

JDAI SELF INSPECTION INSTRUMENT

Date of Inspection _____

Inspection Team: _____

STANDARD	Comply	Not Comply	Does Not Apply	Comments
I. CLASSIFICATION SYSTEM				
A. Specific Detention Limitations				
1. Admissions criteria limit detention eligibility to youth likely to commit a serious offense pending resolution of their case; 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"/>	<input type="checkbox"/>	
2. Status offenders are not detained unless they have been found by a court to have violated a valid court order, and they have received the due process protections and consideration of less restrictive alternatives required by the Juvenile Justice and Delinquency Prevention Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Non-offenders (including abused/neglected youth and youth held solely on immigration holds) are not detained in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Youth with immigration holds and delinquency cases may be held for violent or malicious acts; if they have been disruptive in custody, pose a risk for escape; or if secure confinement is needed to protect the minor. Youth with immigration holds may not be held for non-violent or petty offense, or where there is no risk of flight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. There are written limitations on lower and upper ages for detention in the facility, and in no case may a youth under the age of 12 be held in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Youth with serious medical or mental health needs, and youth who are severely intoxicated, are not admitted to the facility unless and until appropriate medical or mental health professionals clear them. Youth transferred back from outside medical or mental health facilities may be admitted only if the detention center has the capacity to provide appropriate ongoing care (e.g., detoxification services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Intake				
1. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Intake/admissions staff has the authority to release or conditionally release youth, except as specifically limited by state law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Intake/admissions staff use a 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). Youth eligible for detention are placed in the least restrictive alternative to accomplish those purposes (e.g., a nonsecure setting, home supervision, and/or home electronic monitoring).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Detention Process				
1. Written admission procedures provide for gender-specific screening of pertinent health and mental health issues, including immediate issues such as intoxication, suicide risk, and pregnancy status; family information; education/special education status; delinquent history; and history of violence (See Health/Mental Health and Education sections, <i>infra</i> , for health, mental health and education screening requirements).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Intake/admission interviews occur in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staff ask and provide youth with disabilities necessary auxiliary aids or services.	<input type="checkbox"/>	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. At the time of admission or shortly thereafter youth receive a written and oral orientation to institutional rights and rules, including:				
a. Identification of key staff and roles;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Rules on contraband;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. A review of the consequences that may result when youth violate the rules of the facility;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Grievance procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Access to health care;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Housing assignments;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Opportunities for personal hygiene;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Rules on visiting, correspondence and telephone use;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Access to education, religious services, programs, and recreational materials;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Policies on use of force, restraints, and isolation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. A positive behavior incentive system;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Emergency procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Staff provides the orientation in the primary language used by the youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Population Management				
1. Written policies, procedures, and practices govern what to do when the institutional population approaches or reaches its rated capacity, including policies for releasing or "stepping down" appropriate youth to non-secure settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Written policies, procedures, and practices insure that staff review the institutional population on a daily basis to make sure youth who no longer need secure confinement are promptly released, "stepped down" to less restrictive settings, or transferred to other settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The agency responsible for detention regularly collects and reviews data on the risk assessment process, including admissions to detention, admissions to alternatives to detention, re-arrest, and nonappearance. The agency reviews the data for consistency, accuracy, outcomes, and to inform ongoing refinement of the risk criteria and scoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Classification Decisions				
1. Written classification policies govern housing and programming decisions, as well as review of such decisions by the facility administrator or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Classification policies require consideration of potential safety concerns in housing and program decisions, including:				
a. Separation of younger from older youth;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Separation of males from females;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation of violent from non-violent youth;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Maturity;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Presence of mental or physical disabilities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Suicide risk;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Alleged sex offenses;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Specific information about youth who need to be separated from each other (not just general gang affiliation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The facility provides a range of sleeping room options to accommodate the need for individual rooms and roommates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Staff does not base housing or programming decisions on race or ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. There are no automatic policies for housing or programming of gay, lesbian, bisexual, or transgender youth on the basis of their sexual orientation. Staff make any special housing or programming decisions for such youth on an individual basis and document the reasons for the particular treatment. The facility administrator reviews each decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Policies, procedures, and practices appropriately accommodate youth with disabilities in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitative Act of 1973.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

II. HEALTH CARE				
A. Admission Screenings				
1. Staff inform youth of the availability of medical and mental health services at the time of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Youth receive medical and mental health screenings by health care professionals or health-trained staff at the time of admission to the facility. "Health-trained staff" are facility staff who have received instruction and training in conducting the admission screen from the responsible health authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The admission screening reflects the different health issues in the male and female populations and includes:				
a. Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including:				
(1) Medical, psychiatric/mental health (including all past mental health diagnoses, treatment and suicide risk), dental problems, and infectious and communicable diseases;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Medications needed for ongoing conditions and other special health needs;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Allergies;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, and previous history of problems after ceased use;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Other health issues, including aggressive/violent behavior;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) History of gynecological problems or pregnancies, and evaluation of current pregnancy status and related medical needs;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Names and contact information for physicians and clinics treating youth in the community;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) History of trauma, including sexual trauma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Observation of:				
(1) Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation or signs of depression), appearance, sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Disabilities including vision, hearing, mobility issues, and mental retardation or developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) 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"/>	<input type="checkbox"/>	
c. Referral of:				
(1) Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or otherwise in need of urgent care are referred immediately for care, and are not admitted without professional medical clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Youth who are identified in the screen as having an illness or condition are immediately referred and receive an expedited full assessment for medical and/or mental health within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>d. Documentation of: (1) Disposition of the youth, such as referral to emergency medical or mental health care services, placement in general population with later referral to health/mental health care services, or placement in the general population;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(2) The date and time screening is completed, and the signature and title of the person completing the screening.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Full Health Assessment				
<p>1. A registered nurse, nurse practitioner, physician's assistant or physician performs the full health assessment, with physician co-signature as required by law. Female staff must be present during a physical examination of a female detainee.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Youth receive a full health assessment soon after admission, and in no case later than one week after admission. The medical assessment includes:</p> <p>a. Review of screening results and collection of additional data to complete the medical, dental, and mental health histories;</p> <p>b. Review of immunization history and scheduling or provision of needed updates;</p> <p>c. Lab tests as needed to detect infectious and communicable diseases, including sexually transmitted diseases and tuberculosis, and other tests and examinations as appropriate (consistent with state law regarding HIV testing);</p> <p>d. Recording of height, weight, pulse, blood pressure, temperature, and results of other tests and examinations;</p> <p>e. Full medical examination, including eye exams, and gynecological exams for females (and pregnancy tests when appropriate);</p> <p>f. Dental examination;</p> <p>g. Review of the results of medical examination and tests, and initiation of treatment when appropriate;</p> <p>h. Contact with any treatment physician in the community to insure continuity of medical treatment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>a. Review of screening results and collection of additional data to complete the medical, dental, and mental health histories;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>b. Review of immunization history and scheduling or provision of needed updates;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. Lab tests as needed to detect infectious and communicable diseases, including sexually transmitted diseases and tuberculosis, and other tests and examinations as appropriate (consistent with state law regarding HIV testing);</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>d. Recording of height, weight, pulse, blood pressure, temperature, and results of other tests and examinations;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>e. Full medical examination, including eye exams, and gynecological exams for females (and pregnancy tests when appropriate);</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>f. Dental examination;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>g. Review of the results of medical examination and tests, and initiation of treatment when appropriate;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>h. Contact with any treatment physician in the community to insure continuity of medical treatment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Mental Health Assessment				
<p>1. Youth receive a mental health assessment by a mental health professional (psychologist, psychiatric social worker, psychiatrist, psychiatric nurse) or qualified mental health staff soon after admission, and in no case later than one week after admission. Youth suffering from a serious mental health problem or developmental disability, or otherwise in need of a professional evaluation are immediately referred to a qualified mental health professional. The mental health assessment includes:</p> <p>a. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses);</p> <p>b. Current and previous use of psychotropic medications;</p> <p>c. Suicidal ideation and history of suicidal behavior;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>a. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses);</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>b. Current and previous use of psychotropic medications;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. Suicidal ideation and history of suicidal behavior;</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. History of drug and alcohol use;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. History of sex offenses;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. History of violent behavior;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. History of victimization or abuse (including sexual victimization and domestic violence);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Special education history;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. History of cerebral trauma or seizures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Emotional response to incarceration and arrest;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Evaluation for mental retardation/developmental disability (e.g., through Wechsler Intelligence Scale for Youth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The mental health professional or qualified mental health staff conducting the admission screening refers youth with mental health concerns for a comprehensive mental health evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Health Care Services				
1. There is a responsible health authority on-site accountable for health care services pursuant to a contract or job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and practices regarding medical and mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Written job descriptions define the duties and responsibilities of personnel in the facility health care system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Medical and mental health staff 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"/>	<input type="checkbox"/>	
5. Physician services are adequate to serve the number of youth in the facility, including regular on-site services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. On-site nursing services are adequate to serve the number of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Female health professionals are available for health and mental health services for detained girls. Female staff must be present during physical examinations of female detainees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. 24-hour on-call or emergency medical and mental health services are available through on-site staff, contract, or other immediately available services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The facility has contracts with the following additional medical personnel: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. The facility health services system employs an ongoing quality assurance and improvement program through physician chart or at least quarterly committee meetings, with documentation of chart reviews, deliberations and actions taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The health authority and administrator of the facility approve a written plan for medical and mental health emergencies, and review the plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. Professional medical and mental health care staff receives 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. New health staff receives a formal orientation within 90 days and this is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. The health authority ensures that all facility staff supervising youth are trained in: signs and symptoms of emergencies; action required in emergencies; first aid procedures for transferring patients to medical facilities; signs and symptoms of mental illness, retardation, emotional disturbance suicide risk, and chemical dependency; and signs and symptoms of child abuse (including sexual abuse) and trauma related disorders. Training must include health and mental health issues and protocols for the female as well as the male population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. The health authority ensures that staffing acting as "health-trained staff" to perform admission screenings are properly trained to fulfill those duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. The facility has private areas for examinations and for handling youth with special medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Sick call is available every day:				
a. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Youth requesting sick call see a health professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. The facility health care system provides diagnosis and treatment for conditions discovered during screening and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Medical examination and treatment conform to state laws for informed consent, and the right to refuse treatment				
a. The facility has written policies, procedures, and practices governing informed consent and refusal of treatment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. The facility has policies, procedures, and practices for involuntary treatment (e.g., for psychotropic drugs);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Staff document youths' consent or refusal, and counseling with respect to treatment, in youths' medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. There are designated areas and/or policies for medically isolating youth from the general population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Youth housed in the infirmary are admitted only by a physician (or a nurse if a physician is not on-site), and the infirmary has 24-hour staffing by qualified health care professionals, with 24-hour on-call physician staffing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Facility staff provides notification and/or consent of parents or guardians in case of serious medical or psychological problems, consistent with state law. If a minor is committed to a hospital and held overnight, policies, procedure and practice require parental notification within one hour of the hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

22. Facility staff provide comprehensive family planning services (including services pertaining to abortion), consistent with state law, including education, counseling, and referral to community providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Pregnant girls receive prompt prenatal care by providers with privileges at the hospital where the baby will be born, including physical examinations, nutrition guidance, prenatal preparation and counseling, and provisions for follow up care. Pregnant girls receive a modified diet to meet their nutritional needs, prenatal care, and childbirth and parenting education while detained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Facility staff provide youth with regular health education and training in self-care skills, including, e g, family planning, personal hygiene, nutrition, preventive health care, STDs, stress management, drug/alcohol/tobacco education, and physical fitness. Girls receive training tailored to their health and hygiene needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Written policies, procedures, and practices govern detection, treatment, education, and prevention of sexually transmitted diseases among detained youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Policies and procedures govern testing for HIV, consistent with state law				
a. Staff do not automatically segregate youth with HIV;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Staff protect the confidentiality of information on youth with HIV, consistent with state law;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Staff provide appropriate treatment for youth with HIV/AIDS;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All staff supervising youth receive training on universal safety precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Written policies, procedures, and practices insures youth receive substance abuse treatment if needed. The responsible physician approves the specific protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Health care staff provide follow-up and liaison services to assure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Policies and procedures provide for appropriate handling of victims of sexual assault, including the collection of evidence, testing for STDs as appropriate, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, reporting to the facility administrator, and reporting to child protective authorities. Policies and procedures reflect sensitivity to the psychological impact of sexual assault. Female medical staff are available to examine female detainees in these situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Policies, procedures, and practice require that youth reporting to the health unit with an injury shall be questioned by a nurse or other health care staff outside of hearing of other staff or youths, regarding the cause of injury. If the health care provider suspects abuse, that provider shall immediately take steps to preserve evidence of the injury; report the suspected abuse; document the injury in the youth's medical record; and complete an incident report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. The facility has a grievance system for complaints about health care, and staff informs youth of the system at the time of admission or shortly thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Dental Services				
1. Staffing for dental care is adequate for the number of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. There are adequate dental examination areas and equipment to serve the population in the facility. The dental equipment available in this facility is: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The facility has 24-hour on-call or emergency dental care services available. These services are the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Youth receive a dental screening by a dentist or health personnel trained and designated by a dentist soon after admission and in no case later than a week after admission. The screening includes:				
a. Visual observation of the teeth and gums;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Immediate referral to a dentist for any obvious or gross abnormalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Dental professionals or dentally trained health professionals provide oral hygiene instruction and education within two weeks of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Youth receive a full dental examination within 60 days of admission by a licensed dentist. The examination includes:				
a. Taking/reviewing the dental history;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Charting teeth;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Examination of hard and soft tissue in the dental cavity with a mouth mirror and explorer;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. X-rays needed for diagnostic purposes;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Documentation of the exam in a uniform dental record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Dental care services include professional prophylaxis and use of topical fluorides when prescribed by the dentist, in addition to extractions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Mental Health Services				
1. 24-hour on-call or emergency mental health services are available at the facility. The services in this facility include: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staffing for psychiatric care is adequate for the number and anticipated needs of youth in the facility, including regular on-site services. The psychiatric services available in this facility include: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility. The psychological services available in this facility include: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site staffing for psychiatric social worker and/or psychiatric nurse's care is adequate for the number and anticipated needs of youth in the facility. The services in this facility include: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>5. If the facility relies on health staff who are not 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 assures that they have received adequate training in identifying and interacting with individuals in need of mental health services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. There are written policies, procedures, and practices for assessing suicide risk. This system includes:</p> <ul style="list-style-type: none"> a. All staff working with youth receives training on recognition of behavioral and verbal cues indication, vulnerability to suicide, and what to do in case of suicide attempts or suicides, including the use of a cut-down tool for youth hanging; b. The admissions screening addresses suicide risk through interview questions and observation; c. Qualified mental health professionals evaluate suicide risk; d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by mental health professionals; e. Staff documents contemporaneously the monitoring of youth on suicide watch; f. Staff monitors actively suicidal youth one-on-one on a continuous basis or transfer youth to a mental health facility. Staff do not house an actively suicidal youth alone if staff cannot provide one-on-one supervision; g. Mental health professionals provide clear, current information about the status of youth on suicide watch to staff supervising youth; h. Staff does not substitute supervision aids, such as closed circuit television or placement with roommates, for in-person one-on-one staff monitoring; i. Suicide risk policies and procedures emphasize involving youth at risk of suicide in social interaction and do not provide for isolation of such youth; j. Youth on suicide watch are not left naked, or clothed or housed in degrading, embarrassing, or uncomfortable garments or environments; k. Only a mental health professional may release a youth from suicide watch. Mental health professionals return youth to normal activity as soon as possible; l. Staff provide youth released from suicide watch with enhanced supervision for at least two days, and comply with specific protocols for care established by the responsible mental health authority; m. Policies and procedures require careful documentation of suicide attempts or suicides and there is a process for administrative/medical review and debriefing after each such occurrence. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Youth with significant mental health needs receive professional evaluation and development of an individualized treatment plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Youth with significant mental health needs receive ongoing mental health services in accordance with a treatment plan. The treatment plan includes:				
• An identification of the mental and/or behavioral health issues to be addressed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Any medication or medical course of action to be pursued;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Planned activities to monitor the efficacy of any medication or the possibility of side effects;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• A description of any behavioral management plan or strategies to be undertaken;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• A description of any counseling or psychotherapy to be provided;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• A determination of whether the type or level of treatment can be provided in the youth's current placement;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• A plan for monitoring the course of treatment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• A transition plan for when the youth leaves the care of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

G. Administration of Prescription Medications

1. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. Written policies, procedures, and practices govern the following:				
• Development and regular updating of a drug formulary of pharmaceuticals available for prescribers at the facility;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Procurement, dispensing, distribution, accounting, administration and disposal of pharmaceuticals;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Maintenance of records needed to assure control of and accountability for medications;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Security storage of and accountability for DEA-controlled substances, needles, syringes and other abusable items;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Periodic review of orders for DEA-controlled substances, psychotropic drugs or other drugs that lend themselves to abuse;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Methods for notifying the responsible practitioner of impending expiration or drug orders to facilitate review;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Administration of medications on the order of a physician, dentist or authorized individual with designated privileges;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Clear statement that drugs are not to be administered in the facility as a means of disciplinary control (behavior modifying medications may be prescribed only when clinically indicated, as one facet of a program of therapy);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• 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"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> Ensuring that drug storage and medication areas are devoid of outdated, discontinued or recalled medications; Ensuring continuity of medication when youth enter and leave the facility. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff stores medications in proper environmental conditions (temperature, light, moisture, ventilation), with attention to safety (segregation of medications for external versus internal use) and security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical staff maintains an adequate supply of antidotes and emergency medications, and easily accessible information (e.g., the phone number of poison control) in case of overdoses or toxicological emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Personnel administering medications are qualified health care personnel (or, where state law permits, others to administer medications), and have received training approved by the responsible physician and the facility administrator with respect to medical aspects of administration, security matters, and documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Health or mental health professionals regularly monitor and document youth on psychotropic or other regular medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Medical, Mental Health, and Dental Records				
1. Written policy defines confidentiality, access, and sharing of information. Policies comply with HIPAA (Health Insurance Portability and Accountability act of 1996).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff record and treat medical, mental health, and dental information as confidential. Health trained staff or other probation staff who receive such information may not share or use it for purposes outside the detention center health system (i.e., the information may not be used for dispositional purposes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical, mental health, and dental records are separate from confinement records, and may not be used for forensic purposes without consent of the minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. There is a record for each child which includes screening forms, assessment records, findings, diagnoses, treatments, 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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Policies, procedure and practice require that staff transfer medical records with youth between facilities or placements so youth receive consistent and timely medical services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. ACCESS ISSUES			
A. Mail			
1. Written policy defines confidentiality, access, and sharing of information. Policies comply with HIPAA (Health Insurance Portability and Accountability act of 1996).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility staff may only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Policy and procedure clearly define any limitations on correspondents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>	<input type="checkbox"/>
5. The number of letters a youth may send or receive is not limited. Staff provide youth with a reasonable amount of paper and postage for correspondence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth may receive reasonable numbers of books and magazines, which may be inspected for contraband.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Telephone			
1. Facility staff provide youth with reasonable access to telephones, and staff do not routinely listen in on or record youth's conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Telephone calls are a minimum of 10 minutes in length. Staff may impose reasonable restrictions on length of calls in order to accommodate all youth wishing to make telephone calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If the facility requires youth to make collect calls, facility staff make provisions to accommodate youth who need to make long distance calls, or whose families cannot afford collect calls, or to bypass telephone company systems that interpose barriers to collect calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Visitation			
1. Family visiting may occur on several days of the week. Staff post a schedule of visiting hours and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Visits are at least one hour in length.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Families 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"/>	<input type="checkbox"/>
4. Youth on disciplinary status may have visits with family members unless such visits would pose an immediate threat to the security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff may supervise the visiting area, but may not monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth may visit with parents and guardians, adult relatives and family friends. Staff encourage visitation with the youth's (male or female) own children and the parent/child relationship is facilitated through phone and mail contact and appropriate visiting space. Younger relatives (siblings or cousins) may visit with approval of the youth's counselor or probation officer. Written policies clearly describe the approval procedure for special visitors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If staff conduct searches 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Any practices with respect to 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. The rules on such searches are clearly posted, and are described in written policy and procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. There are policies and procedures allowing families to ask questions or register complaints about the treatment of their youth, and for prompt response by facility staff or administrators to such questions or complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. There are regular family 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Access to Counsel, the Courts, and Public Officials				
1. Mail to and from attorneys, the courts, or public officials is privileged. Staff may not open or read such mail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attorney visits may occur at any reasonable time and are not limited to family visiting hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Attorneys other than the youth's delinquency attorney may visit, with the consent of the youth. Youth may have access to 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"/>	<input type="checkbox"/>	
4. There is a private room or area in the facility that allows for confidential attorney visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. PROGRAMMING				
A. Education				
1. At the time of admission, youth receive a brief educational history screening with respect to their school status, special education status, grade level, grades and any disciplinary exclusions. Staff use this information to inform initial placement in the institutional educational program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff enroll youth in the facility school within three days of admission to the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Within five days of admission to the facility, education staff shall conduct a more thorough assessment of educational functioning to facilitate placement in the appropriate classes and requests school transcripts from the youth's previous school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The facility school compiles with state education code and county requirements for minimum number of minutes in a school day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The facility school operates twelve months a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. School classes are held in classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The facility school has adequate staff to meet state student-to-teacher ratios for education. The teacher – general education student ratio is _____. The teacher – special education student ratio is: _____. The special education staffing the facility includes:_____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. There are adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The facility school is annually reviewed and evaluated by the county superintendent of schools. Alternatively, the school program is accredited by an independent body (e.g., the North Central Association of Colleges and Secondary Schools, the Middle States, Southern States, or Western States Associations.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The facility school provides appropriate instruction for students with limited English proficiency. The staffing includes:_____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. The facility school awards credit for work completed, and forwards the youth's education records from the facility to other schools upon exit from the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. The facility school complies with federal special education law (IDEA) and comparable state requirements for students with educational disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• The facility school has procedures to determine which youth have previously been identified as having educational disabilities, and to promptly obtain special education records for such students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• The facility school has procedures in place to assess youth who potentially have a disability, in conformity with state and federal assessment requirements for special education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> • An Individualized Education Plan (IEP) is in place for each student with identified disabilities. Students entering with an existing IEP receive interim services that match the IEP as closely as possible. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The process for developing or modifying IEPs at the facility school is the same as that used in public school settings. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The facility school provides special education students with a full continuum of regular education classes, special classes, and supplementary services. Special education students are allowed to participate in regular school programs to the extent appropriate. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Special education staff at the school is certified by the state for the services they provide. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • 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. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Transition services are provided as required by the IEP. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Parents are permitted to participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone conferences to permit parental involvement. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The facility school secures parent surrogates when parents are unavailable to participate in special education decisions. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The facility school complies with legally required timelines for assessment and IEP development. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The facility school complies with IDEA requirements for notice and due process. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Students entering with an existing 504 plan receive interim services that match the plan as closely as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. The facility school provides GED programs and preparation for appropriate youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Youth in restricted, disciplinary, or high security units receive an education program comparable to youth in other units in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Suspensions from the facility school comply with state due process requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Behavior intervention plans help youth get back to regular school and programming as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. The facility has a library with reading materials geared to the reading levels, interests, and primary languages of confined youth. Youth have regular access to the library.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Exercise and Recreation				
1. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Youth in the facility go outside for exercise/recreation at least one hour every day, weather permitting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. There is a daily exercise and recreation schedule, which is posted in the living units, and staff document the date and reason for any deviations from the schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Youth receive at least 3 hours a day of recreation time (in addition to the organized large muscle exercise time), and at least 5 hours on weekends or other days when school is not in session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Recreational activities include a range of activities in dayrooms or common areas, including but 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Equivalent programming exists for female and male youth in the facility. "Equivalent" does not mean that programming for males and females is identical, but that girls must have reasonable opportunities for similar activities and an opportunity to participate in programs of comparable quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The facility has adequate indoor and outdoor recreation areas for the population served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Forced Labor				
1. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but not as substitutes for professional janitorial staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Youth are not required to perform demeaning tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or in the kitchen).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Religion				
1. Staff provide an opportunity for youth to gather for religious services. Youth may not be compelled to participate in religious activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Youth have the opportunity to meet with clergy of the religion of their choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Youth are entitled to have special diets to accommodate sincerely held religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Youth may have religious books and reading materials in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Staff may not restrict religious practices and materials absent a compelling governmental interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Positive Behavior Management				
1. A written behavior management system provides a graduated scale of incentives for positive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. The behavior management system is institution-wide so points or status go with the youth when he or she is transferred from one unit to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. To the extent possible, the culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Other Programming				
1. There are regularly scheduled community meetings in living units in which youth may discuss housekeeping matters or issues of concern, and offer suggestions for improvement of the facility or programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff post a daily schedule of activities in each living unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Reading materials are available to youth in the facility, and youth may keep reading materials in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Written policy clearly defines restrictions on reading materials. Restrictions must be reasonably related to the security of the facility or the health and development of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Youth have access to television, radio, video, and music.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. There is an adequate supply of games, cards, writing and art materials for use during recreation time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff provide additional programming, including classes and programs presented by volunteers and community groups on issues of interest to the population, in a range of areas such as art, music, drama, writing, health, fitness, meditation/yoga, substance abuse, mentoring, and voluntary religious or spiritual groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Programming reflects the interests and needs of various racial and cultural groups within the facility, and is gender-responsive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. When possible, programming is provided by community-based programs that offer the opportunity for continuity once the youth is released.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If the facility holds post-disposition youth as a sentencing option, those youth receive rehabilitative services according to an individualized case plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

V. TRAINING AND SUPERVISION OF EMPLOYEES				
A. Qualifications for Institutional Staff Positions				
1. There are written job descriptions and requirements for all positions in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Employees hired are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including high school diploma or equivalent and 2 years experience working with youth or 2 years of college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. 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"/>	<input type="checkbox"/>	
4. Employees undergo a criminal record check in accordance with state and federal laws. There is a periodic re-screening for all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Number/Ratio of Employees per Shift				
1. There is sufficient staff at the facility to provide continuous supervision of youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. There is at least a 1:8 ratio of unit staff to youth during the hours that youth are awake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. There is at least a 1:18 ratio of unit staff to youth during the hours that youth are asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. There are at least two awake staff on duty at all times in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. There is backup of staff support immediately available for all of the units, or there are staff in the unit in addition to the above ratios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. There is always female staff on duty in living units housing female residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. There is adequate staff with the language capacity to supervise and communicate with non-English speaking youth in their primary language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Training for Institutional Staff				
1. Written policies and procedures establish training requirements for all categories of personnel. Training for all new staff who have regular contact with youth includes at least 50 hours of training prior to assuming any job duties and an additional 40 hours of training annually. Training for staff with youth care and supervision duties includes 120 hours of training during the first year of employment in addition to the 40 hours of pre-service training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Facility staff receive training on regulations, policies and practices regarding:				
a. Discipline and basic rights of incarcerated youth;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Access to mental health counseling and crisis intervention services for youth;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and isolation may be used;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Suicide prevention and emergency procedures in case of suicide attempt;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

e. Adolescent development for girls and boys, communication skills, counseling techniques;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Needs of specific populations (e.g., gender, race, ethnicity, sexual orientation) within the facility;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Proper administration of CPR/first aid;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Universal safety measures for HIV, hepatitis, and tuberculosis;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Facility operations, security procedures, fire and emergency procedures, safety procedures, and report writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the facility relies on health staff who are not 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 assures that they have received adequate training in identifying and interacting with individuals in need of mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If the facility relies on facility staff to perform the health screening at the time of admission, the responsible health authority has provided adequate instruction in conducting the admission screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Facility staff receive regular training on conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, use of less restrictive methods of control, use of force, isolation, application and release of restraints, and disciplinary room confinement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Supervision of Staff				
1. Administrators regularly tour living units to monitor institutional operations and provide guidance to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff receive regular evaluations for performance and facility administrators take action in appropriate circumstances either to address deficient performance or terminate employment. Facility administrators recognize staff for exemplary performance and ingenuity in promoting pro-social environment for youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Administrators regularly review logbooks; special incident reports; records of force, restraints and isolation; grievances; recreation records; and provide feedback to staff on areas of concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The facility administrator annually reviews all facility operating procedures and updates them as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Written policy, procedure, and practice provide for: 1) behavioral expectations for all staff that encourages staff to model social skills and forbids the use of profanity, threats, intimidation, humiliation, inappropriate physical contact, or personal relationships; and 2) management's role in addressing violations of standards of conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Complaints, Child Abuse Reports, Incident Reports				
1. A mechanism exists in the facility for filing of complaints and child abuse reports against staff by incarcerate youth, other staff, and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Written incident reports of all major incidents at the facility, including all use of physical force, all use of restraints or isolation, all incidents in which a youth or staff is injured, all incidents involving contraband, and all significant property damage by youth, are maintained and reviewed by the facility administrator or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Written policy, procedures, and practice provide that youth are advised of the results of complaints and child abuse reports that they file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VI. ENVIRONMENTAL ISSUES				
A. Normalization of Institutional Atmosphere				
1. Furnishings and other decorations reflect a home-like, non-penal environment to the maximum extent possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff allow youth to decorate and personalize their own living space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staff wear their own attire or wear casual uniforms, not law enforcement/military style garb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Youth are allowed to speak in their primary language. Staff may only impose restrictions for safety or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Sanitation				
1. The facility provides toilets at a minimum ratio of at least one for every twelve youth in male units and one for every eight youth in female units. 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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. 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 twelve youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. 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"/>	<input type="checkbox"/>	
4. Rooms, bathrooms and common areas are clean and free of debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The facility is free of insect or rodent infestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. There is an adequate supply of personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff allow youth to take showers every day. Staff allow youth to brush their teeth after breakfast and dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Staff provide youth with clean bed linens at least once weekly. Staff provide youth with clean towels daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Staff disinfect mattress covers after each youth moves out of the room, before the next youth occupies the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. 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"/>	<input type="checkbox"/>	
12. The furnishings are in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Food				
1. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The facility's food services comply with applicable local, state and federal sanitation and health codes, and has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Youth in the facility receive a wholesome and nutritionally adequate diet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. There are provisions in the facility for youth with special dietary requirements, such as youth with allergies or who are pregnant, as well as youth with dental problems and youth with religious beliefs that require adherence to religious dietary laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Youth receive at least three meals daily, of which two are hot meals, with no more than 14 hours between the evening meal and breakfast. Youth receive snacks such as fruit in the evenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Youth may obtain second servings of food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Youth eat meals in a cafeteria or common area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Youth may talk during meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Staff may not withhold food for discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. 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"/>	<input type="checkbox"/>	
D. Temperature and Ventilation				
1. Temperatures in indoor areas are appropriate to the summer and winter comfort zones, with no unhealthy extremes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. There is adequate ventilation in indoor areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Fire Safety and Equipment				
1. The facility has at least two means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The facility has identification and lighting of all exits, including during emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The facility has smoke alarms in appropriate locations and in working condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The facility has fire extinguishers in appropriate locations and in working condition. Staff receive training in use of fire extinguishers. Staff regularly check and service fire extinguishers, and document the servicing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The facility has air pack (rescue breathing devices) in appropriate locations and in good working condition. Staff receive training in use of air packs. Staff regularly check and service air packs, and document the servicing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The facility has an evacuation plan that staff conspicuously post in each area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Staff regularly conduct and document fire drills, at least monthly and on a rotating basis by shift. Staff documentation of fire drill includes how long it takes to get youth cleared from the building.				
7. There is a facility plan for immediate release of youth from locked areas in case of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. There is a facility plan for youth with disabilities in case of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. First aid kits are immediately available and fully stocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Lighting				
1. Rooms have adequate lighting, sufficient for reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The lights in youth rooms are turned out at night, unless the youth requests otherwise or for security, health, or mental health reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Dayroom and/or common areas used for recreation are adequately lighted, to include the use of natural light as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Clothing and Personal Items				
1. Staff provide youth with shirts, T-shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth are not required to wear prison-like jumpsuits or smocks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Agency policy permits lesbian, gay bisexual, transgender and questioning (LGBTQ) youth to express their gender identity and sexuality in their clothing, appearance and behavior, to the extent possible in view of nondiscrimination policies and legitimate security concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Youth may wear their own underwear or the facility provides them with new underwear. Female detainees are provided bras and underwear that fit and are appropriate for females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Youth receive outerwear that is appropriate to the season.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Youth may keep a reasonable amount of personal items in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The facility has lockers or other storage for youths' clothing and personal items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff provide adequate and appropriate hair care services for youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Youth receive clean bedding and linen, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Searches				
1. The facility administrator shall develop written policies, procedures, and practices governing the search of youth, the facility, and visitors. Staff shall post search policies in all living units and in the visiting area. Written procedures shall address each of the following:				
a. Intake searches may include pat-downs, metal detector, clothing searches, and strip searches, except as limited by state law or local policy. Staff may conduct visual body cavity searches only with prior supervisor approval, and only upon reasonable suspicion that a youth is in possession of a weapon or contraband.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Youth who are returning from court, another facility, visits with family in the premises, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

who have otherwise been continuously in custody may be searched by a pat-down, metal detector, or clothing search. Staff may conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, and only upon reasonable suspicion that a youth is in possession of a weapon or contraband.				
c. Facility searches that address procedures to search both youth and their personal property within the facility. Staff should conduct searches with the least amount of disruption and with respect for youth's personal property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Staff may subject visitors to searches by pat down or metal detector to ensure the safety, security, and sound operation of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Persons conducting pat-down searches, clothing searches, strip searches, and collection of urine samples shall be the same sex as the youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Only medical personnel may conduct body cavity searches. Staff shall notify parents or guardians if a youth is subjected to a body cavity search. Female staff are present during body cavity searches of female detainees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Staff conduct strip searches and body cavity searches with youth individually and in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Staff shall not conduct searches as harassment or for the purpose of punishment or discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Overcrowding, Adequate Living Space, and Privacy				
1. The total population of the facility and the population per unit does not exceed maximum rated capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The facility provides reasonable opportunity for privacy in rooms and bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Living units are primarily designed for single occupancy sleeping rooms; multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit. Rooms shall not be approved for more than two occupants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Dayroom and/or common areas should have sufficient chairs and tables to accommodate recreational activities.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	

VII. RESTRAINTS, PUNISHMENT, AND DUE PROCESS				
A. Physical Force, Mechanical and Chemical Restraints				
1. Staff may only use physical force when a youth's behavior threatens imminent harm to the youth or others or serious property destruction. Staff may only use mechanical restraints when a youth's behavior threatens imminent harm to the youth or others. Staff may not use physical force or mechanical restraints for punishment, discipline or treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff may not use chemical restraints, including pepper spray, tear gas, and mace, at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Only staff specifically trained in the application of physical force and mechanical restraints may use such techniques or devices. Staff may only use approved techniques or devices. Staff may not hit youth with a closed fist; shove, push, kick or strike youth; or use chokeholds on youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, and use of less restrictive methods of control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is and is not justified, permitted methods of physical force and restraints, and appropriate techniques for application of force and mechanical restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Staff may not use pain compliance techniques at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff may only use physical force or mechanical restraints for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff must stop using physical force or mechanical restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, with a range of interventions or actions staff consider before force or restraints are employed, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. During transportation or emergencies, staff may use handcuffs to prevent injury or escape. Staff must remove the handcuffs promptly after transport, or, in emergencies, as soon as they place the youth in his or her room. In the rare instances that staff need additional restraints during transportation such as belly belts or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff may not handcuff youth together during transportation, or restrain youth to the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Staff may not use four or five-point restraints, straightjackets, or restraint chairs. Staff may not hogtie youth or place them in restraints in other uncomfortable positions. Staff may not restrain youth to fixed objects, including beds, or to walls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Except for handcuffs used during transportation and emergencies, the only mechanical restraints that staff may use in the facility are soft or "therapeutic" restraints: fleece-lined leather, rubber, or canvas hand and leg restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Staff may only use soft restraints where a youth's behavior threatens imminent harm to self or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>13. Except in a clear emergency only a physician, psychiatrist, or qualified mental health professional may authorize use of soft restraints.</p> <p>In a clear emergency, where neither time nor availability permit authorization by a physician, psychiatrist, or qualified mental health professional, facility staff who have been certified by the physician or psychiatrist may authorize the temporary use of soft restraints. The only facility staff who may be so certified and who may authorize the temporary use of soft restraints are the facility administrator, the deputy administrator, the officer in charge of the facility, or a unit supervisor. If any of these facility staff authorize the use of restraints in an emergency situation, they must immediately contact a qualified mental health professional for consultation and crisis intervention.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Staff may not use soft restraint unless and until they try less restrictive techniques, such as talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth, and such less restrictive techniques have proven ineffective. At the time restraints are applied, staff must tell the youth the reason for using the restraints and that they will remove the restraints as soon as the youth regains self-control. Except in emergencies, staff may not use soft restraints on girls who are pregnant.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. During any time that a youth is in restraints, staff must provide one-on-one crisis intervention and observation. The staff member shall be either in the cell with the youth or directly outside the cell providing constant observation of the youth and interaction as appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Staff may not place a youth in restraints for any fixed period of time. Staff must release a youth from restraints as soon as the youth's behavior ceases to threaten imminent harm to self or others.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>17. A medical professional or health-trained staff must directly monitor any youth in restraints at least every 15 minutes, for as long as the youth is in restraints. A qualified mental health professional must directly monitor any youth held in restraints for longer than 15 minutes. If a youth is in restraints for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in restraints.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. A mental health professional may not authorize the use of soft restraints for longer than four hours. If a mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the youth to a mental health facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Youth in restraints have reasonable access to water, toilet facilities, and hygiene supplies.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Facility staff document all incidents in which physical force or mechanical restraints are used including:</p> <ul style="list-style-type: none"> • Name of youth; • Date and time physical force or mechanical restraints were used; • The person authorizing placement of the youth in restraints, and the date and time the youth was released from restraints; • What led up to the application of force or restraints; • The staff involved in the incident; 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> • The alternative actions attempted and found unsuccessful or reasons alternatives were not possible; • The type of physical force or mechanical restraints used; • Referrals or contacts with medical and mental health staff including the date and time and persons contacted. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Medical and mental health staff document all contact with youth subjected to physical force or soft restraints, including the name and position of medical or mental health staff, 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"/>	<input type="checkbox"/>	
22. The facility administrator regularly review the use of physical force and mechanical restraints, and 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 subjected to physical force or place in restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Written policies and procedures in the facility set forth the above principles for use of force, chemical restraints, and mechanical restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Isolation				
1. Staff may not routinely subject youth to locked room time, including isolation or room confinement for administrative convenience (e.g., to do paperwork)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff may not only use isolation if a youth's behavior threatens imminent harm to self or others or serious destruction of property. Prior to using isolation, staff shall first utilize less restricting techniques, including talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth. If such techniques prove ineffective, staff may place the youth in the youth's room or a designated isolation room to allow the youth time to regain control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, and use of less restrictive methods of control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Staff may only keep a youth in isolation for the amount of time necessary for the youth to regain self-control. As soon as the youth's behavior ceases to threaten imminent harm to self or others or serious destruction of property, staff shall release the youth back to programming. Staff may not place a youth in isolation for any fixed period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prior to any use of isolation, staff will explain to the youth the reasons for the isolation, and the fact that he or she will be released upon regaining self-control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Except for soft restraints authorized by a mental health professional, staff shall not place a youth in restraints in a room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. As soon as staff places a youth in isolation, staff shall notify the unit supervisor. Youth may not be kept in isolation for longer than one hour without explicit approval of the unit supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. During any time that a youth is in isolation, staff shall provide one-on-one crisis intervention and observation. The staff member shall be either in the cell with the youth or directly outside the cell providing constant observation of the youth and interaction as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. A medical professional or health-trained staff must directly monitor any youth in isolation at least every 15 minutes. A qualified mental health professional must directly monitor any youth held in isolation for longer than 30 minutes. If a youth is in isolation for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Staff may not hold a youth in isolation for longer than four hours. If a mental health professional determines that a youth needs to be in isolation for longer than four hours, staff shall transport the youth to a mental health facility or handle the youth through procedures for youth on suicide watch (Section II F of these standards).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Staff shall keep designated isolation rooms clean, appropriately ventilated, and at comfortable temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Youth in isolation shall have reasonable access to water, toilet facilities, and hygiene supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Facility staff document all incidents in which a youth is placed in isolation, including:				
a. Name of the youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Date and time the youth was placed in isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. The person and position of the person authorizing placement of the youth in isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. The staff involved in the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Date and time the youth was released from isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. What led up to the use of isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. The alternative actions attempted and found unsuccessful or reason alternatives were not possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Referrals and contacts with medical and mental health staff, including the date, time and person contacted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Medical and mental health staff shall document all contacts with youth placed in isolation, including the name and position of medical or mental health staff, 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"/>	<input type="checkbox"/>	
15. The facility administrator regularly reviews the use of isolation, and 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 isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Written policies and procedures at the facility set out the above principles for use of isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Voluntary Time Outs				
1. Youth are permitted to request a voluntary time out for a short period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff document voluntary time outs in the unit log.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. Due Process in Discipline				
1. Staff provide youth with a listing of prohibited behaviors and the sanctions or consequences of such behaviors. Staff post the rules of the institution in all living units. Staff provide verbal explanation of the rules of the institution for youth with reading difficulties or limited English proficiency. Sanctions shall include less restrictive interventions in addition to room confinement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Due process protections apply when youth may be subject to discipline for major rule violations (i.e., when room confinement may last longer than 4 hours, or when confinement may extend past a shift change). Staff provide due process hearings within 24 hours of the incident. Staff provide hearings before the youth serves the room confinement time for a sanction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Youth receive procedural due process protections during discipline, including:				
a. Written notice of specific alleged misbehavior or violations of institutional rules;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. An opportunity to present their side of the incident before a person who was not directly involved in the incident;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. The assistance of staff or other youth if requested;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. An opportunity to present information to rebut the allegations (e.g., statements from other youth or staff);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. A written statement of findings in the matter and the evidence relied upon by the decision maker;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. An opportunity to appeal the ruling to the superintendent/facility administrator or deputy superintendent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. A right to a decision before the youth receives the confinement time or other sanction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Under no circumstances may a youth be deprived of his or her basic rights as part of discipline. Basic rights for each youth include:				
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Full meals and evening snacks;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. A full complement of clean clothes;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Parental and attorney visits;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Personal hygiene items;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Daily opportunity for exercise;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Telephone contacts with attorney;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Right to receive and send mail ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Regular daily education program;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

j. Opportunity for daily shower and access to toilet and water fountain as needed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Opportunity to attend religious services and/or religious counseling of their choice;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Clean and sanitary living conditions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Access to reading materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Staff provide explanations of all rules and sanctions for non-English speaking youth in their native language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Staff may not use group punishment to sanction the misbehavior of individual youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Written policies and procedures at the facility set forth the above principles regarding due process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Room Confinement				
1. Prior to any imposition of room confinement, staff shall provide the components of due process set forth above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. As soon as staff place a youth in room confinement, staff shall notify the unit supervisor. Staff may not keep youth in room confinement for longer than one hour without explicit approval of the unit supervisor. Staff may not keep youth in room confinement longer than 4 hours without explicit approval of the facility administrator or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If a youth is in room confinement longer than 24 hours, the facility administrator or a designee who was not involve in the incident must review and authorize continued room confinement each 24 hours. Staff may not keep a youth in room confinement longer than 72 hours continuously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Staff shall document all incidents in which a youth is placed in room confinement, including the name of the youth, the date and time the youth was placed in room confinement, the circumstances leading up to the confinement, less restrictive sanctions considered, the person authorizing placement in room confinement, the staff involve in the incident, and the date and time the youth was released from the confinement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The facility administrator shall regularly review the use of room confinement and maintain 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"/>	<input type="checkbox"/>	
6. Facility staff shall receive regular training on the appropriate use of, and alternatives to, room confinement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Written policies and procedures at the facility set forth the above principles for room confinement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Corporal Punishment				
1. Staff may not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Grievance Procedures				

1. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints. Staff inform each youth in the facility of the existence of the grievance procedure, the steps that must be taken to use it, and the name of the person or position designated to resolve grievances. Staff ask youth whether they understand the grievance process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Youth have access to grievance forms without requesting forms directly from staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staff treat grievances as confidential. Facility administrators insure that youth receive no reprisals for utilizing grievance procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Facility staff, administrators, ombudsperson or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Facility staff, administrators, ombudsperson or other personnel provide prompt written notice to the youth of the results of the investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Staff inform youth how to appeal the decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. If a grievance is found to be valid, facility administrators 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"/>	<input type="checkbox"/>	
8. Facility staff, administrators, ombudsperson or other personnel fully document grievances and the results of grievance investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIII. SAFETY				
A. Written Policy, procedure, and practice prohibit excessive use of physical force by staff.				
1. Policies, procedure, and practice require regular administrative review of, and appropriate responses to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of excessive physical force by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Youth are safe from physical or sexual assaults by other youth in the facility.				
1. Policies, procedure, and practice require regular administrative review of, and appropriate responses to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of physical or sexual assaults (including medical reports) involving youth on youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Staff in the facility are safe from physical or sexual assaults by youth.				
1. Policies, procedure, and practice require regular administrative review of, and appropriate responses to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of physical or sexual assaults (including medial reports) involving youth on staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Weapons are prohibited in the facility.				
1. Facility administrators provide adequate security measures to insure that neither youth nor staff bring weapons into the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	