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A GUIDE TO JUVENILE DETENTION REFORM

Juvenile Detention Facility Assessment

STANDARDS INSTRUMENT
2014 UPDATE

Juvenile Detention Alternatives Initiative

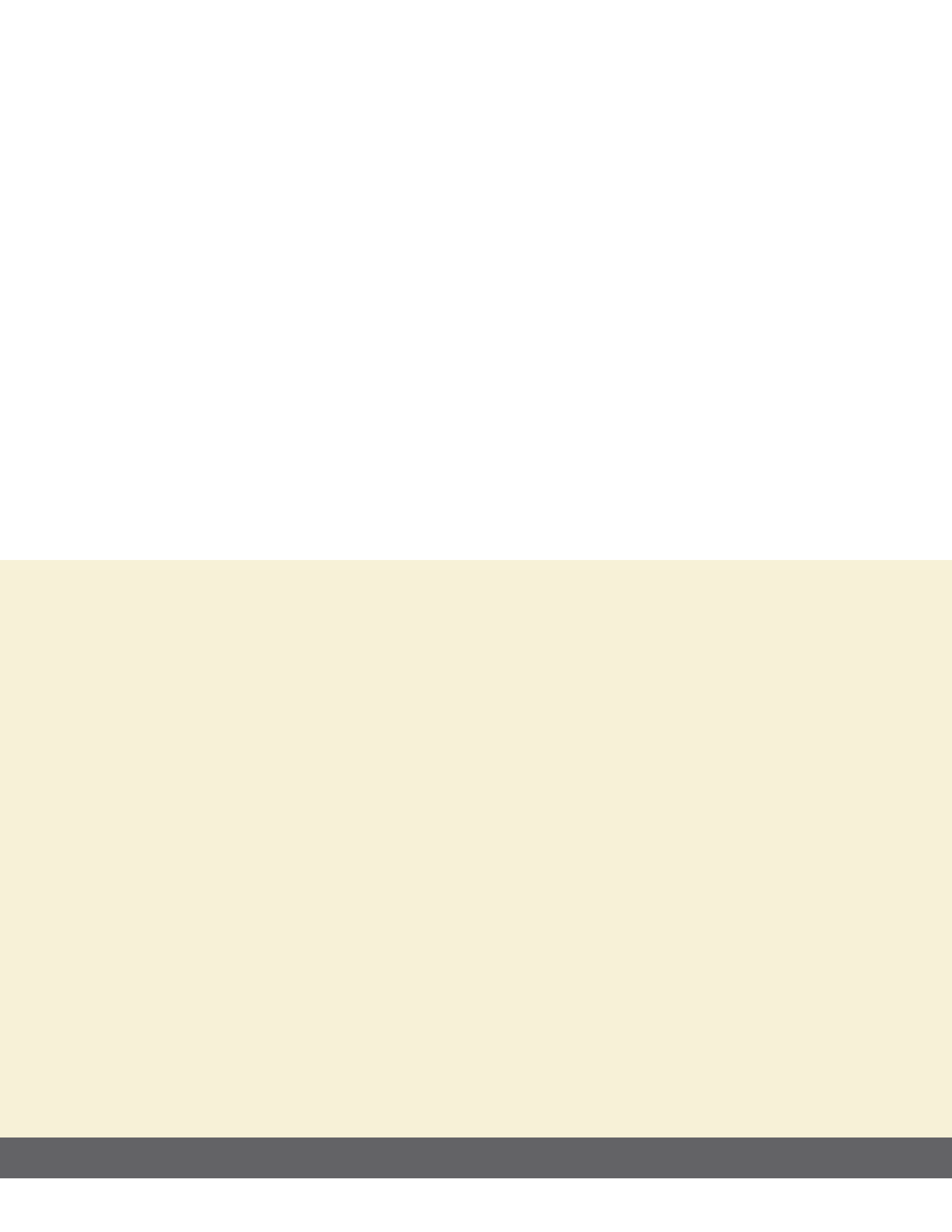
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Published December, 2014

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introduction

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Introduction

Improving conditions in juvenile detention facilities has been an objective of the Juvenile Detention Alternatives Initiative (JDAI) since this system reform effort began in 1992. As noted in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Vol. 6, Pathways to Juvenile Detention Reform), dangerous and inadequate conditions in juvenile facilities expose public officials to liability in civil rights lawsuits and, more importantly, harm the very youth whose care is entrusted to the juvenile justice system. Since crowding significantly exacerbates institutional problems, improvements in conditions of confinement are often closely linked to JDAI's population management strategies.

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

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

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



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

The materials in this volume include detention facility standards, a set of guidelines for conducting facility assessments and “How To” materials covering each component of the standards. The “How To” materials offer practical recommendations regarding what documents to review, which people to interview and what things to observe during assessments.

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

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

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

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about the revised JDAI detention facility assessment standards



About the Revised JDAI Detention Facility Assessment Standards

The Revision Process

Since its inception, the Juvenile Detention Alternatives Initiative (JDAI) has emphasized the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities. As noted in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Pathways to Juvenile Detention Reform, Vol. 6), dangerous and inadequate conditions in juvenile facilities expose public officials to liability in civil rights lawsuits and, more importantly, harm the very youth whose care is entrusted to the juvenile justice system.

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

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

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

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

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

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

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

CCLP and YLC revised the detention facility assessment standards and the documents and tools that accompany them. The accompanying documents include:

1. This summary of changes to the standards.
2. An overview document, entitled, “Guidelines for Conducting a Facility Assessment,” which provides a summary of the entire facility assessment process from start to finish. This document is commonly referred to as “the guidelines.”
3. The set of “How To” tools that provide suggestions for assessing each issue area involved in a facility assessment.

Summary of Major Changes in Each Area of the Standards

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

CLASSIFICATION AND INTAKE

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

HEALTH AND MENTAL HEALTH

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

ACCESS

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

PROGRAMMING

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

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

TRAINING AND SUPERVISION OF STAFF

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

ENVIRONMENT

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

RESTRAINTS, ROOM CONFINEMENT, DUE PROCESS AND GRIEVANCES

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

SAFETY

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

Citations to Key Federal Statutes and Regulations

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

Americans with Disabilities Act of 1990 (ADA)

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

Family Educational Rights and Privacy Act (FERPA)

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

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

Individuals with Disabilities Education Act (IDEA)

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

Juvenile Justice and Delinquency Prevention Act (JJDP)

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

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

Prison Rape Elimination Act of 2003 (PREA)

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

Religious Land Use and Institutionalized Persons Act (RLUIPA)

- Statute: 42 U.S.C. § 2000cc et seq.

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

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

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

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

JDAI detention facility assessment standards



Classification and Intake

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

Key Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STEP DOWN: Transferred to a less secure setting.

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

UNDOCUMENTED: Not having a lawful immigration status.

A. SPECIFIC DETENTION LIMITATIONS

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

Standard	Conforms	Does not Conform
<p>8. Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility’s programming can adequately address the youth’s needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth’s needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the ground that there is no other place to put them (e.g., if a parent refuses to take the youth home).</p>	<input type="checkbox"/>	<input type="checkbox"/>
B. INTAKE		
<p>1. Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Intake/admissions staff use a race- and gender-neutral validated and age appropriate risk assessment instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Staff place youth eligible for detention in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, home electronic monitoring).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. The facility’s intake procedures include a process for determining if a youth is limited English proficient (LEP).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. The facility has appropriate and reliable interpretation services available to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The facility does not charge for interpretation services.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Staff provide intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide this information in the primary language used by the youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. During intake and throughout a youth's stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth's gender identity for communication within the facility, even if the youth's name has not been legally changed. If staff use a youth's preferred name in communication outside of the facility, they only do so at the youth's request.	<input type="checkbox"/>	<input type="checkbox"/>
C. DETENTION PROCESS		
1. Staff screen youth to identify immediate individual issues that may affect the youth's health or safety, such as intoxication, injury, or suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
2. Intake/admission interviews occur in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. Staff arrange for necessary accommodations, auxiliary aids, or services.	<input type="checkbox"/>	<input type="checkbox"/>
4. The admissions process includes offering youth at least two telephone calls, a shower and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival.	<input type="checkbox"/>	<input type="checkbox"/>
5. During the intake process, youth receive information explaining, in an age appropriate fashion, the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
6. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules and procedures including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of key staff and roles.	<input type="checkbox"/>	<input type="checkbox"/>
b. Rules on contraband and facility search policies.	<input type="checkbox"/>	<input type="checkbox"/>
c. The facility's system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules and consequences that may result when youth violate the rules of the facility. [See also standard IV(D)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
d. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance and the name of the person or position designated to resolve grievances.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
e. Access to routine and emergency health and mental health care.	<input type="checkbox"/>	<input type="checkbox"/>
f. Housing assignments.	<input type="checkbox"/>	<input type="checkbox"/>
g. Opportunities for personal hygiene, such as daily showers.	<input type="checkbox"/>	<input type="checkbox"/>
h. Rules on visiting, correspondence and telephone use.	<input type="checkbox"/>	<input type="checkbox"/>
i. Rules regarding access to counsel.	<input type="checkbox"/>	<input type="checkbox"/>
j. Information and communications that are confidential.	<input type="checkbox"/>	<input type="checkbox"/>
k. Access to education, religious services, programs and recreation.	<input type="checkbox"/>	<input type="checkbox"/>
l. Policies on use of physical force, restraints and room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
m. Emergency procedures.	<input type="checkbox"/>	<input type="checkbox"/>
n. The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.	<input type="checkbox"/>	<input type="checkbox"/>
o. How to report problems at the facility such as abuse, feeling unsafe, and theft.	<input type="checkbox"/>	<input type="checkbox"/>
p. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
q. The availability of services and programs in a language other than English.	<input type="checkbox"/>	<input type="checkbox"/>
r. The process for requesting different housing, education, programming and work assignments.	<input type="checkbox"/>	<input type="checkbox"/>
s. Demonstration of appropriate pat-down and clothing searches. [Also listed at VI(H)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Staff make written materials available in all appropriate languages for limited English proficient youth. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>9. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. Staff make materials available for limited English proficient youth in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. The facility assesses the frequency with which youth and parents or guardians who are limited English proficient have contact with the facility by collecting data on the primary language of the youth, the primary language of parents or caregivers and the language spoken in the youth's home. The facility maintains data that show the number of youth and parents or guardians determined to be LEP by language group and the placement of each youth by language group. Staff review the language data for the purpose of assessing the language assistance needs of the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Identification of all vital documents to be translated and into which languages.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Assessment of all signage to be translated, including emergency, exit and special situation signs for all units and other areas of the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Identification of reliable translation services.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means and in which languages they are available.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>h. Identification of all other available language services and in which languages they are available and how staff can obtain those services.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
i. How the facility will inform LEP youth and their parents or caregivers about the language services available.	<input type="checkbox"/>	<input type="checkbox"/>
j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming and other programming for LEP youth and, when appropriate, their parents or caregivers.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff review language data periodically to determine if the bilingual staffing, translation and interpretation needs of the facility have changed and if the facility's language access plan needs to be updated.	<input type="checkbox"/>	<input type="checkbox"/>
13. In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.	<input type="checkbox"/>	<input type="checkbox"/>
D. POPULATION MANAGEMENT		
1. The facility develops and implements written policies, procedures and actual practices to ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or stepped down to non-secure settings.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures and actual practices to ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are stepped down to less restrictive settings, or transferred to other settings.	<input type="checkbox"/>	<input type="checkbox"/>
3. The agency responsible for operating the detention facility regularly collects, reviews, ensures the accuracy of and reports the following data, disaggregated by race, ethnicity, gender and status as limited English proficient:	<input type="checkbox"/>	<input type="checkbox"/>
a. The number of youth brought to detention by each agency (e.g., police, school police, group home).	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
b. The offenses charged or other reasons for detention such as failure to appear or violation of probation.	<input type="checkbox"/>	<input type="checkbox"/>
c. Risk assessment instrument (RAI) scores and overrides.	<input type="checkbox"/>	<input type="checkbox"/>
d. Admissions to detention.	<input type="checkbox"/>	<input type="checkbox"/>
e. Releases from detention.	<input type="checkbox"/>	<input type="checkbox"/>
f. Average daily population in detention.	<input type="checkbox"/>	<input type="checkbox"/>
g. Average length of stay.	<input type="checkbox"/>	<input type="checkbox"/>
E. CLASSIFICATION DECISIONS		
1. Upon admission, staff make housing, bed, programming, education and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.	<input type="checkbox"/>	<input type="checkbox"/>
2. As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth's physical and emotional well-being:	<input type="checkbox"/>	<input type="checkbox"/>
a. Age;	<input type="checkbox"/>	<input type="checkbox"/>
b. Gender;	<input type="checkbox"/>	<input type="checkbox"/>
c. History of violent behavior;	<input type="checkbox"/>	<input type="checkbox"/>
d. Level of emotional and cognitive development;	<input type="checkbox"/>	<input type="checkbox"/>
e. Current charges and offense history;	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical size and stature;	<input type="checkbox"/>	<input type="checkbox"/>
g. Status as limited English proficient and the availability of bilingual staff and other interpretation services;	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
h. Presence of intellectual or developmental disabilities;	<input type="checkbox"/>	<input type="checkbox"/>
i. Physical disabilities;	<input type="checkbox"/>	<input type="checkbox"/>
j. Presence of mental health needs or history of trauma;	<input type="checkbox"/>	<input type="checkbox"/>
k. The youth's perception of his or her vulnerability;	<input type="checkbox"/>	<input type="checkbox"/>
l. Suicide risk;	<input type="checkbox"/>	<input type="checkbox"/>
m. Prior sexual victimization or abusiveness; [See also standard II(A)(5)(f).]	<input type="checkbox"/>	<input type="checkbox"/>
n. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex; and	<input type="checkbox"/>	<input type="checkbox"/>
o. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records and other relevant documentation from the youth's files. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, qualified mental health professionals ascertain the information.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff ask all youth about their sexual orientation, gender identity and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity and gender expression recorded and with whom staff can discuss that information. Staff do not make assumptions about a youth's sexual orientation, gender identity, or gender expression.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff do not base housing or programming decisions on race or ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Staff do not automatically house gay, lesbian, bisexual, questioning, or intersex youth on the basis of their sexual orientation. Staff make any housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for such decisions.	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth's health and safety, whether the placement will present management or security problems, the youth's perception of where he or she will be most secure and any recommendations from the youth's health care provider. Staff document the reasons for such decisions and the facility administrator or designee reviews each decision. Such decisions are reassessed at least every 60 days to review youth's safety and physical and emotional well-being.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff do not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings.	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff do not consider lesbian, gay, bisexual, transgender, or intersex identification or status or a youth's gender non-conformity as an indicator of whether a youth is or is likely to be sexually abusive.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility develops and implements written policies, procedures and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973 and any applicable state laws.	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility does not exclude youth with temporary or permanent mobility impairments from the general population for that reason except by order from a physician.	<input type="checkbox"/>	<input type="checkbox"/>
13. When necessary, staff develop individualized plans to provide for the safety of particular youth. Staff do not use room confinement as a means of ensuring their safety.	<input type="checkbox"/>	<input type="checkbox"/>
14. The facility has a process through which youth may request different housing, programming, education and work assignments.	<input type="checkbox"/>	<input type="checkbox"/>
F. CONFIDENTIALITY		
1. The facility implements appropriate controls on staff's dissemination within the facility of responses to information gathered during intake and classification in order to ensure that confidential information is only disclosed on a need to know basis and is not exploited to the youth's detriment by staff or other youth. Staff do not disclose confidential information on particular youth to other detained youth.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. Staff do not disclose information about a youth's sexual orientation or gender identity to anyone, including the youth's parents, without obtaining the youth's consent, unless disclosure is required by law or court order.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff treat youth's case records, law enforcement records and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed and the date of the disclosure.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility maintains the security of documents in its possession that contain confidential youth information, including any information stored electronically.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility develops and implements written policies, procedures and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws. [See also standard II(l)(l).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions, as specified in agency policy.	<input type="checkbox"/>	<input type="checkbox"/>
9. Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.	<input type="checkbox"/>	<input type="checkbox"/>
10. Written policy, procedure and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's records prior to disclosing the records.	<input type="checkbox"/>	<input type="checkbox"/>

Health and Mental Health Care

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

Key Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. SCREENINGS AND REFERRALS

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



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

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



Standard	Conforms	Does not Conform
f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours. [See also standard I(E)(2)(m).]	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth's treating physician and the parent and youth about the reasons that he or she believes that the medication may be inappropriate. Medication continuity decisions are made through a same-day evaluation by a physician or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist, or sooner if medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff document:	<input type="checkbox"/>	<input type="checkbox"/>
a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
b. The date and time screenings are completed and the signature and title of the person(s) completing the screening.	<input type="checkbox"/>	<input type="checkbox"/>
c. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility develops and implements written policies, procedures and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	<input type="checkbox"/>	<input type="checkbox"/>
9. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of their shift.	<input type="checkbox"/>	<input type="checkbox"/>
B. FULL HEALTH ASSESSMENTS		
I. All youth receive a full health assessment soon after admission and in no case later than one week after admission.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. A registered nurse, nurse practitioner, physician's assistant, or physician performs the full health assessment, with physician co-signature as required by law. Female medical staff are present during a physical examination of a girl.	<input type="checkbox"/>	<input type="checkbox"/>
3. The full health assessment includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Review of screening results and collection of additional data to complete medical, dental and mental health histories.	<input type="checkbox"/>	<input type="checkbox"/>
b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature and results of other tests and examinations.	<input type="checkbox"/>	<input type="checkbox"/>
d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.	<input type="checkbox"/>	<input type="checkbox"/>
e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF) and other tests and examinations as appropriate (consistent with state law regarding HIV testing).	<input type="checkbox"/>	<input type="checkbox"/>
f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.	<input type="checkbox"/>	<input type="checkbox"/>
h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above. [See also standard II(B)(3)(g).]	<input type="checkbox"/>	<input type="checkbox"/>
i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol and unsafe sex practices.	<input type="checkbox"/>	<input type="checkbox"/>
j. History of services for intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
k. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).	<input type="checkbox"/>	<input type="checkbox"/>
l. History of current and previous use of psychotropic medications.	<input type="checkbox"/>	<input type="checkbox"/>
m. History of traumatic brain injury or seizures.	<input type="checkbox"/>	<input type="checkbox"/>
n. Inquiry about symptoms of post-traumatic stress.	<input type="checkbox"/>	<input type="checkbox"/>
o. Inquiry about recent injuries or exposure to physical trauma.	<input type="checkbox"/>	<input type="checkbox"/>
p. Inquiry into current self-harming behavior and suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
q. Identification of medical needs related to a youth's identification as transgender or intersex.	<input type="checkbox"/>	<input type="checkbox"/>
r. Review of the results of medical examinations and tests by a qualified medical professional and initiation of treatment as indicated.	<input type="checkbox"/>	<input type="checkbox"/>
s. Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.	<input type="checkbox"/>	<input type="checkbox"/>
C. MEDICAL SERVICES		
l. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. Qualified medical professionals develop service plans for youth with identified medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth have 24-hour access to emergency medical care, including transportation to those services, through on-site staff, by contract, or by way of other immediately available services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician's assistant or advanced practice nurse who is overseen by a physician with special training in HIV. [See also standard II(C)(18)(g).]	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility develops and implements written policies, procedures and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth have the opportunity to consult with a qualified medical professional every day.	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth may request to be seen without disclosing the medical reason to non-medical staff and without having non-medical staff evaluate the legitimacy of the request.	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(G)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has private areas for medical examinations and youth with special medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has designated areas and policies for separating youth from the general population for medical reasons.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility does not use health care beds to handle overcrowding.	<input type="checkbox"/>	<input type="checkbox"/>
10. Female health professionals are available for health services for detained girls, including transgender girls.	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
11. Youth housed in a facility infirmary are admitted only by a qualified medical professional and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.	<input type="checkbox"/>	<input type="checkbox"/>
12. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures and actual practices ensure that staff notify parents or guardians within one hour of the hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.	<input type="checkbox"/>	<input type="checkbox"/>
14. Youth receive comprehensive, evidence-based, medically accurate and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
15. Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the detention facility as the place of birth.	<input type="checkbox"/>	<input type="checkbox"/>
16. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility, in consultation with the local public health authority, develops and implements written policies, procedures and actual practices to ensure that youth receive education about, detection of and treatment for STIs, subject to the limitations on gynecological examinations outlined above. [See also standards II(B)(3)(g) and II(B)(3)(h).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
18. The facility, in consultation with the local public health authority, develops and implements written policies, procedures and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.	<input type="checkbox"/>	<input type="checkbox"/>
b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.	<input type="checkbox"/>	<input type="checkbox"/>
c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>
d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff do not automatically segregate youth with HIV.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment and continuity of care for youth, consistent with state law.	<input type="checkbox"/>	<input type="checkbox"/>
g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release. [See also standard II(C)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
20. For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.	<input type="checkbox"/>	<input type="checkbox"/>
21. The facility develops and implements written policies, procedures and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator and reporting to child protective authorities. The facility develops and implements written policies, procedures and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.	<input type="checkbox"/>	<input type="checkbox"/>
22. The facility develops and implements written policies, procedures and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record and follows applicable mandatory reporting laws.	<input type="checkbox"/>	<input type="checkbox"/>
23. Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light and equipment that is necessary in order to perform clinical examinations.	<input type="checkbox"/>	<input type="checkbox"/>
24. Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consult with the youth's medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth's provider and accepted professional standards.	<input type="checkbox"/>	<input type="checkbox"/>
D. MENTAL HEALTH SERVICES		
I. Qualified mental health professionals provide services for significant mental health needs discovered during the screening and assessment of youth and for youth with significant mental health needs that arise after admission. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>2. Youth who may have significant mental health needs (e.g., youth who have been identified as needing further evaluation by the facility’s mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Identification of the mental health needs to be addressed.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Any medication or medical course of action to be pursued.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. A description of any behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. A description of any counseling or psychotherapy to be provided.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. A determination of whether the type or level of services can be provided in the detention center and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>g. A plan for monitoring the course of services, including consultation with the youth’s family members about the youth’s progress.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>h. Any necessary modifications to the standard use of force, restraint and room confinement procedures (e.g., a youth who has been sexually abused or experienced other trauma may need to be restrained differently than other youth).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma and suicide risk among adolescents and age-appropriate interventions.</p>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

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

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

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

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

Standard	Conforms	Does not Conform
<p>b. Qualified medical and qualified mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Staff document the youth and parents' or guardians' consent or refusal and counseling with respect to treatment, in youth's medical records.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I. CONFIDENTIALITY</p>		
<p>1. The facility develops and implements written policies, procedures and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services and continuity of care for youth. If the facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA's laws and regulations. [See also standard I(F)(7).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Staff record medical, mental health, substance abuse and dental information in individual health and mental health records. Staff treat such information as confidential.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>4. Staff keep medical, mental health, substance abuse and dental records separately from confinement records. Medical, mental health, substance abuse records are not used for the purposes of making a finding of delinquency under any circumstances. Such records are only used for determining an appropriate disposition with the consent of the youth and his or her parent after the youth has the opportunity to consult with his or her attorney.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries and reports from other health providers (e.g., dental or psychological).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility has a written policy that it will inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's medical or mental health records prior to disclosing the records in response to the subpoena or court order.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. The facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.</p>	<input type="checkbox"/>	<input type="checkbox"/>
J. HEALTH AND MENTAL HEALTH ADMINISTRATION		
<p>1. There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility's mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The health authority develops, approves, reviews and revises at least annually, the written policies, procedures and actual practices regarding medical and mental health care to ensure compliance with federal and state law and generally accepted professional practices, as well as to resolve any barriers at the facility that may impede access to care.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Written job descriptions define the duties and responsibilities of personnel providing health and mental health services in the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Qualified medical and qualified mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	<input type="checkbox"/>	<input type="checkbox"/>
6. The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes. The health authority develops corrective action plans to address any identified deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>
7. Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>
8. The health authority and facility administrator approve a written plan for medical and mental health emergencies and review the plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>
9. All newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description and youth-staff relationships. Completion of the orientation program is documented and kept on file.	<input type="checkbox"/>	<input type="checkbox"/>
10. Within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.	<input type="checkbox"/>	<input type="checkbox"/>
11. All qualified medical and qualified mental health professionals who provide services at the detention facility receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law) and those with patient contact are current with CPR training.	<input type="checkbox"/>	<input type="checkbox"/>
12. All full- and part-time medical and mental health professionals have been trained in:	<input type="checkbox"/>	<input type="checkbox"/>
a. How to detect and assess signs of sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
b. How to preserve physical evidence of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment and sex trafficking.	<input type="checkbox"/>	<input type="checkbox"/>
d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
13. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at V(C)(II).]	<input type="checkbox"/>	<input type="checkbox"/>
14. To the extent that the facility’s medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	<input type="checkbox"/>	<input type="checkbox"/>
15. Qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § II5.335.)	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility offers medical and mental health services to youth free of charge.	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility does not employ or contract with medical or mental health providers that attempt to change a youth’s sexual orientation or gender identity.	<input type="checkbox"/>	<input type="checkbox"/>
18. The facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>
K. DISCHARGE PLANNING		
1. Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth’s release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
3. Staff take necessary steps to resume the youth's health insurance (e.g., Medicaid) if it is interrupted because of detention.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff enroll eligible youth in Medicaid if they are not already enrolled when they enter the facility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Written policies, procedures and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>

Access

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

Key Definitions

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

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

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

A. MAIL

Standard	Conforms	Does not Conform
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements and postage for correspondence.	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility develops and implements written policies, procedures and actual practices to ensure that staff, youth and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.	<input type="checkbox"/>	<input type="checkbox"/>
5. If staff withhold mail for any reason, staff inform the youth, log the date, time and reason for the action, place the mail in the youth's private property and advise the youth that he or she may file a grievance over the decision to withhold the mail.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff distribute mail within 24 hours of arrival at the facility and post outgoing mail within 24 hours of receipt of mail from youth.	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.	<input type="checkbox"/>	<input type="checkbox"/>
B. TELEPHONE		
1. Facility staff provide youth with reasonable access to telephones and staff do not listen in on or record youth's conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility's positive behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
3. Calls are available free of charge.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.	<input type="checkbox"/>	<input type="checkbox"/>
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.	<input type="checkbox"/>	<input type="checkbox"/>
7. Youth 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.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth are able to speak with family members via phone even if staff members at the facility do not speak the family member's language.	<input type="checkbox"/>	<input type="checkbox"/>
C. VISITATION		
1. Staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth's child, mentors, community-based service providers, educators and clergy members and other supportive adults. Written policies clearly describe the approval procedure for visitation and staff communicate visitation policies to family members. Staff encourage visitation with youth's own children through visitation in child-friendly visiting spaces, telephone and mail.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written policies, procedures and actual practices provide for a process to approve visitation from individuals not listed above.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff treat all visitors in a professional manner and with respect.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives, or friends.	<input type="checkbox"/>	<input type="checkbox"/>

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

D. ACCESS TO COUNSEL, THE COURTS AND PUBLIC OFFICIALS

Standard	Conforms	Does not Conform
1. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff allow visits from attorneys, paralegals and other legal support staff such as investigators, experts and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (e.g., laptops, legal files).	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff allow attorneys to meet with their clients without delay.	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorneys other than the youth's delinquency attorney may visit with the consent of the youth. Staff allow youth to access legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility provides a private room or area that allows for confidential attorney visits.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
7. Written policies, procedures and actual practices outline protocols for interviews of youth by law enforcement and prosecutors and the protocols incorporate youth's right to counsel.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility provides records to a youth's attorney upon written consent of the youth or a court order appointing the attorney as the youth's counsel.	<input type="checkbox"/>	<input type="checkbox"/>

E. FAMILY ENGAGEMENT

1. The facility offers parents and guardians a verbal, written, audio-visual, or group orientation within seven days of a youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>

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

Programming

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

Key Definitions

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

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

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

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

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

A. EDUCATION

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

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

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

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



Standard	Conforms	Does not Conform
a. School officials and facility staff use alternative means of responding to disruptive behavior instead of imposing a suspension. School officials do not expel youth from the facility school.	<input type="checkbox"/>	<input type="checkbox"/>
b. If staff suspend youth, they only do so for activity that takes place at school.	<input type="checkbox"/>	<input type="checkbox"/>
c. In lieu of returning suspended students back to their units, staff accommodate students, whenever possible, in supervised suspension classrooms where students can complete all school work and assignments for the duration of the suspension.	<input type="checkbox"/>	<input type="checkbox"/>
d. If staff suspend a student, they afford the student the opportunity to complete school work during the suspension. Youth have appropriate space to complete such assignments and school work.	<input type="checkbox"/>	<input type="checkbox"/>
e. The facility complies with all state and federal special education laws if a student with a disability is removed from the facility school.	<input type="checkbox"/>	<input type="checkbox"/>
25. School and facility administrators develop and implement policies, procedures and actual practices that assure that youth can complete any assigned homework.	<input type="checkbox"/>	<input type="checkbox"/>
26. The facility offers educational activities and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education. Programs may include, but are not limited to, vocational and technical training, on-site job training, college preparatory classes, college credit classes and English language development for LEP youth. The facility offers vocational programming to all eligible students equally, regardless of gender.	<input type="checkbox"/>	<input type="checkbox"/>
27. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of the youth's educational records, including credits and grades; assessment of any credit deficiencies in order to graduate; and other steps necessary to facilitate youth's immediate enrollment in another appropriate educational placement upon release from the facility.	<input type="checkbox"/>	<input type="checkbox"/>
28. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth's IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>
29. The parents or guardians of detained youth have the same access to educational records and an explanation of those records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state and local laws and policies regarding access to educational records.	<input type="checkbox"/>	<input type="checkbox"/>

B. EXERCISE, RECREATION AND OTHER PROGRAMMING

Standard	Conforms	Does not Conform
<p>1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities. Youth with physical disabilities have the opportunity to participate in recreational activities. [See also standard IV(E)(5).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Facilities that house 50 or more youth have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The facility offers youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music and letter writing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. The facility maintains an adequate supply of games, cards and writing and art materials for use during recreation time.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff, volunteers, contractors and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic and cultural groups within the facility. The facility provides opportunities for youth to provide input into the programming at the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility offers a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/yoga, substance abuse prevention, mentoring and voluntary religious or spiritual groups. When possible, programming is provided by community-based organizations that offer the opportunity for continuity once the youth is released.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Equivalent gender-responsive programming exists for female and male youth in the facility. Facilities do not limit access to recreation and vocational opportunities on the basis of gender. "Equivalent" does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities and recreational opportunities of comparable quality.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. The facility offers special programming for youth who are pregnant and youth who are parents.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
9. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every weekday and at least two hours of large muscle exercise each weekend day in a space outside of their own room. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff take youth outside for their hour of exercise, weather permitting (e.g., not too hot or too cold).	<input type="checkbox"/>	<input type="checkbox"/>
11. Youth have the opportunity to express recommendations and requests for changes to the facility programming to the administrator in-person or through student councils, focus groups, or other meetings.	<input type="checkbox"/>	<input type="checkbox"/>
12. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff provide youth with some unstructured free time as well.	<input type="checkbox"/>	<input type="checkbox"/>
14. The facility has sufficient games, balls and athletic equipment to provide a variety of physical education activities.	<input type="checkbox"/>	<input type="checkbox"/>
15. The facility develops and implements written policies, procedures and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility has a library that contains reading materials that are geared to the diverse reading levels, interests, gender, sexual orientation, socio-economic, cultural, racial and ethnic backgrounds, experiences and primary languages of confined youth. Staff can also make appropriate reading material available for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff allow youth to keep reading materials in their rooms	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff allow youth to access the library at least once per week.	<input type="checkbox"/>	<input type="checkbox"/>
C. RELIGION		
1. The facility permits youth to gather for religious services. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice. Staff do not confine youth who decide not to participate in religious services to their rooms during that time, but allow youth to engage in some alternative recreational activity.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. Youth have the opportunity to meet with religious leaders of their choice.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth receive special diets to accommodate sincerely held religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff permit youth to have religious books and reading materials in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff do not restrict religious practices and materials absent a compelling governmental interest.	<input type="checkbox"/>	<input type="checkbox"/>
D. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS		
1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility's system of positive behavior interventions and supports reflects the following principles:	<input type="checkbox"/>	<input type="checkbox"/>
a. The system outlines expectations clearly and using specific examples of positive and negative behavior.	<input type="checkbox"/>	<input type="checkbox"/>
b. The system rewards youth for positive behavior with incentives that are meaningful enough to motivate youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff responses to positive behavior are immediate, fair and proportionate to the behavior.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff model positive behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth's sense of self-efficacy, self-concept and self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff responses to negative behaviors are immediate, fair and proportionate to the behavior. Consequences related to negative behavior bear a relationship to the type of negative behavior demonstrated by the youth.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
g. Staff work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff explain the behavior management system to youth upon admission, both verbally and in writing, at a level that staff reasonably expect youth to understand. [See also standard I(C)(6)(c).]	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff are trained in the use of the behavior management system and implement it fairly and consistently.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a mechanism for quality assurance and oversight of the facility's behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
7. The culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	<input type="checkbox"/>	<input type="checkbox"/>
E. YOUTH WITH SPECIAL NEEDS		
1. The facility develops and implements written policies, procedures and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspect of the facility's programs, activities and services.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has a designated staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>5. Youth with physical disabilities have the opportunity to participate in recreational activities. The facility makes modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility provides alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities. [See also standard IV(B)(I).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility makes appropriate auxiliary aids and services available for youth who are deaf or hard of hearing in all areas of programming and services, including intake, medical and mental health services, educational and recreational programming, and discipline. The facility gives primary consideration to the youth's request for particular types of auxiliary aids or services.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. The facility provides qualified sign language interpreters for youth whose primary means of communicating is sign language and qualified oral interpreters for youth who rely primarily on lip reading. The facility maintains a current list of companies or organizations offering these services in the geographic area of the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Televisions or other audio-visual equipment for recreational or other purposes have the built-in capability to display captions, or staff make closed captioning decoders available to youth who are deaf or hard of hearing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. The facility takes steps to ensure meaningful access to all aspects of the facility's programs, activities and services for limited English proficient youth. This includes steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. [See also standards I(C)(9)-(12).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians of limited English proficient youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Staff do not rely on youth interpreters to communicate with youth or family members except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of a youth's allegation of abuse.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The facility does not charge for interpretation services.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Training and Supervision of Employees

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

Key Definitions

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

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

CRISIS INTERVENTION: A means of managing emergency situations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. QUALIFICATIONS FOR INSTITUTIONAL STAFF POSITIONS

Standard	Conforms	Does not Conform
1. The facility hires staff to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written job descriptions and requirements exist for all positions in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility recruits and hires a diverse staff and administrators to meet the needs of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.	<input type="checkbox"/>	<input type="checkbox"/>
5. Before hiring new employees, the facility ensures that staff responsible for screening new hires:	<input type="checkbox"/>	<input type="checkbox"/>
a. Perform a criminal background records check.	<input type="checkbox"/>	<input type="checkbox"/>
b. Consult any child abuse registry maintained by the state or locality in which the employee has worked or would work.	<input type="checkbox"/>	<input type="checkbox"/>
c. Consistent with federal, state and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § 115.317(f)-(h).)	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff perform a criminal background records check and consult child abuse registries where the employees have worked or would work, before enlisting the services of any contractor who may have contact with youth.	<input type="checkbox"/>	<input type="checkbox"/>
7. Facility hiring staff conduct criminal background records checks of current employees and contractors who may have contact with youth at least every five years or have in place a system for otherwise capturing such information for current employees.	<input type="checkbox"/>	<input type="checkbox"/>

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

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

C. TRAINING FOR INSTITUTIONAL STAFF

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

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



Standard	Conforms	Does not Conform
e. Response to and reporting of child abuse, neglect and violation of staff responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
(1) Signs and symptoms of child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Handling disclosures of victimization in a sensitive manner.	<input type="checkbox"/>	<input type="checkbox"/>
(3) How to comply with relevant laws related to mandatory reporting to outside authorities.	<input type="checkbox"/>	<input type="checkbox"/>
(4) The right of youth and staff to be free from retaliation for reporting abuse, neglect and violation of staff responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexual abuse and sexual harassment prevention, detection and response. (Additional detail on PREA compliance at 28 CFR § 115.331(a).)	<input type="checkbox"/>	<input type="checkbox"/>
(1) The facility's policy prohibiting sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
(2) The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>
(4) How to distinguish between consensual sexual contact and sexual abuse between youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical and mental health needs of youth.	<input type="checkbox"/>	<input type="checkbox"/>
(1) Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs). [Also listed at VI(E)(16).]	<input type="checkbox"/>	<input type="checkbox"/>
(2) Universal safety precautions and response to high-risk bodily fluid spills.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Recognition of behavioral and verbal cues indicating vulnerability to suicide and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at II(F)(5)(a).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(4) Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Signs and symptoms of mental illness and emotional disturbance.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities.	<input type="checkbox"/>	<input type="checkbox"/>
h. Facility operations and facility emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
(l) Staff code of conduct.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Facility operations, security procedures and safety procedures.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Action required in emergencies, including referral and evacuation policies and procedures. [Also listed at VI(E)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
(4) Fire procedures, including the use of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Facility rules on contraband and prohibited items.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Effective report writing.	<input type="checkbox"/>	<input type="checkbox"/>
(8) Confidentiality of records and limitations on disclosure of confidential information.	<input type="checkbox"/>	<input type="checkbox"/>
5. Training staff document, through employee signature or electronic verification, that employees received required training.	<input type="checkbox"/>	<input type="checkbox"/>
6. Trainings include proficiency testing to document that employees understand the training they have received.	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Environment

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

Key Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. POSITIVE INSTITUTIONAL ATMOSPHERE

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

B. SANITATION

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

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

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

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



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

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

F. LIGHTING

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

G. CLOTHING AND PERSONAL ITEMS

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

H. SEARCHES

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

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

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

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

Restraints, Room Confinement, Due Process and Grievances

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

Key Definitions

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

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

CRISIS INTERVENTION: A means of managing emergency situations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. USE OF PHYSICAL FORCE, RESTRAINTS AND CHEMICAL AGENTS

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



Standard	Conforms	Does not Conform
d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff never leave youth who are sleeping in restraints.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff never leave youth who are in restraints alone.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility develops and implements written policies, procedures and actual practices to prohibit:	<input type="checkbox"/>	<input type="checkbox"/>
a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of chemical agents, including pepper spray, tear gas and mace.	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of chemical or medical restraints.	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of pressure point control and pain compliance techniques at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
f. Hitting youth with a closed fist, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Use of four- or five-point restraints, straightjackets, or restraint chairs.	<input type="checkbox"/>	<input type="checkbox"/>
h. Hogtying youth or placing youth in restraints in other uncomfortable positions.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
i. Restraining youth to fixed objects, including beds or walls.	<input type="checkbox"/>	<input type="checkbox"/>
j. Restraining youth in a prone position and putting pressure on the youth's back, or restraining youth in a position that may restrict their airway.	<input type="checkbox"/>	<input type="checkbox"/>
k. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.	<input type="checkbox"/>	<input type="checkbox"/>
l. Use of belly belts/chains or leg shackles on pregnant girls.	<input type="checkbox"/>	<input type="checkbox"/>
4. Facility staff document all use of physical force or restraint incidents, including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Name of youth.	<input type="checkbox"/>	<input type="checkbox"/>
b. Date and time physical force or restraints were used on youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Date and time youth were released from restraints.	<input type="checkbox"/>	<input type="checkbox"/>
d. The person authorizing placement of the youth in restraints.	<input type="checkbox"/>	<input type="checkbox"/>
e. A description of the circumstances leading up to the use of physical force or restraints.	<input type="checkbox"/>	<input type="checkbox"/>
f. The staff involved in the incident.	<input type="checkbox"/>	<input type="checkbox"/>
g. Any youth or staff witnesses.	<input type="checkbox"/>	<input type="checkbox"/>
h. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	<input type="checkbox"/>	<input type="checkbox"/>
i. The type of physical force or restraints used and a description of how they were applied.	<input type="checkbox"/>	<input type="checkbox"/>
j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.	<input type="checkbox"/>	<input type="checkbox"/>



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

Standard	Conforms	Does not Conform
<p>II. Mental health providers for the facility review incidents, discipline and room confinement of youth under their care to evaluate the effectiveness and appropriateness of behavioral management techniques and staff’s response to youth behavior. Mental health providers offer feedback on needed adjustments to care plans for youth and offer feedback for staff on how to manage the behaviors of youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. ROOM CONFINEMENT</p>		
<p>I. Written policies and procedures in the facility set forth the following principles for the use of room confinement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others. Staff may use room confinement when a youth is engaging in property destruction that threatens immediate harm to the youth or others.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement and the fact that he or she will be released upon regaining self-control.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. While youth are in room confinement, staff follow a protocol that:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(I) Requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the child in room confinement.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



Standard	Conforms	Does not Conform
h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.	<input type="checkbox"/>	<input type="checkbox"/>
i. The incident reports describing the incident that led to the period of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff and follow up to the incident.	<input type="checkbox"/>	<input type="checkbox"/>
9. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>II. The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status and limited English proficient status. [See also standard VII(A)(9).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I2. The facility administrator, in conjunction with qualified mental health professionals, reviews all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.</p>	<input type="checkbox"/>	<input type="checkbox"/>
C. VOLUNTARY TIME OUTS		
<p>I. 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Staff document voluntary time outs in the unit log and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth's safety and welfare at least every 10 minutes.</p>	<input type="checkbox"/>	<input type="checkbox"/>
D. DUE PROCESS AND DISCIPLINE		
<p>I. Staff post the rules of the institution in all living units.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Staff have a graduated array of options to respond to negative behaviors, including the loss of points or incentives as part of the facility's positive behavior management system. [See also standards IV(D).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Staff provide youth with due process protections before any of the following occur. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decision maker who was not directly involved in the incident or issue and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Transfer of a youth to a unit that imposes greater restrictions on programming or privileges.</p>	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
c. Use of room confinement for discipline, if it has not yet been abolished.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.	<input type="checkbox"/>	<input type="checkbox"/>
6. Under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include: [See also standard VII(B)(2)(f).]	<input type="checkbox"/>	<input type="checkbox"/>
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	<input type="checkbox"/>	<input type="checkbox"/>
b. Full meals and evening snacks.	<input type="checkbox"/>	<input type="checkbox"/>
c. A full complement of clean clothes.	<input type="checkbox"/>	<input type="checkbox"/>
d. Visits with approved visitors and the youth's attorney.	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal hygiene items.	<input type="checkbox"/>	<input type="checkbox"/>
f. Daily opportunity for exercise.	<input type="checkbox"/>	<input type="checkbox"/>
g. Telephone contacts with approved individuals and the youth's attorney.	<input type="checkbox"/>	<input type="checkbox"/>
h. The right to receive and send mail.	<input type="checkbox"/>	<input type="checkbox"/>
i. A regular daily education program.	<input type="checkbox"/>	<input type="checkbox"/>
j. Access to medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
k. An opportunity for a daily shower and access to toilet and drinking water as needed.	<input type="checkbox"/>	<input type="checkbox"/>
l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.	<input type="checkbox"/>	<input type="checkbox"/>
m. Clean and sanitary living conditions.	<input type="checkbox"/>	<input type="checkbox"/>
n. Access to reading materials.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff do not use group punishment as a sanction for the negative behavior of individual youth.	<input type="checkbox"/>	<input type="checkbox"/>
E. CORPORAL PUNISHMENT		
l. Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
F. GRIEVANCES AND REPORTING PROCEDURES		
1. The facility provides more than one way to report abuse, neglect, harassment and retaliation by other youth or staff within the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. The agency provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility's opportunities for reporting abuse, neglect, harassment and retaliation include ways to report verbally, in writing, anonymously and by third parties.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	<input type="checkbox"/>	<input type="checkbox"/>



Standard	Conforms	Does not Conform
6. The facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth and youth with intellectual or developmental disabilities. Staff ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.	<input type="checkbox"/>	<input type="checkbox"/>
b. Grievance forms use easy-to-understand language and are simple in their design.	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth are able to report grievances verbally and in writing.	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms and the cafeteria. Only the grievance coordinator and his or her designee have access to the contents of the locked boxes, which the grievance coordinator or his or her designee check each business day.	<input type="checkbox"/>	<input type="checkbox"/>
8. Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility does not include time limits on when youth can file grievances.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility permits third parties, including family members, attorneys and outside advocates, to file grievances on behalf of youth.	<input type="checkbox"/>	<input type="checkbox"/>
13. The facility provides information to third parties on how to submit grievances on behalf of youth.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
14. The facility permits youth to request staff assistance to complete the grievance form if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
15. Facility administrators ensure that youth receive no reprisals for using grievance procedures.	<input type="checkbox"/>	<input type="checkbox"/>
16. Facility staff, administrators, ombudspersons, or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
17. Facility staff, administrators, ombudspersons, or other personnel provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.	<input type="checkbox"/>	<input type="checkbox"/>
18. Youth receive responses to their grievances that are respectful, legible and that address the issues raised.	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.	<input type="checkbox"/>	<input type="checkbox"/>
20. If staff find a grievance to be valid, facility administrators take appropriate action and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee and, in an appropriate case, for the filing of child abuse or criminal charges.	<input type="checkbox"/>	<input type="checkbox"/>
21. Facility staff, administrators, ombudspersons, or other personnel fully document grievances and the results of grievance investigations.	<input type="checkbox"/>	<input type="checkbox"/>
22. Facility administrators regularly gather and review data on grievances (granted and denied) by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status and limited English proficient status for patterns or trends.	<input type="checkbox"/>	<input type="checkbox"/>
23. Staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.	<input type="checkbox"/>	<input type="checkbox"/>

Safety

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

Key Definitions

CRISIS INTERVENTION: A means of managing emergency situations.

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

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

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

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

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

A. YOUTH SAFETY

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

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

B. STAFF SAFETY

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

C. WEAPONS AND CONTRABAND

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

D. INVESTIGATIONS

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

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

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

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

Glossary

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

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

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

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

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

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

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

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

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

CRISIS INTERVENTION: A means of managing emergency situations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STEP DOWN: Transferred to a less secure setting.

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

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

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

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

UNDOCUMENTED: Not having a lawful immigration status.

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

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

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

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

Acknowledgments

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

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

Stephanie Vetter, *Member, JDAI Initiative Management Team*

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Alice Bussiere, *Staff Attorney, Youth Law Center*

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

Thank you as well to the individuals who helped develop the original detention facility standards, including Leslie Acoca, Chip Coldren, Paul DeMuro, Dennis Doyle, Earl Dunlap, Tom Grisso, Peter Leone, Jody Marksamer, Michael Puisis, John Rhoads, Francine Sherman, Judith Storandt, Eric Trupin andi Weisman and Shannan Wilber. Thank you, too, to officials in JDAI sites who provided feedback and insights, including individuals in Baltimore, Bernalillo County, Cook County, San Francisco and sites in Delaware, Illinois, New Jersey and Washington State.

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