth and parent(s) or legal guardian(s) determined to be LEP by language group, and the placement of each youth by language group. The Contractor shall review the language data for the purpose of assessing the language assistance needs of each facility.

17. The Contractor shall develop and implement a language access plan to address how it will allocate the resources necessary to address the language needs of LEP youth and parents or caregivers. The plan includes the following:

- A. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means.
- B. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.
- C. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.
- D. How the contractor will inform LEP youth and their parents or caregivers about the language services available.
- E. The Contractor shall not use youth or family members as interpreters or translators.
- F. The Contractor shall not use immigration enforcement agents as interpreters or translators.
- G. How the Contractor provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.

18. The Contractor shall ensure in addition to the information given at orientation and intake, within 10 calendar days of admission, staff provide and document in JJIS and the youth's case file comprehensive age-appropriate education to youth either in person or through video regarding his/her right to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and Contractor policies and procedures for responding to such incidents.

19. The Contractor provides every youth education on sexual abuse and sexual harassment including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills. Key information

is continuously and readily available or visible to youth through posters, in youth handbooks or other written formats.

B. Intake/Admission Process

1. The Contractor shall establish written criteria admitting/excluding youth.
2. The Contractor shall ensure upon admission to the intake & admission center, the center provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The Contractor shall ensure the facility administrator or designee regularly reviews the intake process and any decisions that depart from established policies.
3. The Contractor develops and implements written policies, procedures, and actual practices to ensure that:
 - i. Staff do not ask youth or their families or guardians about their immigration status.
 - ii. Without a current custodial order, staff do not detain youth solely because the youth are undocumented.
 - iii. Without a current custodial order, staff do not admit youth because staff cannot communicate with the youth or his or her parent or guardian in a language that the youth or his or her parent or guardian understands.
4. The Contractor shall ensure an initial health screening be conducted on each youth within one hour of admission to the intake center, translators shall be provided for youth who are not English proficient.
5. The Contractor shall ensure within one hour of arrival at the intake center, an initial mental health screening shall be conducted on each admitted youth using a reliable and validated mental health screening instrument e.g., Massachusetts Youth Screening Instrument -2 (MAYSI-2). In addition, the facility conducts an in-person suicide risk screening within one hour of admission to the intake center by a trained staff member or

a qualified mental health staff member to identify youth who may be at risk of suicide. The screen shall be conducted in a confidential setting. The screening determines the following:

- a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.
- b. Whether the youth has ever attempted or considered suicide.
- c. Whether the youth is or has been treated for mental health or emotional problems.
- d. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).
- e. Whether the youth has a family member or close friend who has ever attempted or completed suicide.
- f. Whether the youth is thinking of hurting or killing himself or herself.
- g. Whether the youth feels like there is nothing to look forward to in the immediate future.

6. The Contractor shall ensure within 24 hours of the youth's transfer to another facility (includes weekends and holidays), the receiving facility shall call the youth's family to inform the parent(s) or legal guardian(s) of the youth's physical location, the facility's telephone, mail, and visitation policies, advising them that an information packet will be mailed to them, and the youth shall be allowed to speak with his/her parent/guardian for a minimum of ten (10) minutes.

C. Intake Examination

1. The Contractor shall ensure the intake personnel shall perform face-to-face initial screenings and assessments using reliable and validated appropriate screening and assessment instruments.

2. Recommendations for Further Assessments. The Contractor shall provide detailed recommendations and conduct further assessments for medical care, education, dental care, substance abuse and mental health for all juveniles when antecedent screening

identifies appropriate needs. All recommendations shall be enacted within the contractually agreed upon reporting timeframes.

3. The Contractor shall ensure within three days (3) (excluding weekends and holidays), all youth will receive at the time of admission/intake a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, most current grades, and whether they have limited English proficiency or meet the definition of a migratory student. Staff will use this information to inform initial placement in the facility's educational program. All youth will start to attend school no later than the third (3rd) working day after admission (excluding weekend, holidays).

4. The Contractor shall ensure within the agreed contractual time frame the admission/intake center will decide youth's facility, housing placement, and programming needs.

5. The Contractor shall ensure within 24 hours of arrival at the admission/intake center, a designated staff member shall meet with and provide the youth a dietary form to determine any special "Religious Belief for Dietary Purposes". Religious diets shall be approved by the facility director or designee.

6. The Contractor shall ensure within 48 hours (including weekends and holidays) a staff member will explain the facility's positive behavioral management system.

7. The Contractor shall ensure as part of the intake process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth's physical and emotional well-being:

- A. Age
- B. Gender
- C. History of violent behavior
- D. Level of emotional and cognitive development

- E. Current charges and offense history
- F. Physical size and stature
- G. Status as limited English proficient and the availability of bilingual staff and other interpretation services
- H. Presence of intellectual or developmental disabilities
- I. The youth's perception of his or her vulnerability
- J. Suicide risk
- K. Prior sexual victimization or abusiveness
- L. Prior sexual victimization or abusiveness [See also standard II(A)(5)(f).]
- M. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).

8. The Contractor shall ensure staff gather information used for classification through conversations with youth during the intake process, i.e., medical, mental health, substance abuse, educational screenings and assessments; along with reviewing court records, any previous case file(s), and other relevant documentation regarding the youth. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, a qualified mental health professional should obtain the information.

9. The Contractor shall ensure 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 housing units or other specialized settings. The Contractor shall ensure staff do not base housing or programming decisions on race or ethnicity.

10. The Contractor shall not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings that would single them out from the other youth.

11. The Contractor 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.

12. The Contractor does not exclude youth with temporary or permanent mobility impairments from the general population housing except by order from the treating physician.

13. When necessary, the Contractor develops individualized safety plans to provide for the safety of a youth. The Contractor does not use room confinement as a means of ensuring a youth's safety.

14. The Contractor has a process through which youth may request different housing, programming, education, and work assignments.

D. Confidentiality

1. Confidential information includes all information in a youth's file and any information gathered about a youth while in custody of DYS including but not limited to demographic information, ethnicity, contact information, contact information of family and guardians, sexual orientation, gender identity, biometrics, and release dates.

2. The Contractor shall treat a youth's case records, law enforcement records, and social history records as confidential. The Contractor shall not disclose such records to any outside person or agency. The Contractor shall coordinate with the Division of Youth Services regarding request for records by any entity to include the media or law

enforcement or a Freedom of Information Act (FOIA) request prior to releasing any records.

3. The Contractor shall document any and all disclosures of confidential information in writing including information stored electronically, electronic reproductions of hard copies, and hard copies, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure. The Contractor shall maintain the security of documents in its possession that contain confidential youth information, including any information stored electronically. The Division of Youth Services shall have the sole responsibility to authorize the release of any confidential information regarding youth in DYS custody.

4. The Contractor shall maintain the security of documents in its possession that contain confidential youth information, including any information stored electronically.

5. The Contractor shall develop and implement 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.

6. The Contractor shall ensure apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, as specified in agency policy.

7. The Contractor shall discipline staff members who breach rules and policies on the disclosure of confidential youth information.

8. The Contractor shall ensure in the event of an inappropriate disclosure of confidential information, the Contractor shall take available steps to mitigate any harm to youth or contain the information from further disclosure.

9. The Contractor shall ensure there are written policy, procedure, and actual practices to ensure that the Contractor informs the DYS designee, the youth, and his or her attorney upon receipt of a subpoena or court order for the youth's records prior to disclosing the records. All such subpoenas and court orders shall be handled by DYS, including the disclosing of any information related to the youth.

Health and Mental Health Care Standards

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

Key Definitions

Adverse Childhood Experiences (ACE): Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress.

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

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

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

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

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

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

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

Health Services Authority (HSA): The Contractor's designated individual, or health care contractor responsible for each facility's health care services, including arrangements for all levels of physical health and/or mental health care and ensuring of quality and accessibility of physical health and/or mental health services. The Contractor's designated health authority is led by an individual who, by virtue of his/her education, experience, and certification and/or professional license, can assume responsibility for arranging and ensuring the quality of all physical health and mental health services.

Human Trafficking & Sexual Exploitation: Also known as trafficking in persons or modern-day slavery, is a crime that involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts. The coercion can be subtle or

overt, physical, or psychological. Exploitation of a minor for commercial sex is human trafficking, regardless of whether any form of force, fraud, or coercion was used.

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

Intellectual disability: Mild to severe impairment in intellectual ability equivalent to an IQ of 70 to 75 or below that is accompanied by significant limitations in social, practical, and conceptual skills (as in interpersonal communication, reasoning, or self-care) necessary for independent daily functioning and that has an onset before age 18.

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

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

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

Physical disability: Any physical impairment or condition that limits an individual's physical functioning, mobility, dexterity, or stamina, or that otherwise limits one or more major life activities of an individual. Physical disabilities have no prescribed age of onset; can be caused by accident, trauma, genetics, or disease; may be total or partial; visible or invisible; and can be temporary, short term, or long term. Physical disabilities include but are not limited to blindness, deafness, respiratory disorders, epilepsy and sleep disorders, and diabetes.

Post-traumatic stress: An individual who has been exposed to direct or indirect trauma either via a single incident or through repeated exposure. Symptoms are persistent reactions of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

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

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

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

Room confinement: The involuntary restriction of a youth secured alone in a cell, room, or other area.

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

Sexual harassment: PREA defines sexual harassment as (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Suicide resistant: Objects or spaces: Designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

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

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

A. Screenings and Referrals

1. The Contractor shall ensure a qualified staff person, or a qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting within no more than 2 hours upon the youth's admission. The Contractor shall provide accommodations during the screening process for youth with disabilities including youth who are deaf, hard of hearing, or vision impaired, to ensure that screening for youth with disabilities is complete. Female health professionals are available to conduct the screening for girls.

a. The medical screening includes questions about:

- (i) Current medical, dental, and mental health problems or complaints.
- (ii) Recent injuries or physical trauma.
- (iii) Current medications needed for ongoing conditions and other special health needs.
- (iv) Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).
- (v) Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.
- (vi) 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.
- (vii) Current gynecological problems and pregnancies.
- (viii) Names and contact information for physicians and clinics treating youth in the community.
- (ix) The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary.
- (x) Whether the youth have any current medical problems he or she would like to talk to a doctor about.

(xi) If the youth have a disability and the accommodations the youth need in relation to the disability.

(xii) Medical and mental health records available from any prior placements, like a detention center or mental health facility. The facility will request such records within 48 hours of being made aware of any prior medical or mental health condition or treatment.

b. Observation of:

- i. State of consciousness, sweating, or difficulty breathing.
- ii. Signs of recent physical trauma, injuries, or other physical problems.
- iii. Signs of alcohol or drug intoxication or withdrawal.
- iv. Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying, or rocking.
- v. Physical disabilities, including vision, hearing, or mobility limitations.
- vi. Signs of intellectual, developmental, or learning disabilities.

2. The Contractor ensures after screenings described above, the qualified staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.

- a. Youth mentally unstable, appear to be withdrawing from drugs or alcohol, appear to be actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately and receive immediate and appropriate medical care which includes taking the youth offsite to a hospital emergency room.
- b. Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner.
- c. Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth's

health are immediately referred to a dentist and receive prompt dental care within 72 hours of admission to the intake center.

d. Youth who are identified as requiring additional medical or mental health follow-up due to a significant and emergent medical or mental health need(s) or suicide risk are immediately referred for and receive an assessment by a qualified medical or qualified mental health professional.

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.

3. The Contractor ensures youth who are limited English proficient receive screenings by qualified medical professionals and staff who are linguistically and culturally able to conduct such screenings in a language the child understands. If such individuals are not available, the facility obtains interpretation or translation services.

4. The Contractor shall ensure properly trained staff use standardized mental health screening tools (such as the MAYSI-2) that is validated for the population being screened to identify youth who may need prompt mental health services. Staff conducts an in-person mental health screening in a confidential setting within one hour upon the youth's admission to the intake center.

5. Staff shall immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff shall immediately contact a qualified mental health professional to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation.

6. The Contractor shall ensure youth with current prescriptions 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 current prescriptive treating physician and the parent(s) / legal guardian(s) and youth about the reasons that he or she believes that the medication may be inappropriate. There must be multiple documented in the youth's medical record reasonable attempts to contact the youth's prescriptive treating physician and the parent(s) / legal guardian(s) before deciding unilaterally to make any medication changes.

7. The Contractor shall ensure youth with currently prescribed medical devices have their use of the medical devices continued without interruption unless a qualified medical professional determines that continuing the use of the prescribed medical device is clinically inappropriate after consultations with the youth's prescriptive treating physician and the parent(s) / legal guardian(s) and youth about the reasons that he or she believes that the device may be inappropriate. There must be multiple, reasonable, attempts to contact the youth's prescriptive treating physician and the parent(s) / legal guardian(s) documented in the youth's medical file before deciding unilaterally on any treatment changes.

8. The Contractor shall ensure intake staff document in the medical file:

- a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.
- b. The date and time screenings are completed, and the signature and title of the person(s) completing the screening.
- c. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions.
- d. Screening results and information gathered during the screening.

9. The Contractor shall ensure each facility it operates develops and implements written policies, procedures, and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.

10. The Contractor shall ensure if youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of his/her shift.

11. The Contractor shall ensure all youths are under constant staff supervision until their screenings are completed and the results are reviewed.

B. Full Health Assessments

1. The Contractor shall ensure all youth receive a full health assessment in a clinically appropriate private setting within the contractually agreed time frame. For youths transferred from one facility to another who have had a health assessment within the last 12 months an assessment that minimally consists of an interview with a qualified medical practitioner and review of the transfer summary / sending records to determine the need for further health evaluation and to ensure continuity of care. When appropriate, histories, physical examinations and tests are updated. The full health assessment is documented in the youth's medical file.

2. The Contractor shall ensure a properly state licensed and credentialed registered nurse, nurse practitioner, physician's assistant, or a physician performs the full health assessment, with a physician co-signature as required by law. Female medical staff are present during a physical examination of a female.

3. The full health assessment includes:

- a. Review of screening results and collection of additional data to complete medical, dental, and mental health histories.
- b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.
- c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.
- d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.

- e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).
- f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.
- g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.
- h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above.
- i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol, and unsafe sex practices.
- j. History of services for intellectual, developmental, or learning disabilities.
- k. History of accommodations for disabilities
- l. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).
- m. History of current and previous use of psychotropic medications.
- n. History of traumatic brain injury or seizures.
- o. Inquiry about symptoms of post-traumatic stress.
- p. Inquiry about recent injuries or exposure to physical trauma.
- q. Inquiry into current self-harming behavior and suicidal ideation.
- r. Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.
- s. Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.

4. The Contractor shall ensure youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally able to conduct such screenings in a language the child understands. If such individuals are not available, the facility obtains interpretation or translation services.

5. The Contractor shall ensure staff refer youth identified through the mental health screening as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 72 hours or sooner, if necessary, to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.

C. Medical Services

1. The Contractor shall ensure properly State licensed, credentialed, and board certified qualified medical professionals provide evaluation and treatment for potential medical needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after the initial intake. Evaluation and treatment meet or exceed the community level of care.

2. The Contractor shall ensure state licensed, credentialed, and board certified qualified medical professionals develop medical service plans for youth with identified medical needs and physical disabilities. The facility provides ongoing health services in accordance with the service plan that are appropriate to a secure setting. The service plan includes:

- a. Identification of the medical conditions to be addressed.
- b. Any medically necessary medication or treatment to be pursued.
- c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures and/or checklists. The plan documents instructions for explaining how youth can report side effects and alert staff that they need to meet with their prescribing doctor.

- d. A description of any therapy or treatment by specialists recommended by a qualified medical professional.
- e. Planned activities to monitor the efficacy of any treatment.
- f. For pregnant or parenting youth, any necessary pre- and postnatal care services.
- g. A description of the youth's level of self-care and location of any necessary medical supplies and equipment (e.g., for youth with diabetes, the location of any insulin pumps).
- h. A determination of whether the type or level of services required can be provided in the secure site, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.
- i. A plan for monitoring the course of services, including consultation with the youth's family members about the youth's progress.
- j. Any necessary physical accommodations and/or modifications to facility policies, practices, and procedures, including but not limited to policies, practices, and procedures regarding use of force, restraint, and room confinement (e.g., youth with hypoglycemia may need to eat more than three meals a day and staff will need to plan for those youth to eat more frequently).
- k. For staff who are not qualified medical professionals, any necessary instructions regarding the youth's treatment or care.

3. The Contractor shall ensure youth have 24-hour access to emergency medical care, including transportation to those services offsite, through on-site staff, by contract, or by way of other immediately available services.

4. The Contractor shall ensure physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician's assistant or advanced practice nurse who is overseen by a physician with special training in HIV.

5. The Contractor shall ensure each facility it operates develops and implements written policies, procedures, and actual practices to ensure that:

- a. Youth have the opportunity to consult with a qualified medical professional every day i.e., a sick call system and request form.
- b. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request.
- c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.
- d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered.

6. The Contractor shall ensure each facility it operates has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.

7. The Contractor shall ensure each facility it operates has private areas for medical examinations.

8. The Contractor shall ensure each facility it operates has a designated health care area and policies for separating youth from the general population for medical reasons. Youth housed in these areas are only admitted by a qualified medical professional, and the infirmary has a 24-hour On-Call physician. The facility does not use health care beds to handle overcrowding, or as a disciplinary measure, or for behavior management, punishment, or as a security measure. Youth held in the infirmary have access to programming, recreation, and education services.

9. Regarding use of the designated health care area, the facility documents each admission, reasons for admission, who signed off on admission, the projected date that a youth will return to his or her dormitory, and data on the designated area's use is disaggregated by race/ethnicity, gender, whether a youth has limited English

proficiency, whether a youth has a documented disability, and age. The medical director and facility director review this information daily.

10. The Contractor shall ensure female health professionals are available for health services for committed girls.

11. The Contractor shall ensure each facility provide notification to and obtain consent from parent(s) or legal guardian(s) for treatment of youth with serious medical or psychological problems, consistent with all applicable state laws.

12. The Contractor shall ensure 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. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.

13. The Contractor shall ensure for youth with intellectual or developmental disabilities, qualified medical professionals and/or mental health professionals develop medical or mental health service treatment plans with appropriate accommodations.

14. The Contractor shall ensure youth receive comprehensive, evidence-based, medically appropriate, and confidential family planning services consistent with all applicable state laws. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

15. The Contractor shall ensure pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, childbirth and parenting education, counseling, and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be

providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the secure facility as the place of birth.

16. The Contractor shall ensure youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education, and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.

17. The Contractor shall ensure each facility it operates, in consultation with the state or local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above.

- a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.
- b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.
- c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.
- d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.
- e. Staff do not automatically segregate youth with HIV

- f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.
- g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release.

18. The Contractor shall ensure staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.

19. The Contractor shall ensure youth who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the proper level of substance abuse treatment they need.

20. The Contractor shall ensure each facility it operates develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child

protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.

21. The Contractor shall ensure each facility it operates develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record, and follows applicable mandatory reporting laws.

22. The Contractor shall ensure physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.

D. Mental Health Services

1. The Contractor shall ensure properly state licensed and credentialed qualified mental health professionals provide services for youth with identified mental health needs discovered during the screening and assessment of youth during intake and for youth with mental health needs that arise at any time after intake.

2. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.

3. The Contractor shall ensure youth who have been identified as needing further evaluation by the facility's mental health screening receive an assessment by a qualified mental health professional within the agreed upon contractual time frame. The assessment occurs in a confidential setting and is documented in the youth's health record.

4. The Contractor shall ensure each facility it operates provides ongoing mental health services in accordance with a comprehensive individualized treatment plan appropriate to a secure care setting. The service plan includes:

- a. Identification of the mental health needs to be addressed.
- b. Any medically necessary medication or treatment to be pursued.
- c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists. This plan documents instructions provided to youth explaining how they can report concerning side effects to medical staff to indicate a need to meet with the prescribing doctor.
- d. Use of behavior management strategies that have demonstrated effectiveness, and are evidenced-based, reliable and strengths-based including individualized behavior plans which include clear goals and positive interventions and incentives for achieving goals (e.g., Positive Behavior Interventions and Supports). Individualized behavior plans should clearly describe the specific behaviors to extinguish and the new behaviors to be substituted. Youth will not be disciplined for not meeting behavior plan goals.
- e. A description of any counseling, psychotherapy, and other services and supports recommended by a qualified mental health professional.
- f. A determination of whether the type or level of services can be provided in the secure facility, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.
- g. A plan for monitoring the course of services, including consultation with the youth's family members about the youth's progress.
- h. For youth with mental health disabilities, any necessary accommodations and/or modifications to facility policies, practices, and procedures, including but not limited to policies, practices, and procedures regarding use of force, restraint, and room confinement (e.g., a youth who has been sexually abused or other trauma may need to be restrained differently than other youth).
- i. For staff who are not qualified mental health professionals, any necessary instructions regarding the youth's treatment or care.

- 5.** The Contractor shall ensure youth have 24-hour access to emergency mental health services offsite, if appropriate, and transportation to those services through on-site staff, by contract, or by way of other immediately available services.
- 6.** The Contractor shall ensure each facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.
- 7.** The Contractor shall ensure 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.
- 8.** The Contractor shall ensure a qualified mental health professional develop the mental health portion of the youth's individualized treatment plan for youth with identified mental health needs, including youth who are under the care of a mental health provider prior to their admission.
- 9.** The Contractor shall ensure a substance abuse professional develops the substance abuse treatment portion of the youth's individualized treatment plan for youth with identified substance abuse needs.
- 10.** The Contractor shall ensure if the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.
- 11.** The Contractor shall ensure qualified mental health professionals work with direct care staff and other non-clinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness, substance abuse issues, or behavioral

health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.

12. The Contractor shall ensure the facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services. Youth are made aware of the availability of these services and there is a confidential process to request access.

E. Contracted Dental Services

1. The Contractor shall ensure the Division of Youth Services (DYS) contracted dentist has access to all youth admitted to the intake/assessment center for the dentist to conduct full dental examination within 30 days of admission.

2. The Contractor coordinates with the contracted DYS Dentist for dental services that, in the contracted dentist's judgment, are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.

3. The Contractor ensures youth have 24-hour access to medical care for emergency dental conditions and transportation to those services off-site, through on-site staff, by contract, or by way of other immediately available services. Services include prompt pain control and immediate referral to a dentist.

4. The Contractor ensures the DYS contracted Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.

F. Suicide Prevention and Response

1. The facility conducts a screening within one hour of admission to the intake center by a trained and qualified staff member to identify youth who may be at risk of suicide in a

confidential setting upon the youth's admission to the intake unit. The screening determines the following:

- a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.
- b. Whether the youth has ever attempted or considered suicide.
- c. Whether the youth is or has been treated for mental health or emotional problems.
- d. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).
- e. Whether the youth have a family member or close friend who has ever attempted or completed suicide.
- f. Whether the youth is thinking of hurting or killing himself or herself.
- g. Whether the youth feel like there is nothing to look forward to in the immediate future.

2. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation.

3. Staff refer all incidents of self-harm or attempted self-harm to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, qualified mental health professionals prepare a detailed support plan for the youth.

4. Staff investigate all incidents of actual and attempted self-harm and institute remedial measures to prevent similar occurrences in the future.

5. Staff encourage youth who are at risk of self-harm to participate in activities and programs unless staff cannot manage their behavior safely.

6. The facility develops and implements written policies, procedures, and actual practices to ensure that:

- a. All staff working with youth receive pre-service and annual training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging).
- b. The admissions screening addresses suicide risk through interview questions and observation.
- c. Qualified mental health professionals evaluate suicide risk.
- d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals, including a determination of whether hospitalization is necessary.
- e. Staff document contemporaneously the monitoring of youth on suicide precautions in a suicide precaution log or some other centralized record.
- f. Staff place actively suicidal youth on constant observation or transfer youth to a mental health facility.
- g. Staff place youth on close observation if they are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), if the youth have a recent prior history of self-destructive behavior, or if a youth denies suicidal ideation or does not threaten suicide but demonstrates other concerning behaviors indicating the potential for self-injury.
- h. Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.
- i. Staff do not substitute supervision aids, such as closed-circuit video monitoring or placement with roommates, for close or constant observation.
- j. Staff engage youth at risk of suicide in social interaction and do not place them in room confinement. Youth on all levels of suicide precautions have an opportunity to participate in school and activities.
- k. Youth on suicide precautions are not clothed or housed in degrading, embarrassing, or uncomfortable garments or environments, or left naked.

Qualified mental health professionals make individualized determinations about the appropriate circumstances for youth on suicide precautions, including any use of special clothing, such as a safety smock.

l. Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.

m. Only a qualified mental health professional releases a youth from suicide precautions or lowers a youth's level of precautions. Mental health professionals return youth to normal activity as soon as it is possible and safe to do so.

n. Youth released from suicide precautions have an individualized plan of care developed by a qualified mental health professional that is followed by qualified mental health professionals and all staff who come into contact with the youth. Staff provide enhanced or heightened supervision required by the plan.

o. The facility assigned case manager shall notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation. This contact shall be documented in the youth's medical file.

p. Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.

7. The Contractor ensures Rescue tools/ Rounded Cut Down Tool are available on each living unit. The Rescue tools/ Rounded Cut Down Tool are in a secure location that staff can quickly access. Staff receive annual training on where to access the rescue tool/Round Cut Down Tool and to properly use the rescue tool/rounded cutdown tool. The annual training is documented in each staff's personnel file and his/her training file.

8. The Contractor ensures written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt in conjunction with DYS and any other state or local agency as required by state law, ordinance, or policy.

G. Administration of Prescription Medications

- 1.** The Contractor shall comply with all performance indicators regarding medication administration within the contract at each facility it operates under the contract.
- 2.** The Contractor ensures their qualified medical or qualified mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.
- 3.** The Contractor ensures each facility it operates has regularly scheduled medication administration times for morning, afternoon, and evening medication dispensing. Evening medications administered for or to assist with sleep shall not be administered prior to 8:00 PM each evening unless an earlier time is authorized by the medical prescriber. The times for medication administration shall be posted on each living unit. There shall be no deviation from the posted medication administration time with the one exception, medication may be administered one hour earlier or one hour later than the posted scheduled time if there are exigent circumstances. These should be noted in the electronic medical record of the youth and the reason for the change in administration of the medication.
- 4.** The Contractor ensures only such personnel as are authorized by their state medical license, i.e., Medical Doctor, Physician Assistant, Nurse practitioner, Registered Nurse or a Licensed Practical Nurse may administer medication at a facility. In addition, any ROP staff member who has successfully completed the Arkansas State Board of Nursing (ASBN), Arkansas Medication Assistant (Certified) (MA-C) education program and passed the certification exam; or completed a portion of a nursing education program equivalent to the MA-C education program and passed a certification exam may be allowed to administer medication at a facility.
- 5.** The Contractor ensures each facility it operates shall keep a current list of ROP employees along with his/her copy of all current MA-C certifications in the medical office and his/her personnel file. Only those non-medically licensed individuals with MA-C certification shall be allowed to pass medication at a facility.

6. The Contractor ensures each facility it operates youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered.

7. The Contractor ensures each facility it operates youth have a right to refuse medication. When this occurs, it should be documented in the electronic medical record, the youth's medical file and the medical prescriber, his/her facility case manager, and if assigned, his/her facility therapist and his/her DYS case manager should be notified immediately notified of the youth's medication refusal. The youth's assigned case manager and if assigned, the youth's therapist should meet with the youth within 24-hours of being notified of his medication refusal to discuss with the youth reason for the refusal and to encourage continued medication compliance. This shall be documented in the youth's case file and medical record. The medication prescriber should be notified immediately so she/he may also meet with the youth to discuss reasons for the medication refusals.

8. The Contractor shall ensure all the facilities it operates the medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The Contractor ensures at each facility it operates it develops and implements written policies, procedures, and actual practices to cover:

- a. Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.
- b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.
- c. Maintenance of records needed to ensure control of and accountability for medications.
- d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.
- e. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.

- f. Requirement of an order by an authorized professional for administration of medication.
- g. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.
- h. Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician
- i. Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.
- j. Continuity of medication when youth enter and leave the facility.

9. The Contractor ensures a currently licensed and board-certified psychiatrist or currently licensed and board-certified psychiatric nurse practitioner evaluate youth who are prescribed psychotropic medications shortly after admission, or after any change in psychotropic medications, and at least every 30 days after a change or starting a new psychotropic medication.

10. The Contractor shall ensure at each facility it operates that a currently licensed and board-certified psychiatrist or currently licensed and board-certified psychiatric nurse practitioner conduct a face-to-face medication review with any youth on a psychotropic medication at least every 90 days during the time a youth is on a psychotropic medication. These medication reviews shall be documented in the youth's medical file.

11 The Contractor shall ensure at each facility it operates staff store medications in proper environmental conditions (e.g., temperature, light, moisture), with attention to safety (separation of medications for external vs. internal use) and security. Staff store medications requiring refrigeration in a refrigerator dedicated solely to medication.

12. The Contractor shall ensure at each facility it operates qualified medical professionals maintain an adequate supply of easily accessible emergency medications (e.g., auto epinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies.

H. Informed Consent

- 1.** The Contractor ensures at each facility it operates medical examinations and mental health examination along with any services conform to state laws for informed consent and the right to refuse treatment.
- 2.** The Contractor ensures at each facility it operates that each facility develops and implements written policies, procedures, and actual practices to ensure that:
 - a. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary.
 - b. Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.
 - c. Qualified medical and qualified mental health professionals obtain informed consent from youth who are age 18 years or older before reporting information about prior sexual victimization that did not occur in an institutional setting.
 - c. Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.
 - 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. Staff document the youth and parents' or guardians' consent or refusal, and counseling with respect to treatment, in youth's medical records.
- 3.** The Contractor shall ensure at each facility it operates the facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.

I Confidentiality

- 1.** The Contractor shall ensure at each facility it operates 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.** The Contractor shall ensure at each facility it operates the facility staff record medical, mental health, substance abuse, and dental information youth health records. Staff treat such information as confidential.
- 3.** The Contractor shall ensure at each facility it operates the facility staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.
- 4.** The Contractor shall ensure at each facility it operates the facility staff keep medical, mental health, substance abuse, and dental records separately from the youth's facility records.
- 5.** The Contractor shall ensure at each facility it operates the facility staff maintain a medical record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental, or psychological).
- 6.** The Contractor shall ensure at each facility it operates the facility has a written policy that it will promptly inform the youth and his or her attorney upon receipt of a subpoena

or court order for the youth's medical or mental health records prior to disclosing the records in response to the subpoena or court order.

7. The Contractor shall ensure at each facility it operates the facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.

J. Health and Mental Health Administration

1. The Contractor ensures at each facility it operates there is a responsible Health Services Authority (HSA) accountable for all the medical services and a Mental Health Clinical Director accountable for all mental health services pursuant to the contract. If the HSA is not led by a physician, the HSA ensures that licensed medical professionals make all medical decisions. The Clinical Director ensures that a licensed psychiatrist, clinical psychologist, Licensed Clinical Social Worker, LCSW, Contractor employed Licensed Master Social Worker (LMSW), or Licensed Professional Counselor (LPC) is responsible for clinical mental health services at the facility.

2. The Contractor's HSA develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical care, ensure compliance with federal and state law and professional standards of care, as well as to resolve any barriers at the facility that may impede access to care. The Contractor Clinical Director develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding mental health care to ensure compliance with federal and state law and professional standards of care, as well as to resolve any barriers at the facility that may impede access to care.

3. The Contractor ensures at each facility it operates there are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth at each facility it

operates. If such individuals are not available, the facility obtains interpretation or translation services.

4. The Contractor ensures at each facility it operates written job descriptions define the duties and responsibilities of personnel providing health and mental health services at each facility it operates.

5. The Contractor ensures at each facility it operates qualified medical and qualified mental health professionals are professionally licensed or have up-to-date and current professional certification as required by state law to perform the functions required in their respective positions.

6. The Contractor ensures the facility HSA working with the facility Clinical Director employs a quality assurance and continuous quality improvement program that evaluates the quality of medical, mental health and rehabilitative services offered using assessments of both process and outcomes. They shall develop corrective action plans to address any identified deficiencies.

7. The Contractor ensures at each facility it operates that each facility administrator and the HSA and Clinical Director consider grievances related to health care and mental health services as part of ongoing quality improvement activities.

8. The Contractor ensures at each facility it operates the HSA, Clinical Director and facility administrators approve a written plan for medical and mental health emergencies and review the plan at least annually.

9. The Contractor ensures at each facility it operates all newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility

emergency situations, the staff member's functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.

10. The Contractor ensures at each facility it operates within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.

11. The Contractor ensures at each facility it operates all qualified medical and qualified mental health professionals who provide services at each facility it operates receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.

12. The Contractor ensures at each facility it operates all full- and part-time medical and mental health professionals have been trained in:

- a. How to detect and assess signs of sexual abuse and sexual harassment.
- b. How to preserve physical evidence of sexual abuse.
- c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment, and sex trafficking.
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

13. The Contractor shall ensure at each facility it operates the Clinical Director ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties.

14. The Contractor shall ensure at each facility it operates the facility to the extent that the facility's medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

15. The Contractor shall ensure at each facility it operates the facility qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § 115.335.)

16. The Contractor shall ensure at each facility it operates the facility does not employ or contract with medical or mental health providers that attempt to change a youth's sexual orientation or gender identity.

17. The Contractor shall ensure at each facility it operates the facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.

18. The Contractor shall ensure at each facility it operates the facility has an infection control program including prevention techniques and treatment and reporting of infections in accordance with local and state laws.

K. Individualized Treatment Planning

1. The Contractor working with DYS treatment team using a multi-disciplinary team approach shall develop an Individualized Treatment Plan (ITP) for each youth placed in secure placement. The treatment team is co-chaired by the DYS treatment coordinator, and the facility assigned clinical director or his/her designee. Members include the youth and his or her parent(s) or legal guardian(s), a member of the facility education staff and DYS educational staff, the facility HSA or RN, the youth's assigned facility case manager (if one is assigned), the facility assigned therapist, the DYS assigned reentry

case coordinator, a DYS behavior health clinician, the youth's assigned Juvenile Protection Office (JPO) or designee, a representative of the appropriate community-based provider, other resource personnel including, as appropriate, a psychiatrist or psychologist, physician or other facility supervisory staff. If youth is a dual status youth and has an open Department of Children & Families (DCFS) case, a DCFS staff member familiar with the case shall be encouraged to attend.

2. The Individual Treatment Plan (ITP) is the master plan that outlines and defines the course of treatment for the youth while in secure care. It is a comprehensive and holistic plan that delineates the goals, objectives, resources, and main “players” of the treatment process. Goals indicated in the ITP not only address the delinquent behavior that resulted in court referral(s), but also focuses on other components that treat identified health problems and address physical, psychological, social, educational, and vocational needs in the youth's life that might influence their overall ability to be safe and successful. The treatment planning and services are gender specific, developmentally appropriate, and culturally competent.

3. The ITP is a fluid, changing document. Often times, noteworthy developments will come to light during the various stages of the youth treatment process. These issues may have a strong bearing on the overall achievement of the ITP and the youth's needs. When this occurs, the Contractor's assigned facility case manager will coordinate problem solving measures by revisiting the ITP with the multidisciplinary treatment team and the family. In such situations, an addendum may be added to the ITP to address the specific issue(s) and they may be incorporated into the youth's treatment. The format of the ITP is as follows:

- a. The initial treatment team meeting utilizes all information gathered to develop an individualized treatment plan no later than 30 days after admission.
- b. Plans include a summary of educational and vocational history and current programming, Special Education Status (with relevant summary of Individual Education Plan), educational goals, and tentative plans for transition to the community school system. The youth receive an explanation of academic and

vocational programs for which he/she is qualified as well as criteria for admission to any program for which he/she is not yet qualified.

c. A youth eligible for special education services has his/her Individual Education Plan (IEP) coordinated and fully integrated within the individual treatment plan.

Any required annual review of the IEP is held in conjunction with a review of the individualized treatment plan.

d. The written, individualized treatment plan comprehensively coordinates academic, vocational, mental health, and behavioral health along with specialty needs such as substance abuse treatment, sex offender treatment, medical treatment, social skills, and family counseling.

e. The medical staff provide a summary of medical history and current medical needs.

f. Plans include a summary of the youth's and family's strengths and needs, as well as current and proposed programming; specific outcomes expected and steps to support parental and family involvement.

g. Plans include information on the youth's adjustment to the facility.

h. Plans include information about the reentry planning process. All parties provide within their scope of responsibilities, plans for reentry including living arrangements, education, employment, vocational, medical, behavioral health, family, and community support.

4. The Contractor ensures a facility case manager oversees the implementation of the individualized treatment plan.

5. The Contractor ensures written policies, procedures, and actual practices that staff transfer medical and mental health records and medications with youth between facilities or placements, so youth receive consistent and timely medical and mental health services.

6. Individualized treatment plans emphasize the strengths and challenges of the individual youth; it should clearly identify specific positive behaviors to replace negative behaviors and include objectives as well as proximate and corresponding rewards.

- a. Plans outline specific behavioral goals.
- b. Goals are framed in positive terms, i.e., with specific positive behaviors to replace specific negative behaviors.
- c. Goals are incremental, i.e., there are rewards for successive steps toward the goals.
- d. Goals are observable, time specific, and measurable, e.g., in terms of number of positive behaviors within a specific time frame.
- e. Plans articulate goals using language that youth and family members can understand.
- f. Plans identify rewards that youth will receive for achieving short- and long-term milestones.

7. The Treatment Team meets no less than bi-weekly to review and evaluate the youth's treatment program including progress toward meeting the goals identified in the ITP, along with reviewing reentry goals, identifying community-based resources upon reentry and making any revisions/changes in the ITP necessary to meet the youth's needs. The treatment team may meet more frequently if necessary to address any significant behavioral concerns that are impacting the youth's progress towards meeting the identified treatment goals. The ITP may be updated as needed to reflect any changes in the identified treatment needs. The findings of the reviews are summarized in a written document.

8. The treatment team shall meet no later than 45-days from a youth's scheduled return to the community to focus the treatment team meeting on reentry planning meeting with goals to transition the ITP to a reentry treatment plan upon the youth's return to his or her community.

L. Reentry Planning

- 1.** The Contractor ensures qualified medical or qualified mental health professionals work with the treatment team and reentry specialist to prepare reentry plans on youth who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.

- 2.** The Contractor ensures qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.

- 3.** The Contractor ensures written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements, so youth receive consistent and timely medical and mental health services.

Education, Programming, and Reentry Standards

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

Key Definitions

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

Guardian: An agency or an individual, other than the youth's parent(s), who is charged with caring for the youth.

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

Migratory Student: A student who is, or whose parent(s) or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by No Child Left Behind Act of 2001

Intellectual Disability: A disability originating during the developmental period. This means problems with intellectual or adaptive functioning were evident during childhood or adolescence. Is characterized by significant deficits in intellectual functioning. This includes various mental abilities: reasoning; problem solving; planning; abstract thinking; judgment; academic learning (ability to learn in school via traditional teaching methods); experiential learning (the ability to learn through experience, trial and error, and observation). These mental abilities are measured by IQ tests. The tests used to measure IQ must be standardized and culturally appropriate. This is typically an IQ score of 70 or below. Additionally, there is significant deficits or impairments in adaptive functioning. This includes skills needed to live in an independent and responsible manner. Limited abilities in these life skills make it difficult to achieve age-appropriate standards of behavior. Without these skills, a person needs additional support to succeed at school, work, or independent life. These skills are in communication, social skills, personal independence at home or in community settings, school, or work functioning. Deficits in adaptive functioning are measured using standardized, culturally appropriate tests.

A. Education

1. Adhering to all oversight requirements as defined by DYS Educational policies and procedures, and Arkansas Department of Education (ADE) regulations. DYS Educational Superintendent shall be the head of the educational programming for all DYS committed youth housed at all DYS facilities. The DYS Educational Superintendent shall develop and implement written policies, procedures, and actual practices to facilitate communication and coordination between DYS education department and the Contractor's educational principal(s) or designee(s) and to ensure that all youth have free and equal access to an appropriate educational program.
2. At the time of admission/intake, youth shall receive a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, grades, and whether they have limited English proficiency

or meet the definition of a migratory student. Staff will use this information to inform initial placement in the facility's educational program.

3. Youth shall receive a vocational assessment within 30 days after admission that is age-appropriate and externally normed and validated and includes measures for aptitude and interests. Trained and qualified staff shall administer the vocational assessment and interpret the findings for the youth's placement in classes or other programming. For students who qualify for special education services this will occur in conjunction with their mandated transition planning and services pursuant to 34 CFR 300.320 (a)(7)(b).

4. Youth will receive a facility educational assessment by education staff by the third working day in the facility and will attend school no later than the fourth working day in the facility. Upon admission to the school, the assessment will include an Individualized Learning Plan (ILP) that will be developed for every student to include the following information: TABE results and/or other District Adopted Assessments; Education needs (academic, vocational); Subject skills partially mastered and/or not mastered; Youth's strengths; Accommodations, modifications, and targeted instructional skills (benchmarks). The youth's parent or guardian shall be provided a copy of the youth's ILP after initial development and thereafter upon request including any parent who is incarcerated. For students with an Individualized Education Program (IEP), Individualized Health (IHP), Section 504 Plan, or Behavior Plan, that plan will be reviewed in creating the student's ILP.

5. The Contractor shall ensure at each facility it operates the facility school shall ensure that each student receives the required number of minutes of educational instruction.

6. Facility staff ensure that procedures to move youth to and from their educational program will not interfere with the minimum number of minutes in a school day. For students with an IEP, the facility school will comply with the specified educational and related services minutes listed in the student's IEP.

- 7.** The Contractor ensures at each facility it operates the facility school shall operate based on an approved academic school year set by the DYS Educational Superintendent.
- 8.** The Contractor ensures at each facility it operates school classes will be held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.
- 9.** The Contractor ensures at each facility it operates the facility will provide educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials, computers, and other education-related technology.
- 10.** The Contractor ensures at each facility it operates the facility school will have an adequate number of staff members to meet youth's educational needs as determined by the DYS Educational Superintendent. Teacher-student ratios will be at least 1:12 in the general education program and at least 1:8 in programs for students with intensive learning needs or additional staffing requirements for related services and supplementary aids and services as indicated within a student's Individualized Education Plan (20 U.S.C. § 1401, and Section 504 plans. The Contractor shall move expeditiously to replace teachers who retire, transfer, or whose employment was otherwise terminated.
- 11.** The Contractor shall ensure at each facility it operates instructional staff will be qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for limited English proficient (LEP) youth. Teachers and other school staff will be provided professional development and training in special education and behavior management.
- 12.** The Contractor shall ensure at each facility it operates vocational education programs shall be structured, sequential, and time limited, with emphasis on skill development using the State approved curriculum. Vocational programs shall be accessible to all youth, appropriate to their age, interest, and abilities.

13. The Contractor shall ensure at each facility it operates facility school shall have a procedure to identify youth with limited English proficiency (LEP). Staff will provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law.

14. The Contractor ensures at each facility it operates the facility will have adequate qualified substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Staff shall not deny youth school or class time based on the failure to provide a substitute teacher.

15. The Contractor shall ensure their educational leadership work collaboratively with the DYS educational department to provide all required data and participate in the quality assurance system to assess the quality of the school's educational services, including special educational services, and to ensure compliance with state and federal education laws. The DYS educational department along with the Contractor's school administrators review the findings of the assessments and address any deficiencies on a regular basis, at least once per year.

16. The Contractor ensures at each facility it operates the school shall comply with data and reporting requirements pursuant to state and federal laws and with any contractually required data and reporting requirements to DYS educational department.

17. The Contractor ensures at each facility it operates facility school shall comply with federal special education law (e.g., the Individuals with Disabilities Education Act, or IDEA) and comparable state requirements for students with disabilities.

a. The facility school shall develop and implement procedures to determine, by the third business day in the facility, which youth have previously been identified as having disabilities and need special education and related services, including to ask the youth and his or her parent, and to query the statewide special education record database (SER). The facility school shall develop and follow procedures to promptly obtain special education records for such student.

b. The facility school shall maintain a current IEP for each student with identified disabilities as defined by the IDEA. Students entering with an existing IEP shall receive services 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 will be based on the needs of the student, not on the convenience of the facility.

c. The process for developing or modifying IEPs at the facility school shall be run in accordance with state regulations, including compliance with the parental notice and parental participation requirements. The facility shall provide notice and participation opportunities to parents who are incarcerated as well as for the appointing of surrogate parents. School staff will be flexible in scheduling or using telephone, visual, or internet conferencing to facilitate parent or guardian involvement and provide notices to parents or guardians that are understandable and, in the parent, or guardian's primary language.

d. The facility school shall comply with legally required timelines for assessment and IEP development and implementation. The facility shall comply with all IDEA requirements for notice and due process.

e. The facility school shall provide special education students with a full continuum of general education classes, special classes, and supplementary services. Special education students will participate in general education classes and programs to the maximum extent possible.

f. Special education staff at the school shall be certified or credentialed by the state of Arkansas for the services they provide as required by state and federal law.

g. The facility school shall hold teachers accountable for teaching to a youth's IEP goals and monitoring progress toward achieving those goals. Staff will record the number of instruction and service minutes received by each student with an IEP.

h. The facility school shall provide related services required by the IEP, including such services as speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services, and school health.

i. The facility school shall provide transition services that facilitate a student's movement from school to post-school activities as required by a youth's IEP. Post-school activities will include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education, and independent living. When parents, as defined in 34 C.F.R. §300.30, are not available for special education decisions, the facility shall follow 20 U.S.C. § 1415, 34 C.F.R. §300.519 regarding the procedures for appointing a surrogate parent. In the event that a parent refuses to participate in the process, the school will follow the appropriate procedures regarding parental consent.

j. Facility and school personnel do not discipline youth for behavior that is a manifestation of their disability. In accordance with federal and state law regarding manifestation determination reviews, education staff determine if the negative behavior was caused by the child's disability, had a direct and substantial relationship to the disability, or was the result of the school's failure to implement the IEP. If the child's behavior was a manifestation of the disability, the IEP team shall conduct a Functional Behavioral Assessment and implement a Behavioral Intervention Plan (BIP).

18. The Contractor ensures at each facility it operates students with disabilities who qualify for services under Section 504 of the Rehabilitation Act of 1973, a Section 504 plan (also called an individual accommodation plan (IAP)), shall be developed, providing reasonable accommodations needed in order for the child to access the general curriculum. (See 29 U.S.C. 794; 34 CFR 104.31-104.39). Students entering with an existing individualized accommodation plan shall receive services as described in that plan until a new plan is created.

a. Parents or legal custodians shall have the right to request accommodations or evaluation for a Section 504 individual accommodation plan. If a parent requests accommodation or an evaluation for an individual accommodation plan and the

school refuses, parents will be provided with a notice of their procedural rights. Parental consent shall be obtained prior to assessment.

b. Students who are suspected of having a mental or physical impairment that substantially limits a major life activity and needs supplementary services or special education and related services shall be referred for an evaluation under Section 504 of the Rehabilitation Act of 1973.

c. Parents will be given written and timely notification of Section 504 eligibility and placement committee meetings within 10 days of the decision. Parents shall have the right to review educational records, obtain copies, and request reasonable amendments to the record.

d. Schools shall adhere to all procedural safeguards for students who qualify for Section 504 as outlined in 34 CFR 104.36.

e. The school's Section 504 committee shall consider adding a Behavior Intervention Plan (BIP) to the IAP for qualified students. A BIP shall be developed and implemented for students who exhibit recurrent behavior difficulties. All aspects of the Behavior Intervention Plan are implemented.

19. The Contractor ensures at each facility it operates the school shall take sufficient action to prevent and address harassment or retaliation because of disability by facility staff or other students.

20. The Contractor ensures at each facility it operates school and facility staff shall not impose the facility's disciplinary sanctions for behaviors that can be handled in class.

21. The Contractor ensures at each facility it operates staff shall develop behavior intervention plans for youth whose behavior interferes with their school attendance and progress. Disciplinary removal from school will not be part of a youth's ILP, IIP, or another individual plan.

22. The Contractor ensures at each facility it operates staff shall not suspend or expel youth from school or educational programs.

23. The Contractor ensures at each facility it operates written policies and procedures in the school shall set forth the following principles for removals from the classroom or educational placement.

a. Students may only be removed from class as a temporary response to behavior that threatens the immediate harm to the youth or others, or due to a disease communicable through casual contact. Staff shall return youth to the classroom or educational placement as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others or when the student is no longer contagious.

b. Staff shall document every instance of removal from the classroom or educational placement including:

- i. the name of the child,
- ii. date and time the child was removed,
- iii. date and time the child returned to class or an educational placement,
- iv. the name and role of education staff who make the removal decision,
- v. demographic information including race, gender, whether the child has a documented disability or is an English Language Learner, age, and grade of the student
- vi. a description of the circumstances leading to the removal,
- vii. the alternative actions attempted and found unsuccessful, or reason alternatives were not possible,
- viii. any incident reports describing the incident that led to the removal,
- ix. referrals and contacts with a qualified medical and a qualified mental health professional, including the date, time, and person contacted.

c. During the time that a youth is removed from class, staff will engage in crisis intervention techniques and one-on-one observation, or if the youth is removed from class for a medical reason, the youth will receive appropriate medical care.

d. In accordance with federal and state law, education staff shall determine if the negative behavior was caused by the child's disability, had a direct and substantial relationship to the disability, or was the result of the school's failure to implement the IEP. If the child's behavior was a manifestation of the disability, the IEP team shall conduct a Functional Behavioral Assessment and implement a Behavioral Intervention Plan (BIP).

e. The facility shall comply with all state and federal special education laws, including Section 504, if a student with a disability is removed from their educational placement.

f. Education staff and youth involved in incidents involving removal will undergo a debriefing process, with supervisory education staff, following the student's return to class to explore what might have prevented the need for removal and alternative ways of handling the situation.

g. School staff will develop special individualized programming, to include time limits and specific measures, for youth with persistent behavior problems that threaten the safety of youth or other including:

i. Development of an individualized plan to improve the youth's behavior, created in consultation with the youth, teachers, mental health staff, and the youth's family members or legal custodian.

ii. The plan will identify the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.

iii. In-person supervision by and interaction with education staff members

iv. A guarantee that the youth will not be denied any of his or her rights to education

v. Daily review with the youth of his or her progress toward the goals outlined in his or her plan.

h. School staff shall provide notice to parents or guardians of the classroom removal by the end of the next business day and ask for input and support on ways to prevent further incidents involving the youth.

i. The principal will review all classroom removals to identify frequency of removals, demographic trends, and departures from policy and provide feedback to staff on implementing a positive behavior management system and cultivating positive relationships with students. Removal and restraint data will be reported to the state and federal government in accordance with state and federal law.

24. The Contractor ensures at each facility it operates youth removed from the classroom setting or educational placement for any reason shall be afforded the opportunity and appropriate space to complete the schoolwork and assignments during the removal period and to make up any missed work for full credit.

25. The Contractor ensures at each facility it operates school and facility administrators shall develop and implement policies, procedures, and actual practices that ensure that youth can complete any assigned classwork and homework.

26. The Contractor educational staff shall assist DYS educational staff with youth in their transition to the next educational placement upon discharge from the facility.

27. The Contractor ensures at each facility it operates the facility school will provide 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 ILP and IEP goals.

B. Exercise, Recreation, and Other Programming

1. The Contractor ensures at each facility it operates staff will keep youth occupied through a comprehensive multi-disciplinary daily programming schedule, including cognitive-based groups, life skills, individual therapy, leisure activities, volunteer, and structured and unstructured recreational activities.

- 2.** The Contractor ensures at each facility it operates a robust schedule of programs, services, and activities will be offered throughout all waking hours, during the weekdays, weekends, holidays, and during long breaks from school i.e., summer break, holiday break.
- 3.** The Contractor ensures at each facility it operates programs and activities will be designed to help youth learn practical life skills that they can apply when they return home such as registering to vote, preparing, and dressing for job interviews, and money management.
- 4.** The Contractor ensures at each facility it operates a daily schedule of activities is posted on each living unit that incorporates both structured and free time. Staff will log in the unit logbook and shift supervisor logbook the date and reasons for any deviations from the posted schedule.
- 5.** The Contractor ensures at each facility it operates all youth, including youth with physical disabilities, developmental disabilities, mental disorders and mental illness, and youth with limited English proficiency (LEP) shall have the opportunity to equally participate in recreational activities.
- 6.** The Contractor ensures at each facility it operates facilities that house 50 or more youth shall have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth shall have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming. Reasonable accommodations will be provided varied recreational activities to ensure all youth can participate i.e., not always playing indoor or outdoor basketball.
- 7.** The Contractor ensures at each facility it operates direct care staff will have input into the development of program schedules and offer to supervise activities in which they can share their talents, interests, and abilities with youth.
- 8.** The Contractor ensures at each facility it operates the facility shall offer youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television (watching

television shall not be the sole on-unit recreational activity and should be limited in total viewing time allowed to no more than 3-hours a day, 7 seven days a week), or videos, board games, drawing or painting, listening to or making music, and letter writing.

9. The Contractor ensures at each facility it operates the facility shall maintain an adequate supply of games, cards, and writing and art materials that are available for use during recreation and leisure time.

10. The Contractor ensures at each facility it operates 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.

11. The Contractor ensures at each facility it operates youth will have the opportunity to express recommendations and requests for change in the development of recreation/physical activities to keep pace with changing interests.

12. The Contractor ensures at each facility it operates staff supervision will be active as well as interactive to teach positive interpersonal and pro-social skills and to permit proactive intervention.

13. The Contractor ensures at each facility it operates the facility shall designate a Family Liaison Coordinator to serve as the facility's volunteer coordinator. The Family Liaison Coordinator will work with other Contractor staff to create a robust volunteer services program through partnerships with families, community service groups, and other entities that reflect the cultural and developmental needs of youth in the facility. The Family Liaison Coordinator will also be responsible for actively recruiting volunteers; identifying days/ times in which programming needs to be augmented; scheduling volunteer activities; and tracking the delivery of volunteer services.

14. The Contractor ensures at each facility it operates the facility will offer a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/mindfulness exercises, substance abuse prevention, mentoring, and voluntary religious or spiritual groups.

15. The Contractor ensures at each facility it operates equivalent gender-responsive programming shall exist for females in the facility. Facilities shall not limit access to recreation and vocational opportunities on the basis of gender. “Equivalent” does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities, and recreational opportunities of comparable quality.

16. The Contractor ensures at each facility it operates the facility shall offer special programming for youth who are pregnant and youth who are parents.

17. The Contractor ensures at each facility it operates youth in the facility, including youth on disciplinary or restricted status, shall receive at least one hour of large muscle exercise every weekday. On weekends and on days when school is not in session youth shall be offered at a minimum two hours of large muscle exercise. This shall occur in a space outside of their own room and living unit dayroom. Large muscle exercise can include running, jogging, basketball, weight lifting, aerobics, volleyball, yoga, tai chi, exercise machines, and organized sports.

18. The Contractor ensures at each facility it operates the facility shall have outdoor recreation areas large enough to permit youth to engage in large muscle exercise. Outdoor recreation spaces ensure that youth have access to fresh air and a view of the sky.

18. The Contractor ensures at each facility it operates staff will take youth outside for their hour of exercise, weather permitting (e.g., too hot – air temperature 100 degrees or higher, or heat indexes 100 degrees or above, or too cold – air temperature or windchill 32 degrees or below). A contingency exercise plan shall be developed for physical exercise in the event of inclement weather.

19. The Contractor ensures at each facility it operates adequate outdoor/indoor recreational equipment and activities shall be available in each housing unit and shall include equipment and activities for special needs youth, when applicable.

- 20.** The Contractor ensures at each facility it operates youth shall be out of their rooms except during sleeping hours and for brief periods of transition such as during a shift change. This time shall be no longer than 15-minutes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff will provide youth with some unstructured free time as well.
- 21.** The Contractor ensures at each facility it operates the facility shall have sufficient games, balls, and athletic equipment to provide a variety of physical education activities.
- 22.** The Contractor ensures at each facility it operates the facility shall develop and implement written policies, procedures, and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.
- 23.** The Contractor ensures at each facility it operates the facility shall provide access to reading materials that are geared to the diverse reading levels, interests, experiences, ability levels, disability-status, and primary languages of confined youth.
- 24.** The Contractor ensures at each facility it operates staff allow youth to keep reading materials in their rooms. Staff allow youth access to select from a broad array of reading resources at least once per week.

C. Religion

- 1.** The Contractor ensures each facility it operates shall comply with §42 U.S. Code Chapter 21B Religious Freedom Restoration.
- 2.** The Contractor ensures each facility it operates shall permit youth to gather for religious services in a place other than the dorm dayroom.
- 3.** The Contractor ensures at each facility it operates staff and individuals who provide religious programming shall not compel youth to participate in any religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice or belief.
- 4.** The Contractor ensures at each facility it operates staff shall not confine youth to his or her room who decide not to participate in religious services during the time the

religious services are occurring but allow youth to engage in some alternative recreational activity.

5. The Contractor ensures at each facility it operates youth shall have the opportunity to meet with religious leaders of their choice.

6. The Contractor ensures at each facility it operates youth shall receive special diets to accommodate sincerely held religious beliefs.

7. The Contractor ensures at each facility it operates staff shall permit youth to have religious books and religious reading materials in their rooms.

8. The Contractor ensures at each facility it operates staff shall not restrict religious practices and materials absent a compelling governmental interest.

D. Positive Behavior Interventions and Supports

1. The Contractor ensures at each facility it operates the facility will develop and implement a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.

2. The Contractor ensures at each facility it operates the facility's system of positive behavior interventions and supports shall be grounded in an incentive-based model that reflects the following principles:

a. The system will outline expectations clearly and using specific examples of positive and negative behavior.

b. The system will reward youth and reinforces the application of skills and positive behavior with incentives that are meaningful enough to motivate youth. The system uses more incentives than consequences. It shall include a level system to reward consistent positive behavior with increased incentives and rewards.

c. Staff responses to positive behavior will be immediate, fair, and proportionate to the behavior. Staff will provide regular positive comments to each youth every

day to cultivate their sense of competence, usefulness and belonging, and to consistently model positive interactions and build relationships.

d. Staff role will model appropriate skills and behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth's sense of self-efficacy, self-concept, and self-esteem.

e. Staff responses to negative behaviors will be individualized, immediate, fair, and proportionate to the behavior. Staff use appropriate consequences only when necessary. Consequences related to negative behavior will bear a relationship to the type of negative behavior demonstrated by the youth. These may include restorative practices (e.g., apology letters, personal service, community service), opportunities to take responsibility (e.g., letter to family or Judge), opportunities for skill development (e.g., focused work on distorted thinking or impulse control), and structured consequences (e.g., restricted access to desirable activities or programs).

f. Staff shall use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.

g. Staff shall work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors. Staff take into consideration whether the youth have physical, developmental, or mental health disabilities, and/or limited English proficiency and whether the behavior may be a manifestation of any of these issues.

3. The Contractor ensures at each facility it operates staff will implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education, and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another and from one facility to another if a youth is transferred to another facility.

4. The Contractor ensures at each facility it operates staff shall explain the behavior management system to youth upon admission, both verbally and in writing, at a level

that staff reasonably expect that particular youth to understand. Staff will regularly engage youth to discuss their performance in and solicit feedback regarding the incentive and rewards program to maximize its effectiveness and to make ongoing adjustments and changes as needed.

5. The Contractor ensures at each facility it operates staff will be trained in the use of the behavior management system and implement it fairly and consistently without bias or prejudice.

6. The Contractor ensures at each facility it operates the facility shall have a mechanism for quality assurance and oversight of the facility's behavior management system.

7. The Contractor ensures at each facility it operates the culture of the facility shall emphasize rewarding success in lieu of focusing on or punishing failure.

E. Youth with Special Needs

1. The Contractor ensures at each facility it operates the facility shall develop and implement written policies, procedures, and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.

2. The Contractor ensures at each facility it operates youth with disabilities shall have an equal opportunity to participate in or benefit from all aspect of the facility's programs, activities, and services.

3. The Contractor ensures at each facility it operates the facility shall ensure that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.

4. The Contractor ensures at each facility it operates the facility shall ensure that written materials are provided in formats or through methods that ensure effective communication with youth who are limited English proficient.

5. The Contractor ensures at each facility it operates the facility shall designate staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.

6. The Contractor ensures at each facility it operates youth with physical disabilities shall have the opportunity to participate in recreational activities. The facility will make modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility will provide alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities.

7. The Contractor ensures at each facility it operates that verbal instructions are also provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who are deaf or hard of hearing.

F. Reentry

1. The Contractor ensures intake & admission staff participate in the multidisciplinary treatment team meeting to assist in identifying reentry needs when the initial Individual Treatment Plan (ITP) is developed. Reentry planning is a component of the youth's Individualized Treatment Plan (ITP).

2. The Contractor ensures Facility staff work closely with DYS treatment team along with DYS Reentry Case Coordinators in regularly sharing information on the youth's progress on his or her ITP and level of involvement of the parents/ guardians, and review the recommended community services (e.g., school enrollment, mental health treatment, medical follow up, substance use treatment, alternate placements) and other information pertaining to the youth's continuity of care upon return to his or her community.

3. The Contractor ensures youth's assigned facility case manager and assigned therapist participate in quarterly multidisciplinary treatment team meetings and the youth's reentry plan process. The use of video-conferencing equipment may be used to facilitate their participation when appropriate.

- 4.** The Contractor ensures at each facility it operates facility staff will assist youth to obtain state identification card, social security card, and birth certificate if the youth does not have them.
- 6.** The Contractor ensures transitional and reentry needs are addressed in the youth's ISRP, including treatment needs and follow up appointments, how medical insurance or Medicaid will be reinstated, medication management, school enrollment and attendance where applicable, living/housing arrangements, clothing, and transportation.
- 7.** The Contractor ensures the ISRP plan should delineate responsibilities involving community placement and services.
- 8.** Minimally, the ISRP is finalized between 30 days prior to release.

Safety Standards

This section identifies the Contractor's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims, and investigate allegations of misconduct.

Definitions

Adverse Childhood Experiences (ACE): Are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental health problems, instability due to parental separation or household members being in jail or prison.

Note: The examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

Crisis Intervention: A means of managing emergency situations.

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

Post-traumatic Stress: An individual who has been exposed to direct or indirect trauma either via a single incident or a through repeated exposure. Symptoms include 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.

Room Check: The act of physically viewing with one's eyes a youth anytime he or she is in his or her room, assessing his or her safety, and taking any action(s) based upon observations.

Sexual Abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act (PREA) juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although the Contractor shall prohibit such behaviors at all facilities it operates. There shall be clear language in the rules of the facilities that there is no consensual sex allowed between youth and it is prohibited.

Sexual Harassment: PREA defines sexual harassment as (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

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

A. Youth Safety

1. The Contractor shall ensure at each facility it operates the facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators conduct a review at the conclusion of major incidents at the facility. The review is conducted by a team comprised of upper-level management, line staff, medical and mental health staff, and investigators, as appropriate.
2. The Contractor shall ensure at each facility it operates all staff, including qualified medical professionals, qualified mental health professionals, contractors, and volunteers report information about suspected or actual abuse, neglect, and maltreatment according to relevant mandatory reporting laws and agency policy.

3. The Contractor shall ensure at each facility it operates if no qualified medical or mental health professionals are on duty at the time a report of physical or emotional abuse and/or neglect is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.

4. The Contractor shall ensure at each facility it operates the facility there are written policies, procedures, and actual practices to ensure that employees observe professional boundaries between themselves and youth. The facility:

- a. Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.
- b. Prohibits any staff contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.
- c. Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.
- d. Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.

5. The Contractor shall ensure written policies, procedures, and actual practices prohibit all forms of sexual abuse and sexual harassment. The facility has a written policy that outlines the facility's approach to preventing, detecting, and responding to such conduct.

6. The Contractor shall ensure at each facility it operates the facility has a compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act (PREA) standards for juvenile facilities.

7. The Contractor shall ensure at each facility it operates the youth feel safe from victimization by staff and youth, including abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment, and assault.

8. The Contractor shall ensure at each facility it operates the youth can report incidents of threats or harm by staff and youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility's policies regarding investigations.

9. The Contractor shall ensure at each facility it operates the facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.

10. The Contractor shall ensure at each facility it operates the staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

11. The Contractor shall ensure at each facility it operates the facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual abuse/harassment (including medical reports).

12. The Contractor shall ensure at each facility it operates the staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes, including at times when youth are asleep or have requested a time out. Staff conduct room checks more frequently when required to do so (e.g., for youth on suicide precautions).

13. The Contractor shall ensure at each facility it operates the staff address the behavior of youth who threaten or victimize others through appropriate means including the development of an individual behavior management plan.

14. The Contractor shall ensure at each facility it operates the facility administrators regularly monitor the level of fear experienced by youths and staff using climate surveys, various forums, and informal communications with youths and staff.

15. The Contractor shall ensure at each facility it operates youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.

Restraints, Room Confinement, Due Process, and Grievances

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

Key Definitions

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

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

CONTRABAND - Any improperly possessed drugs (whether illegal or legal), smartphones and weapons that are expressly prohibited by applicable statutes and/or facility policies, that are introduced or found on facility grounds.

CRISIS INTERVENTION: A means of managing emergency situations.

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

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

to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

EXIGENT CIRCUMSTANCES – Allowing a change in procedure for temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility, until established procedures are returned to.

GENERAL SEARCH - A search whereby a person is required to remove his clothing down to their underwear, in order that the clothing may be inspected for contraband and his person observed.

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

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

PAT-DOWN SEARCH - Running of hands over a fully clothed person, conducted by a member of the same sex, for the purpose of discovering contraband.

PROBABLE CAUSE – Probable cause is articulable knowledge supported by reasonable suspicion that contraband is being secreted. Probable cause exists when facts and circumstances within the employee's knowledge and about which the employee has reasonable, trustworthy information sufficient to support a reasonable belief that contraband may be found at the place or on the person to be searched.

PROPERTY SEARCH - Searches of any and all property including but not limited to, clothing, lockers, rooms, beds, laundry bags, assigned work equipment, and work areas.

REASONABLE SUSPICION - Suspicion supported by information (facts, tips and circumstances) which leads an employee of ordinary caution to believe that a person is under the influence of an illegal substance and/or that the person is hiding contraband or drugs. In determining reasonable suspicion an employee must consider the nature and reliability of the information in addition to facts contributing to or mitigating against it. If reasonable suspicion is based on information provided by another person, the employee must also consider the degree of corroboration of the information.

SEARCH EQUIPMENT - Search equipment authorized for use is hand-held metal detectors, ground metal detectors, walk-thru metal detectors and mirrors devices used to search of cell phone signals.

SMARTCH WATCH – A wearable computing device usually worn on a user's wrist that offers functionality and capabilities similar to those of a smartphone Smart watches are designed to, either on their own or when paired with a smartphone, provide features like connecting to the internet, running mobile apps, making calls, messaging via text or video, checking caller ID, accessing stock and weather updates, providing fitness monitoring capabilities, offering GPS coordinates and location directions, etc.

STRIP SEARCH - A visual search of a youth's nude body, conducted by two (2) employees of the same sex as the person being searched, in a private place, out of the view of persons other than those conducting the search. The person being searched shall be required to bend over, squat, turn around, raise their arms, lift the genitals, cough, and raise the breast. (The foregoing list is not exclusive.) The clothing and all property of the person being searched shall be thoroughly searched prior to returning it.

A. Use of Physical Restraint, Mechanical Restraints, and Chemical Agents

- 1.** The Contractor shall ensure at each facility it operates the facility shall have written policies, procedures, and practices regarding the progressive response for a youth who poses a danger to themselves, others, or property. Physical and mechanical restraints shall only be used in instances where the youth's behavior threatens immediate physical harm to other youth or others, or serious property destruction, and shall only be used as a last resort. Use of any percussive or electrical shocking devices or chemical restraints is prohibited. Restraints shall not be used for punishment, discipline, retaliation, harassment, intimidation or as a substitute for room restriction or confinement.
- 2.** The Contractor shall ensure at each facility it operates the staff receives regular training in conflict management, verbal de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical restraint and mechanical restraints, and the facility's continuum use of interventions and control methods.
- 3.** The Contractor shall ensure at each facility it operates the staff receive orientation and annual training on situations in which use of physical restraint or mechanical restraints is or is not justified, permitted methods of physical restraint and mechanical restraints, appropriate techniques for use of physical restraints and mechanical restraints, and guidance to staff in deciding what level of restraints to use if that becomes necessary.
- 4.** The Contractor shall ensure at each facility it operates the staff follows a continuum use of graduated set of interventions that avoid the use of physical restraint or mechanical restraints, staff employ a range of interventions or actions before using physical restraint or mechanical restraints and the facility permit only the least restrictive measures in order to prevent physical harm to the youth or others.

5. The Contractor shall ensure at each facility it operates only staff specifically trained in the approved use of physical restraint techniques and mechanical restraints are permitted to use such techniques or devices. Staff shall only use those techniques they have received training on and past a written and/or competency skill demonstration of the approved physical restraint techniques or use of mechanical devices. Staff shall receive training on the approved use of physical restraint techniques and mechanical restraints during new hire orientation training and annually thereafter and each staff shall pass the annual training and demonstrate competency in using these physical restraints and use of mechanical restraints to remain employed.

6. The Contractor shall ensure at each facility there exists written policies and procedures in the facility which set forth the principles below for use of physical force and mechanical restraints:

- a. Staff only use approved physical restraint techniques they have received the proper training in when a youth's behavior threatens imminent harm to another youth or others, or self, or is engaging in major property destruction. Staff may only use approved physical restraint techniques they are trained in when a youth is engaging in major property destruction that involves an imminent threat to the youth's safety or the safety of others.
- b. The only mechanical restraints that staff may use in the facility are handcuffs and leg restraints. Staff may use leg restraints only if a youth poses an immediate threat of harm to staff or other youth from the use of his/her feet or legs. Youth should be released from leg restraints as soon as they do not pose an immediate danger from the use of their legs. Any use of leg restraints longer than 15 minutes requires the presence of medical or mental health personnel. No other mechanical restraints are permitted.
- c. Staff only use physical restraint techniques they have received proper training in and are approved to use 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 restraint or mechanical restraints.

- d. During transportation staff may use handcuffs to prevent injury or escape. Belly belts/chains and/or leg shackles may also be used for transportation. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation or restrain youth to the vehicle.
- e. Staff never leave youth who are sleeping in restraints.
- f. Staff never leave youth who are in restraints alone.
- g. Restraints are never used while a person is in labor or giving birth.

7. The Contractor shall ensure each facility develops and implements written policies, procedures, and actual practices to prohibit:

- a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.
- b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.
- c. Restraints that are solely intended to inflict pain.
- d. Restraints that obstruct a view of the youth's face.
- e. Use of chemical agents, including pepper spray, tear gas, and mace.
- f. Use of medical medication restraints.
- g. Use of pressure point control or pain compliance techniques at the facility.
- h. Hitting youth with a closed fist, open palm thrusts to a youth's chest area or face, Law Enforcement straight arm bar takedown, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth. Staff could face possible criminal charges of battery.
- i. Use of four- or five-point restraint beds, straightjackets, or restraint chairs
- j. Hogtying youth or placing youth in restraints in other uncomfortable positions.
- k. Restraining youth to fixed objects, including beds or walls.
- l. Restraining youth in a prone position laying a youth prone on his/her stomach on the floor with a staff member's body compressing the youth's chest. or restraining youth in any position that may restrict his/her airway.
- m. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.

- n. Use of belly belts/chains or leg shackles on pregnant girls.
- o. A list of these prohibitions shall be posted on all living units and throughout various locations in the facility.
- p. During intake, youth shall receive a list of the prohibitions when using a restraint. There shall be documentation of acknowledgement of receipt of the list of the prohibitions in the youth's file.
- q. Staff do not demonstrate restraint techniques on youth or teach restraint techniques to youth.

8. The Contractor shall ensure that each facility has written policies and procedures regarding the period of time a youth is in any mechanical restraint:

- a. The youth shall be checked by a staff member at least every 10 minutes if youth is not yet placed in his room for time-out. Documentation of these checks shall be recorded and maintained in the youth's file along with shift supervisor logbook, living unit logbook, mechanical restraint logbook, along with any other documentation required such as incident reports. If the use of handcuffs exceeds 30 minutes, a mental health professional must authorize and document the continued use of the mechanical restraint. However, mechanical restraints cannot be used for longer than one hour.
- b. There shall be a means for the youth to communicate with staff at all times.
- c. Staff shall not restrict food, access to bathroom facilities including toilet and washbasin, while a youth is in restraints.

9. The Contractor shall ensure at each facility it operates the facility staff document all use of physical and mechanical restraint incidents on an incident form in the DYS JJIS system and on an incident report form before the end of the person(s) shift and such documentation is immediately reported to the facility administration, and the DYS On-Call person and a copy is placed in the youth's file including:

- a. Name of youth.
- b. Date and time physical restraint or mechanical restraints were used on youth.

- c. Date and time youth were released from physical restraint or mechanical restraints.
- d. The person authorizing placement of the youth in mechanical restraints. Authorization shall be from a Shift Supervisor or above in the facility's chain of command.
- e. A description of the circumstances leading up to the use of physical restraint or mechanical restraints.
- f. The staff(s) members involved in the incident.
- g. Any youth or staff witnesses.
- h. The alternative actions attempted and found unsuccessful, or reasons alternatives were not possible.
- i. The type of physical restraint used, or mechanical restraints used and a description of how they were applied.
- j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.

10. Staff ensure that all youth who are the subject of a use of physical force or restraint see a qualified medical professional immediately at the end of the use of physical a restraint or mechanical restraint.

11. Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical restraint or mechanical restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.

12. Staff notify the youth's parents or guardians and the youth's attorney or guardian ad litem of all use of physical restraint or mechanical restraint incidents by the end of the next business day following the use of a physical restraint or use of mechanical restraint

incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.

13. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical restraint or mechanical restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status.

14. A restraint review committee, which includes the facility administrator or designee, the facility training coordinator, qualified mental health professionals, and line staff, regularly reviews all use of restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.

B. Room Confinement

1. The Contractor ensures written policies and procedures each facility 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 or is engaged in major property destruction to facility furniture, facility equipment, security devices, or building structures.

b. Staff shall never use room confinement for discipline, punishment, administrative convenience, retaliation, to manage staffing shortages, group punishment or reasons other than a temporary response to behavior that threatens immediate physical harm to a youth or others, or the youth(s) are committing major property damage to facility furniture, facility equipment, security devices, or building structures. The use of mechanical restraints during room

confinement shall be approved, prior to application by the facility administrator and the designated facility qualified mental health professional

c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, expectations to be removed from room confinement and the fact that he or she will be released upon regaining self-control.

d. Staff shall not place youth in room confinement for fixed (prescriptive) periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.

e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.

f. While youth are in room confinement, staff follow a protocol that:

i. Requires staff to secure the approval of a shift supervisor on shift for the use of room confinement immediately after placing the child in room confinement.

ii. If the room confinement exceeds 30 minutes in length the staff shall get the approval of the facility administrator or deputy facility administrator and then every fifteen (15) minutes thereafter not exceeding one hour in total time per incident.

iii. The contractor shall establish at each facility policies and procedures that clearly describe how and when to involve a qualified medical and/or a qualified mental health professional within one hour of placement.

iv. The contractor shall establish at each facility policies and procedures that clearly describe the expectations for in-person visits of youth in room confinement by a qualified medical and/or a mental health professional, on-shift supervisor, and facility administrators.

v. The contractor shall establish at each facility policies and procedures that require staff to develop a plan that will allow youth to leave room confinement and return to programming. The plan shall be a written plan if youth remain in confinement for one hour; if the youth is returned before one hour, a verbal plan is acceptable.

vi. Protocol provides for how to handle youth in confinement during emergencies including when staff have the authority to move youth out of confinement without approval.

g. Staff shall not place youth in room confinement for longer than one hour per incident. After the established time limit or when youth is deemed ready for integration, staff return the youth to the general population, if appropriate facility case management staff shall develop a special individualized behavior improvement plan for the youth.

h. If at any time during room confinement, the facility qualified medical or qualified mental health professional 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.

i. Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.

2. Staff keep designated areas used for room confinement clean, appropriately ventilated, and at comfortable temperatures.

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:

a. Name of the youth.

b. Date and time the youth was placed in room confinement.

- c. Name and position of the person authorizing placement of the youth in room confinement.
- d. The staff involved in the incident leading to the use of room confinement.
- e. Documentation of required checks of youth at regular but staggered 15-minute intervals, including the youth's behavior and temperament at each interval.
- f. Date and time the youth was released from room confinement.
- g. Description of the circumstances leading to the use of room confinement.
- h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.
- i. The incident reports describing the incident that led to the period of room confinement.
- j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.

5. Staff and youth involved in incidents involving room confinement undergo a debriefing process, within two hours after removal, 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 to parents or guardians and the youth's attorney or guardian ad litem and the Juvenile Ombudsman of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.

7. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.

8. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.

9. Staff develop a special individualized behavior improvement plan that is time limited, measurable, and observable goal(s)/objective(s), for youth with persistent behavior problems that threatens immediate physical harm to a youth or others, or the youth(s) are committing major property damage to facility furniture, facility equipment, security devices, or building structures. Staff do not use room confinement as a substitute for the special individualized behavior improvement plan. The special individualized behavior improvement plan shall include the following:

- a. Development of an individualized plan to improve the youth's behavior is created in consultation with the youth, the facility qualified mental health staff, the assigned facility case manager, facility administration and involvement of the youth's parent(s) / legal guardian(s).
- b. The plan identifies the causes and antecedents of the negative behavior(s), as well as concrete goals that are written in a manner the youth can understand, paying particular attention to language and literacy needs of youth.
- c. They shall be measurable, observable, obtainable, and time-limited goals/objectives he or she can work toward to be removed from special behavioral programming.
- d. In-person supervision by and interaction with facility staff members.
- e. Provisions for continued quality and appropriate educational services equal to the education being received by other youth at the facility.
- f. Involvement of the youth in other aspects of the facility's programming unless such involvement threatens the safety of youth or staff or the security of the facility.
- g. A guarantee that the youth will not be denied any of his or her basic rights.

h. Daily review with the youth of his or her progress toward the goals outlined in his or her plan by their assigned facility case manager and therapist. The daily review is documented in the youth's case file.

10. The Contractor ensures each facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate physical harm to a youth or others, or the youth(s) are committing major property damage to facility furniture, facility equipment, security devices, or building structures. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.

11. The Contractor ensures each facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. Each facility administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status.

12. The Contractor ensures each facility administrator, in conjunction with the facility qualified mental health professionals, reviews all use of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.

C. Voluntary Timeouts

1. The Contractor ensures at each facility it operates staff allow youth to have a voluntary time out under staff supervision for a short period of time at the youth's request. Youth are not locked in their room or another room when taking a voluntary time out.

2. The Contractor ensures at each facility it operates staff document voluntary time outs in the unit logbook and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth's safety and welfare at least every 10 minutes.

D. Due Process and Discipline

1. Staff post the rules of the facility in all living units.

2. The Contractor ensures at each facility it operates the system of rewards, incentives, sanctions, and consequences is clear and explained to all staff, youth, and the youth families. The system is discussed and reviewed as an ongoing training tool for staff to ensure that youths are consistently and appropriately offered opportunities for skill development and that staff avoid the use of punitive, negative, and/or restrictive practices.

3. The Contractor ensures at each facility it operates staff regularly engage youths to discuss their performance in and solicit feedback regarding the incentive and rewards program to maximize its effectiveness and to make ongoing adjustments and changes as needed.

4. The Contractor ensures at each facility it operates staff must provide youth with due process protections. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decision maker who was not directly involved in the incident or issue, and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.

5. The Contractor ensures at each facility it operates staff must provide youth with due process protections before any of the following occur.

- a. Significant loss of privileges, such as temporarily suspending a youth's ability to advance to a higher level in the facility's behavior management

program or limiting his or her ability to enjoy certain privileges for a period of time.

b. Transfer of youth to a unit that imposes greater restrictions on programming or privileges.

6. The Contractor ensures at each facility it operates staff must consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff must consult with appropriate professionals, such as qualified mental health professionals, when making that decision.

7. The Contractor ensures at each facility it operates staff must make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.

8. The Contractor ensures at each facility it operates under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include:

- a. A place to sleep (e.g., a mattress, pillow, blankets, and sheets).
- b. Full meals (breakfast, lunch, & dinner, two of the meals shall be hot) and an evening snack.
- 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, a minimum of 1 hour of large muscle exercise Monday – Friday and 2 hours of large muscle exercise on weekends to include holidays and schedule school breaks i.e., winter break.
- g. Telephone contacts with approved individuals and the youth's attorney. Extra telephone calls may be used as an incentive, but the regular amount shall not be deprived as part of discipline.
- h. The right to receive and send mail.

- i. A regular daily education program.
- j. Access to medical and mental health services.
- k. An opportunity for a daily shower and access to toilet 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.

9. The Contractor ensures at each facility it operates staff shall not use group punishment as a sanction for the negative behavior of individual youth or small groups of youth.

10. The Contractor ensures at each facility it operates arrest while housed in facility is never used as a disciplinary measure.

E. Corporal Punishment

1. The Contractor ensures at each facility it operates staff do not use corporal punishment, or cruel or degrading punishment, either physical, verbal, or psychological, or emotional, within any facility.

F. Grievance and Reporting Procedures

1. The Contractor ensures at each facility it operates each facility provides more than one way to report abuse, neglect, harassment, and retaliation by other youth or staff within the facility.

2. The Contractor ensures at each facility it operates provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or the Juvenile Ombudsman, or Division of Youth Services that is not part of the Contractor that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth

to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)

3. The Contractor ensures at each facility it operates the facility's opportunities for reporting abuse, neglect, harassment, and retaliation include ways to report verbally, in writing, anonymously, and by third parties.

4. The Contractor ensures at each facility it operates staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.

5. The Contractor ensures at each facility it operates youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.

6. The Contractor ensures at each facility it operates the facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:

- a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.
- b. Grievance forms use easy-to-understand language and are simple in their design.
- c. Youth are able to report grievances verbally and in writing.
- d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.

7. The Contractor ensures at each facility it operates the facility shall place locked boxes for grievances in all areas of a facility where youth can access to them, such as living units, classrooms, gym, and the cafeteria. Only the grievance coordinator and his

or her designee shall have access to the contents of the locked boxes. The grievance coordinator at each facility or his or her designee shall check each grievance box twice each business day.

8. The Contractor ensures at each facility it operates grievances shall be handled by an individual who is trained in handling grievances and can independently investigate the issues raised in the grievance and recommend corrective action to the facility administrator. Youth are permitted to submit a grievance without submitting it directly to a staff member and a staff member who is the subject of the complaint.

9. The Contractor ensures at each facility it operates 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.

10. The Contractor ensures at each facility it operates the facility does not include time limits on when youth can file grievances.

11. The Contractor ensures at each facility it operates staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the grievance.

12. The Contractor ensures at each facility it operates the facility shall permit third parties, including family members, juvenile ombudsman, attorneys, and outside advocates, to file grievances on behalf of youth.

13. The Contractor ensures at each facility it operates the facility provides information to third parties on how to submit grievances on behalf of youth.

14. The Contractor ensures at each facility it operates the facility permits youth to request staff assistance to complete the grievance form if necessary.

15. The Contractor ensures at each facility it operates facility administrators ensure that youth receive no reprisals for using grievance procedures.

16. The Contractor ensures at each facility it operates facility staff, administrators, ombudspersons, or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation.

17. The Contractor ensures at each facility it operates facility staff, administrators, ombudspersons, or other personnel provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.

18. The Contractor ensures at each facility it operates youth receive responses to their grievances that are respectful, legible, and that address the issues raised.

19. The Contractor ensures at each facility it operates staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.

20. The Contractor ensures at each facility it operates if staff find a grievance to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.

21. The Contractor ensures at each facility it operates facility staff, administrators, ombudspersons, or other personnel fully document grievances and the results of grievance investigations.

22. The Contractor ensures at each facility it operates facility administrators regularly gather and review data on grievances (granted and denied) by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status, and limited English proficient status for patterns or trends.

23. The Contractor ensures at each facility it operates staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.

G. Searches

The contractor shall have written policies, procedures, and actual practices governing searches of youth, the facilities, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting area

All searches shall be documented in the unit logbook. If contraband is found a youth an incident report shall be completed by end of the staff person's shift and entered in the DYS JJIS.

A. Intake Searches

All youth entering the Intake and Assessment Center shall be searched this shall include a general search, and clothing searches along with searches of all items on his or person or brought into the facility.

B. Property Search

Property searches may be conducted of any youth's property at any time. Staff conduct these searches with the least amount of disruption and with respect for youth's personal property.

C. Pat-Down Search

Staff conducting pat-down searches and clothing searches are of the same gender as the individual being searched except in exigent circumstances.

The youth being searched shall be required to:

1. Empty their pockets or any other thing where items may be stored or carried in order that they can be searched for contraband.
2. Remove all outerwear, (coats, jackets, hats, caps, gloves, shoes, socks, etc.) in order that these items may be searched. The youth shall not be required to remove articles of clothing which are their basic dress (i.e. shirts, pants).
3. Run their hands through their hair.
4. Turn the youth's pant pockets inside out.
5. Open the youth's mouth for inspection

The person conducting the search shall use their hands to touch the youth being searched through their clothes in such a manner to determine if something is being concealed. If the person conducting the search discovers an unusual lump or bulge, etc., staff shall order the youth to disclose the source of the unusual lump.

D. Cross-Gender Pat-Down Search

Cross-gender pat-down searches are prohibited unless exigent circumstances are present and shall be justified and documented on an Incident Report (IR) and enter into the DYS JJIS when they occur. All cross-gender pat-down search, shall fully comply with PREA Standard § 115.315 Limits to cross-gender viewing and searches.

E. Same Gender General Searches

General searches may be conducted of any youth at any time. During a general search, youth may be required to remove clothing down to their underwear in

order that the clothing may be searched and the youth's person visually observed.

General Searches may be conducted when a youth is entering or leaving the facility. For instance, when a youth is called for a court appearance, hospital trip, goes offsite for any other reason. These searches may occur both before a youth leave for his / her off-campus trip and upon return to the facility. Following a physical contact visit between the youth and visiting family members, attorneys.

Staff conducting general searches, strip searches, visual body cavity searches, or collecting urine samples perform such searches in a private setting and only search one youth at a time.

F. Strip Searches

Strip searches shall not be conducted without prior approval by the Facility Director. At the time of the request staff must provide an explanation for the reasonable suspicion that a youth is in possession of contraband at the time of the request, and document it on an Incident Report by the person who completed the strip search and enter into JJIS. Strip searches must also be documented in the unit logbook, and shift supervisor logbook. Documentation shall indicate the circumstances giving rise to the search and results of the search.

All strip searches shall be conducted in a place out of the view of other persons. Strip searches shall be conducted by one (1) staff member and witnessed by one (1) additional staff member of the same sex as the youth being stripped searched. Two (2) staff members must be always present during the search.

H. Body Cavity Searches

Staff conduct strip or visual body cavity searches in such circumstances only with prior Facility Director approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law.

If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys.

The body cavity search shall be documented in a written Incident Report by the person who completed the search and enter into JJIS. Body cavity searches must also be documented in the unit logbook, and shift supervisor logbook. Documentation shall indicate the circumstances giving rise to the search and results of the search.

Access Standards

Staff obtain consent from the youth and parents/legal guardians to use their name and/or photo for any media related story. The youth and parents/legal guardians are informed that participation in media related stories is voluntary.

A. Mail

1. The Contractor ensures at each facility it operates staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.
2. The Contractor ensures at each facility it operates facility staff shall not, as a matter of routine, read incoming or outgoing mail. Staff shall only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.
3. The Contractor ensures at each facility it operates facility staff shall only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.
4. The Contractor ensures at each facility it operates the facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason. Facility mail procedures are mailed to the youth's parent/legal guardian and other identified supportive individuals in the child's life upon admission or transfer to a facility.
5. The Contractor ensures at each facility it operates If staff withhold mail for any reason, staff inform the youth, log the date, time, and reason for the action, place the mail in the youth's private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.

6. The Contractor ensures at each facility it operates the facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.
7. The Contractor ensures at each facility it operates staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.
8. The Contractor ensures at each facility it operates staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.
9. The Contractor ensures at each facility it operates staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.

B. Telephone

1. The Contractor ensures at each facility it operates facility staff provide youth with reasonable access to telephones, and staff do not listen in on recorded conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored. Facility telephone procedures are mailed to the youth's parent/legal guardian and social supports upon admission or transfer to a facility.
2. The Contractor ensures at each facility it operates telephone calls are a minimum of 15 minutes in length after a connection is established and occur at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility's positive behavior management system.

3. The Contractor ensures at each facility it operates youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.

4. The Contractor ensures at each facility it operates if there is no response when the youth first use the phone, the youth have an opportunity to make additional efforts to call back.

5. The Contractor ensures at each facility it operates the facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.

6. The Contractor ensures at each facility it operates youth who are deaf, hard of hearing, or who have speech disabilities, and youth who wish to communicate with parents or guardians who have such disabilities, have access to a relay service, text telephone (TTY device), or other comparable equipment. Telephones with volume control are available for youth who are hard of hearing.

7. The Contractor ensures at each facility it operates youth are able to speak with family members via phone even if staff members at the facility do not speak the family member's language.

C. Visitation

1. The Contractor ensures at each facility it operates staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth's child, mentors, community-based service providers, educators, and clergy members, and other supportive adults.

2. The Contractor ensures at each facility it operates written policies clearly describe the approval procedure for visitation, and staff communicate visitation policies to family members. Staff encourage visitation with youth's own children through visitation in child-

friendly visiting spaces, telephone, and mail. Facility visitation procedures are mailed to the youth's parent/legal guardian and social supports upon admission or transfer to a facility. The approval process should take no more than 3 calendar days, barring any exigent circumstances that may arise from the standard background check process.

3. The Contractor ensures at each facility it operates written policies, procedures, and actual practices provide for a process to approve visitation from individuals not listed above.

4. The Contractor ensures at each facility it operates staff treat all visitors in a professional manner and with respect.

5. The Contractor ensures at each facility it operates the facility allows visitors to provide alternative forms of a valid photo identification.

6. The Contractor ensures at each facility it operates family visiting occurs on several days of the week, typically on weekends and available on weekdays by special arrangement and is not limited to normal business hours.

7. The Contractor ensures at each facility it operates youth have the opportunity to have visits from family members at least once per week. Staff post a schedule of visiting hours and rules in English and other appropriate languages.

8. The Contractor ensures at each facility it operates the facility informs family members that they may schedule visits at other times with permission from the facility administrator or designee.

9. The Contractor ensures at each facility it operates has written policies clearly describing procedures for special visits.

10. The Contractor ensures at each facility it operates the facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.

11. The Contractor ensures at each facility it operates visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.

12. The Contractor ensures at each facility it operates staff do not deprive youth on disciplinary status of visits as a punishment. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period.

13. The Contractor ensures at each facility it operates the facility seeks to encourage family visitation for all youth and does not deny family members visitation solely on the base of previous incarceration or a criminal record.

14. The Contractor ensures at each facility it operates staff supervise the visiting area but do not listen in on conversations absent reasonable suspicion that a crime, escape, or threat to safety or security is likely to occur.

15. The Contractor ensures at each facility it operates if staff conduct a general search of youth prior to and following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice.

16. The Contractor ensures at each facility it operates the facility develops and implements written policies, procedures, and actual practices to ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where

there is reasonable suspicion that the person is bringing in contraband. Family and visitors are not strip searched. Staff post the search policies in English and other appropriate languages, so visitors are aware of the rules.

14. The Contractor ensures at each facility it operates entrances, visitation areas, and restrooms used by the public are accessible by individuals with limited mobility.

D. Access to Counsel, the Courts, and Public Officials

1. The Contractor ensures at each facility it operates mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.

2. The Contractor ensures at each facility it operates 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).

3. The Contractor ensures at each facility it operates staff allow attorneys to meet with their clients without delay.

4. The Contractor ensures at each facility it operates attorneys other than the youth's delinquency attorney may visit with the consent of the youth or parent. Staff allow youth to access legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials. The Contractor ensures at each facility it operates maintains contact information for the child's delinquency attorney and informs youth during orientation and on regular intervals thereafter that they can request that information at any time.

5. The Contractor ensures at each facility it operates the facility provides a private room or area that allows for confidential attorney visits.

6. The Contractor ensures at each facility it operates youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary. Attorney calls are never recorded or overheard.

7. The Contractor ensures at each facility it operates written policies, procedures, and actual practices outline protocols for interviews of youth by law enforcement and prosecutors, and the protocols incorporate youth's right to counsel prior to being interviewed by law enforcement or a prosecutor. Staff contact the parents if the youth is under 18 years of age and inform them prior to a youth being interviewed by law enforcement or a prosecutor.

8. The Contractor ensures at each facility it operates the facility provides records to a youth's attorney upon written consent of the youth (if 18 years of age or older), or parent, or a court order appointing the attorney as the youth's counsel.

9. The Contractor ensures at each facility it operates make youth available for administrative or legal hearings in a timely fashion. During court appearances, youth are permitted to meet with their attorneys if requested by the attorney or as directed by the court.

E. Family Engagement

1. The Contractor ensures at each facility it operates Staff treat parents, guardians, and families with respect and work to foster positive relationships. All youths presented for admission are asked about positive and supportive relationships to identify each youth's social support network. Family members are asked in person or by telephone to identify other adults who provide the youth with support. Facilities make and document all attempts to reach out to all listed family members and social supports. Upon youth's admission or transfer the receiving facility contacts the youth's parent/legal guardian to inform them of the youth's arrival within 24-hours of arrival at the facility. This family contact is documented in the youth's case file in the DYS JJIS system.

- 2.** The Contractor ensures at each facility it operates the facility offers parents and guardians a verbal, written, audio-visual, and/or group orientation within seven days of a youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates. Written orientation materials are provided to all parents and guardians.
- 3.** The Contractor ensures at each facility it operates written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.
- 4.** The Contractor ensures at each facility it operates facility administrators provide a way for parents and guardians, including individuals who are limited English proficient, to ask questions about the facility and its programs and ensure that those questions are answered.
- 5.** The Contractor ensures at each facility it operates parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.
- 6.** The Contractor ensures at each facility it operates facility staff encourage contact between youth and family members through mail, telephone, visitation, and other means.
- 7.** The Contractor ensures at each facility it operates staff make efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health

services, individual therapy, and planning for the youth's reentry back to the home and community.

8. The Contractor ensures at each facility it operates staff invite parents and approved visitors to special events including sporting events, graduations, reward celebrations, performances, and holiday celebrations. Families and social supports are permitted access to facility locations beyond the visiting area for special events.

9. The Contractor ensures at each facility it operates families are informed of disciplinary misconduct and the potential or given consequences after the disciplinary process is completed.

10. The Contractor ensures at each facility it operates parents, or legal guardians, and other family members are able to register complaints about the treatment of their son or daughter. Facility administrators or their designee give notice of the receipt of such complaints within 72 hours. The facility has appropriate and reliable interpretation services available to receive complaints from parents or guardians who are limited English proficient.

11. The Contractor ensures at each facility it operates there are regular forums, including at a minimum the quarterly Community Advisor Committee meetings, at which families of incarcerated youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians who are limited English proficient.

12. The Contractor ensures at each facility it operates facility administrators help family members arrange for transportation to and from the facility if the facility is not otherwise accessible via public transportation.

13. The Contractor ensures at each facility it operates the facility involves family members when revising policies that relate to family members' access to the facility, including policies on grievances, visitation, and access to telephone and mail.

14. The Contractor ensures at each facility it operates every facility has a Community Advisory Committee that posts public announcements when the meetings are scheduled. Families are invited through general and targeted outreach by the Family Liaison and/or the facility director to join these meetings and meeting minutes are maintained. Information about these meetings is also provided during orientation and posted during visitation.

15. The Contractor ensures at each facility it operates every facility has a Youth Council that encourages youth input into facility practices and policy and fosters youth leadership.

16. The Contractor ensures at each facility it operates materials about family support and community organizations are made available to visitors and youths at the facility and posted on the organization's website.

Environment Standards

Secure care facilities should not look like or be operated as adult prisons. This section encourages the Contractor to provide for a non-penal environment to the extent the current physical plant allows for youth who need to be held in a secure setting. It requires that each facility is clean, meets state and local fire, safety, and sanitation codes, has properly functioning temperature controls, lights, and ventilation and offers youth appropriate living conditions. This sections also encompasses quality of life issues – assuring that youth shall have clean, properly-fitting clothing; pleasant, healthy eating experiences, permission to retain appropriate personal items, and some measure of privacy.

Definitions

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

Exigent Circumstances: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of the facilities.

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

Normal Adolescent Behavior: Actions, 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.

A. Positive Facility Atmosphere

1. The Contractor shall ensure that all persons in each facility it operates are treated with respect.
2. The Contractor shall ensure each facility it operates develops and implements written policies, procedures, and actual practices to prohibit use of:
 - a. Sexually lewd or obscene language
 - b. Body shaming comments
 - c. Racial, ethnic, or gender slurs
 - d. Bullying language, or actual physical bullying
 - e. Use of derogatory comments about a youth's family, or a youth's family race, ethnicity, or cultural identity
 - f. Any comments and other disrespectful behavior by youth and staff directed at another youth or staff

Implementation includes enforcement of these policies by administrators up to and including termination of employees who are found to have used any type of slurs, name-calling, bullying language, or other disrespectful behavior.

3. The Contractor shall ensure each facility it operates staff demonstrate a consistent level of tolerance of normal adolescent behavior in their day-to-day interaction with youth.
4. The Contractor shall ensure each facility it operates have furnishings and other decorations that reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.
5. The Contractor shall ensure at each facility it operates the buildings and grounds are well maintained.

6. The Contractor shall ensure each facility it operates staff allow youth to decorate and personalize their own living space.
7. The Contractor shall ensure each facility it operates staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.
8. The Contractor shall ensure each facility it operates the décor and programming acknowledge and value the racially and ethnically diverse population and interests of all youth in the facility.
9. The Contractor shall ensure each facility it operates staff wear appropriate professional attire or a non-correctional / non-law enforcement uniform. Staff shall not wear law enforcement or military-style uniform clothing i.e., Battle Dress Uniforms (BDUs), military or law enforcement tactical style cargo pants.
10. The Contractor shall ensure each facility it operates youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.
11. The Contractor shall ensure each facility it operates that facility does not require nor “encourage” male youth to wear a certain style haircut i.e., “buzz cut”, high and tight”, “crew cut”, or for female youth to be required to adopt a particular hairstyle(s). Youth may wear any style haircut as long as it does not create a health issue or security issue.

B. Sanitation

1. The Contractor ensures that facility complies with all local, state, and federal health and sanitation codes, and shall keep current documentation demonstrating such compliance.
2. The Contractor’s facility staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staff give

youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.

3. The Contractor ensures each facility it operates has and implements sanitation plans to maintain a clean, sanitary environment. Each facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:

- a. A schedule for cleaning common areas, bathrooms, and showers.
- 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.
- d. Implementation and documentation of training of staff and youth on the use of standard hygienic practices, such as hand washing.

4. The Contractor shall ensure each facility it operates rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.

5. The Contractor shall ensure each facility it operates youth perform the kinds of housekeeping tasks they might be expected to do at home but are not substitutes for professional janitorial staff.

6. The Contractor shall ensure each facility it operates youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).

7. The Contractor shall ensure each facility it operates 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.

- 8.** The Contractor shall ensure each facility it operates youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.
- 9.** The Contractor shall ensure each facility it operates the facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in “dry” rooms (without toilets) have immediate access to toilets (no longer than a 5-minute delay after a youth request).
- 10.** The Contractor shall ensure each facility it operates 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. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100- and 120-degrees Fahrenheit.
- 11.** The Contractor shall ensure each facility it operates youth have adequate time to conduct appropriate hygiene practices.
- 12.** The Contractor shall ensure each facility it operates the facility is free of insect and rodent infestation.
- 13.** The Contractor shall ensure each facility it operates staff allow youth to take showers every day. Youth may be allowed to shower multiple times such as after participating in a recreational activity either indoors or outdoors.
- 14.** The Contractor shall ensure each facility it operates staff allow youth to brush their teeth after breakfast and dinner.

15. The Contractor shall ensure each facility it operates youth and staff wash their hands before meals and after activities that may cause the spread of germs.

16. The Contractor shall ensure each facility it operates staff shall provide youth with the opportunity to groom themselves before court and other important events.

17. The Contractor shall ensure each facility it operates staff shall provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week. Staff wash clothes at temperatures and for lengths of time that allow for disinfection of clothing.

18. The Contractor shall ensure each facility it operates staff shall 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 shall not remove or withhold these items as a form of discipline or punishment.

19. The Contractor shall ensure each facility it operates staff shall 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.

20. Staff shall sanitize storage spaces that hold youth's personal and court clothes, including garment bags, after each use.

21. The contractor shall ensure all furnishings at each facility it operates are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).

C. Food

- 1.** The Contractor shall ensure each facility's food services comply with applicable local, state, and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.
- 2.** The Contractor shall ensure each facility it operates is in compliance with The Healthy, Hunger-Free Kids Act of 2010 (HHFKA) effective 2012 and the National School Lunch Program (NSLP).
- 3.** The Contractor shall ensure youth receive at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings (between 7PM and no later than 9 PM).
- 4.** The Contractor shall ensure youth at each facility receive a nutritionally balanced, wholesome, and appetizing, meals. Youth have an opportunity to provide input into the menu.
- 5.** 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.
- 6.** The facility provides meals stored and served at safe temperatures.
- 7.** The Contractor shall ensure each facility it operates the facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).
- 8.** The Contractor shall ensure each facility it operates the facility adheres to youth's religious dietary laws and special timing of meals.

9. The Contractor shall ensure each facility it operates there is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).

10. The Contractor shall ensure each facility it operates youth eat meals in a cafeteria or common area.

11. The Contractor shall ensure each facility it operates that no youth shall be served any meal in his or her room as matter of practice, i.e., breakfast, lunch, or dinner.

12. The Contractor shall ensure each facility it operates youth have a reasonable time, no fewer than 20 minutes, for each meal.

13. The Contractor shall ensure each facility it operates youth may talk during meals absent immediate and temporary safety or security reasons.

14. The Contractor shall ensure each facility it operates staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.

15. The Contractor shall ensure each facility it operates staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.

D. Temperature, Ventilation, and Noise

1. The Contractor shall ensure each facility it operates 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. The Contractor shall ensure each facility it operates there is adequate ventilation in all indoor areas.

3. The Contractor shall ensure each facility it operates noise levels in the facility are comfortable and appropriate at all times.

E. Emergency Preparedness and Fire Safety

1. The Contractor ensures each facility it operates 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 infectious pandemic or any declared national or state public health emergency. The plan covers:

- a. A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.
- b. The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.
- c. Agreements with other agencies or departments.
- d. Means of transportation to predetermined evacuation sites and evacuation routes.
- e. Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.
- f. Communication protocols among staff, as well as with outside agencies.
- g. Agreements with outside agencies that can provide medical and mental health services.
- h. Notification to families.
- i. Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.
- j. Meeting the needs of limited English proficient youth.
- k. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.
- l. Documentation that the local fire authority has reviewed the evacuation procedures.

- 2.** The Contractor shall ensure each facility it operates the facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training.
- 3.** The Contractor shall ensure each facility it operates all occupied areas of the facility have at least two means of unobstructed regress.
- 4.** The Contractor shall ensure each facility it operates the facility has identification and lighting of all exits, including during emergencies.
- 5.** The Contractor shall ensure each facility it operates the facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance.
- 6.** The Contractor shall ensure each facility it operates the facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds.
- 7.** The Contractor shall ensure each facility it operates the facility has smoke alarms in appropriate locations and in working condition.
- 8.** The Contractor shall ensure each facility it operates the facility has a sprinkler system in appropriate locations and in working condition.
- 9.** The Contractor shall ensure each facility it operates the facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers and document the servicing.
- 10.** The Contractor shall ensure each facility it operates staff are trained to use fire extinguishers and have documentation of such training.

11. The Contractor shall ensure each facility it operates the facility has an evacuation plan that staff are annually trained on and the plan is located in the control center of each facility.

12. The Contractor shall ensure each facility it operates staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes:

- a. Documentation of how long it takes to unlock doors and complete the drill process.
- b. Practice with different scenarios so that each drill is not the same (e.g., a kitchen fire, a fire on a unit, etc.).
- c. Staff identification of emergency keys to unlock doors by touch and by sight.
- d. Practice clearing youth from the building at least one time per year.

13. The Contractor shall ensure each facility it operates the facility administrator requests that the local fire marshal or fire authority attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.

14. The Contractor shall ensure each facility it operates the facility administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.

15. The Contractor shall ensure each facility it operates first aid kits are immediately available and fully stocked with non-expired items.

16. The Contractor shall ensure each facility it operates the facility has an automated external defibrillator (AED) on site and staff trained to use it.

17. The Contractor shall ensure each facility it operates the facility has a plan for handling exposure to high-risk bodily fluids.

18. The Contractor shall ensure each facility it operates staff properly store and secure potentially hazardous or flammable items.

F. Lighting

1. The Contractor ensures each facility it operates that each individual rooms shall have adequate lighting, sufficient for reading.

2. The Contractor ensures each facility it operates the lights in youth's rooms are turned out at night (or adequately darkened for sleep), use of low wattage lighting may be used, unless the youth request otherwise, or for individual security, health, or mental health reasons.

3. The Contractor ensures each facility it operates the dayroom and common areas used for recreation are adequately lit for activities conducted in the area.

G. Clothing and Personal Items

1. The Contractor shall ensure each facility it operates youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.

2. The Contractor ensures each facility it operates shall provide each youth with new underwear. The facility shall provide girls with bras and underwear that fit and are appropriate for females.

3. The Contractor ensures each facility it operates youth shall receive outerwear that is appropriate to the season.

4. The Contractor ensures each facility it operates youth may keep a reasonable number of personal items in their rooms, this shall be delineated in the youth handbook

given to each youth. Staff do not confiscate a youth's personal items absent specific safety or security concerns.

5. The Contractor shall ensure each facility it operates the facility housing units have lockers or other storage for youth's clothing and personal items.

6. The Contractor ensures each facility it operates shall provide adequate, culturally & ethnically appropriate hair and skin care products, services, and supplies for youth. Rules about hair and skin care are gender, ethnic, and culturally sensitive (e.g., youth are not required to shampoo their hair at a frequency that is damaging to their hair).

7. The Contractor ensures each facility it operates youth shall have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., common toothpaste tube, tub of deodorant).