



Comment: The responsibility of the health authority includes arranging for all levels of health care and assuring the quality of all health services and that juveniles have access to them. While overall responsibility may be assumed at the central office level, it is essential that each facility have a responsible health authority; this may be the responsible physician at the facility. Health care services should provide for the physical and mental well-being of the population and include medical and dental services; mental health services; nursing, personal hygiene, and dietary services; health education; and attention to environmental conditions.

3-JDF-4C-04 (Ref. 2-8286)

91. Written policy, procedure, and practice provide that when a juvenile is in need of hospitalization, he/she is accompanied by a staff member who stays with the juvenile at least during admission.

Comment: The staff member should provide caring support to the juvenile and should take a copy of the parents' medical release form authorizing him/her to provide consent for medical treatment for the facility pursuant to its custodial authority.

3-JDF-4C-06 (Ref. 2-8259)

92. If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials as determined by the responsible physician are provided for the performance of primary health care delivery.

Comment: The type of space and equipment for an examining room will depend on the level of sophistication of medicine required in the facility and the capabilities of the health providers. In all facilities, space should be provided where the physicians can examine and treat juveniles in private.

Unimpeded Access to Care

3-JDF-4C-07 (Ref. 2-8267)

93. Written policy, procedure, and practice provide for unimpeded access to health care and for a system for processing complaints regarding health care. These policies are communicated orally and in writing to juveniles upon arrival at the facility, and are put in a language clearly understood by each juvenile.

Comment: No member of the correctional staff should approve or disapprove requests for attendance at sick call. The facility should follow the policy of explaining access procedures orally to juveniles unable to read. When the facility frequently has non-English speaking juveniles, procedures should be explained and written in their language.

3-JDF-4C-08 (Ref. 2-8270)

94. When sick call is not conducted by a physician, a physician is available once each week to respond to juveniles' complaints regarding service they did or did not receive from other health

care personnel.

Comment: This standard emphasizes the responsible physician's role in assuring accessibility and availability of those levels of care appropriate to the juveniles' need when those services are not personally provided by the responsible physician.

3-JDF-4C-09 (Ref. 2-8268)

95. Juveniles' medical complaints are monitored and responded to daily by medically trained personnel.

Comment: Medical personnel sort and allocate patients to treatment. Control of access to medical care should never be within the decision-making authority of juvenile careworkers or administrative staff, or medical staff below the level of registered nurse.

Personnel

3-JDF-4C-10 (Ref. 2-8258)

96. Appropriate state and federal licensure, certification, or registration requirements and restrictions apply to personnel who provide health care services to juveniles. The duties and responsibilities of such personnel are governed by written job descriptions approved by the health authority. Verified current credentials and job descriptions are on file in the facility.

Comment: Only qualified health care personnel should determine and supervise health care procedures. Written job descriptions should include the required professional qualifications and the individual's specific role in the health care delivery system. Verification of qualifications may consist of copies of current credentials or a letter from the state licensing or certifying body regarding current credential status. Nursing services are performed in accordance with professionally recognized standards of nursing practice and the jurisdiction's Nurse Practice Act.

Administration of Treatment

3-JDF-4C-11 (Ref, 2-8253)

Mandatory

97. Written policy, procedure, and practice provide that treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent providers is performed pursuant to written standing or direct orders by personnel authorized by law to give such orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.

Comment: Professional practice acts differ in various states as to issuing direct orders for treatment, so the laws in each state need to be studied for implementation of this standard. Standing medical orders are written for the definitive treatment of identified conditions and for on-site treatment of emergency conditions for any person having the condition to which the order pertains. Direct orders are written specifically for the treatment of one person's particular condition.

3-JDF-4C-13 (Ref. 2-8266)

98. A history of each juvenile's immunizations is obtained when the health appraisal data are collected. Immunizations are updated, as required, within legal constraints.

Comment: Where immunizations are not up-to-date, the facility should immunize to ensure that the juvenile is fully protected. Relevant information should be obtained from parents, family physician, school, or other

available source.

3-JDF-4C-14 (Ref. 2-8289)

99. In facilities housing females, obstetrical, gynecological, family planning, and health education services are provided as needed.

Comment: None.

Current Mental Health Services

3-JDF-4C-16 (Ref. 2-8255)

100. Written policy, procedure, and practice specify the provision of mental health services for juveniles. These services include but are not limited to those provided by qualified mental health professionals who meet the educational and license/certification criteria specified by their respective professional disciplines (e.g., psychiatric nursing, psychiatry, psychology, and social work).

Comment: An adequate number of qualified staff members should be available to deal directly with juveniles who have severe mental health problems as well as to advise other correctional staff in their contacts with such individuals.

Health-trained Staff Member

3-JDF-4C-17 (Ref. New)

101. When facilities do not have full-time, qualified, health-trained personnel, a health-trained staff member coordinates the health delivery services in the facility under the joint supervision of the responsible health authority and facility administrator.

Comment: The health-trained staff member (who is other than a nurse, physician's assistant, or emergency medical technician) may be full-time. Coordination duties may include reviewing receiving screening forms for needed follow-up, readying juveniles and their records for sick call, and assisting in carrying out orders regarding such matters as diets, housing, and work assignments.

Pharmaceuticals

3-JDF-4C-18 (Ref. 2-8279)

Mandatory

102. Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects:

- a formulary specifically developed for the facility prescription practices that requires (1) prescription practices, including requirements that psychotropic medications are prescribed only when clinically indicated as one facet of a program of therapy; (2) "stop order" time periods are required for all medications; and (3) the prescribing provider reevaluates a prescription prior to its renewal;
- procedures for medication receipt, storage, dispensing, and administration or distribution;
- maximum security storage and periodic inventory of all controlled substances, syringes, and needles;
- dispensing of medicine in conformance with appropriate federal and state laws;
- administration of medication by persons properly trained and under the supervision of the health authority and facility administrator or designee;

- accountability for administering or distributing medications in a timely manner and according to physician's orders.

Comment: The written formulary lists should include all prescribed and nonprescribed medications stocked in the facility or generated by outside health care providers. Any dispensed medication (one or more doses issued from a stock or bulk container) should be labeled with the patient's name, prescription contents, directions for use, and other vital information. The pharmacy may be managed by a resident pharmacist or by health-trained personnel under the supervision of the health authority.

3-JDF-4C-19 (Ref. 2-8281)

103. Psychotropic drugs, such as antipsychotics or antidepressants, and drugs requiring parenteral administration are prescribed only by a physician or authorized health provider by agreement with the physician, and then only following a physical examination of the juvenile by the health provider. Such drugs are administered by the responsible physician, qualified health personnel, or health-trained personnel under the direction of the health authority.

Comment: None.

3-JDF-4C-20 (Ref. 2-8280)

104. The person administering medications has training from the responsible physician and the official responsible for the facility, is accountable for administering medications according to others, and records the administration of medications in a manner and on a form approved by the responsible physician.

Comment: Administration of drugs and remedies referred to in this standard does not include medications administered intramuscularly. Such medications should only be administered by trained medical personnel of at least the level of registered nurse.

Health Screenings and Examinations

3-JDF-4C-21 (Ref. 2-8264)

Mandatory

105. Written policy, procedure, and practice require medical, dental, and mental health screening to be performed by health-trained or qualified health care personnel on all juveniles, excluding intrasystem transfers, upon their arrival at the facility. All findings are recorded on a form approved by the health authority. The screening form includes at least the following:

Inquiry into:

- current illness and health problems, including venereal diseases and other infectious diseases;
- dental problems;
- mental health problems;
- use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions);
- past and present treatment or hospitalization for mental disturbance or suicide attempt; and
- other health problems designated by the responsible physician.

Observation of:

- behavior, which includes state of consciousness, mental status, appearance, conduct, tremor, and sweating;
- body deformities, ease of movement, etc.; and
- condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

Medical disposition of juvenile:

- general population; or
- general population with appropriate referral to health care service; or
- referral to appropriate health care service for emergency treatment.

Comment: Health screening is a system of structured inquiry and observation designed to prevent newly arrived juveniles who pose a health or safety threat to themselves or others from being admitted to the facility's general population, and to rapidly transport newly admitted juveniles to health care. Receiving screening can be performed by health care personnel or by health-trained child care/supervision staff at the time of admission. Facilities that have reception and diagnostic units and/or a holding room must conduct receiving screening on all juveniles upon their arrival at the facility as part of the admission procedures.

3-JDF-4C-23 (Ref. 2-8263)

Mandatory

106. Written policy, procedure, and practice require health screening by health-trained or qualified health care personnel immediately upon arrival at the facility for all intrasystem transfers, with all findings recorded on a screening form approved by the health authority. The screening includes at a minimum the following:

Inquiry into:

- whether the juvenile is being treated for a medical, dental, or mental health problem;
- whether the juvenile is presently on medication; and
- whether the juvenile has a current medical, dental, or mental health complaint.

Observation of:

- general appearance and behavior;
- physical deformities; and
- evidence of abuse and/or trauma.

Medical disposition of juvenile:

- general population; or
- general population with appropriate referral to health care service; or
- referral to appropriate health care service for emergency treatment.

Comment: Screening of intrasystem transfers is necessary for the detection of juveniles who pose a health and/or safety threat to themselves or others and who may require immediate medical attention.

3-JDF-4C-24 (Ref. 2-8265)

107. Written policy, procedure, and practice provide for the collection and recording of health appraisal data and require the following:

- the process is completed in a uniform manner as determined by the health authority;
- health history and vital signs are collected by health-trained or qualified health personnel;
- review of the results of the medical examination, tests, and identification of problems is performed by a physician; and
- collection of all other health appraisal data is performed only by qualified health personnel.

Comment: The initial screening must be followed with a more detailed health examination by the appropriate health appraisal personnel to adequately identify the health care needs of the juvenile. It is also important that the examination be performed in a uniform manner to ensure that it is thorough and consistent for each juvenile.

Dental Screening and Examination

3-JDF-4C-26 (Ref. 2-8272)

Mandatory

108. Written policy, procedure, and practice provide for 24-hour emergency medical, dental, and mental health care availability as outlined in a written plan that includes arrangements for the following:

- on-site emergency first aid and crisis intervention;
- emergency evacuation of the juvenile from the facility;
- use of an emergency medical vehicle;
- use of one or more designated hospital emergency rooms or other appropriate health facilities;
- emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community; and
- security procedures providing for the immediate transfer of juveniles when appropriate.

Comment: Arrangements should be made with nearby hospitals or other facilities for all health services that cannot be appropriately provided within the facility or where contractual arrangements can result in a better or broader range of services. In the event the usual health services are not available, particularly in emergency situations, the facility should have a backup plan to serve the program. The plan might include an alternate hospital emergency service or a physician “on-call” service.

First Aid

3-JDF-4C-27 (Ref. 2-8273)

Mandatory

109. Written policy, procedure, and practice provide that juvenile careworker staff and other personnel are trained to respond to health-related situations within a 4-minute response time. A training program is established by the responsible health authority in cooperation with the facility administrator that includes the following:

- recognition of signs and symptoms and knowledge of action required in potential emergency situations;
 - administration of first aid and cardiopulmonary resuscitation (CPR);
 - methods of obtaining assistance;
 - signs and symptoms of mental illness, retardation, and chemical dependency; and
 - procedures for patient transfers to appropriate medical facilities or health care providers.
-

Comment: With even the most adequate staff of qualified health care personnel, emergencies can occur in distant parts of the facility; too much time can be lost in getting staff promptly on the scene to handle emergency matters. All staff should have standard first aid training. Minimally, one juvenile careworker per shift should be trained in CPR and in how to recognize symptoms of illnesses most common to juveniles.

3-JDF-4C-28 (Ref. 2-8260)

110. Written policy, procedure, and practice require that first aid kit(s) are available. The responsible physician approves the contents, number, location, and procedure for periodic inspection of the kit(s).

Comment: The medical staff develop written procedures outlining the use of first aid kits by nonmedical staff.

3-JDF-4C-29 (Ref. 2-8269)

111. Sick call for nonemergency medical service, conducted by a physician and/or other qualified medical personnel, is available to each juvenile at least three times a week.

Comment: Sick call is the procedure through which each juvenile reports and receives appropriate medical services for nonemergency illness or injury.

3-JDF-4C-30 (Ref. 2-8277)

112. Written policy, procedure, and practice provide for a special health program for juveniles requiring close medical supervision. A written individual treatment plan, which includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, is developed for each juvenile by appropriate physician, dentist, or qualified mental health practitioner.

Comment: Medical conditions requiring close medical supervision include seizure disorders, potential suicide, chemical dependency, and psychosis.

Chronic and Convalescent Care

3-JDF-4C-31 (Ref. 2-8274)

113. Chronic care, convalescent care, and medical preventive maintenance are provided to juveniles when medically indicated.

Comment: Chronic care is medical service rendered to a patient over a long period of time. Convalescent care is medical service rendered to a patient to assist the recovery from illness or injury. Medical preventive maintenance is health education and medical services provided as advance measures against disease and as instruction in self-care for chronic conditions.

Transfer for Needed Care

3-JDF-4C-33 (Ref. 2-8256)

114. A written agreement exists between the facility and a nearby hospital for all medical services that cannot be provided at the facility.

Comment: Medical arrangements may be entered into for the provision of emergency or specialized care away from the facility. This standard includes crisis intervention for psychiatric emergencies.

Suicide Prevention and Intervention

3-JDF-4C-35 (Ref. New)

115. There is a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with responsibility for juvenile supervision are trained in the implementation of the program, which includes specific procedures for intake screening, identification, and supervision of suicide-prone juveniles.

Comment: None.

3-JDF-4C-36 (Ref. New)

116. Written policy, procedure, and practice specify approved actions to be taken by employees concerning juveniles who have been diagnosed HIV positive. This policy shall include at a minimum the following:

- when and where juveniles are to be tested;
- appropriate safeguards for staff and juveniles;
- when and under what conditions juveniles are to be separated from the general population;
- staff and juvenile training procedures; and
 - issues of confidentiality.

Comment: None.

3-JDF-4C-37 (Ref. New)

117. Written policy, procedure, and practice address the management of serious and infectious diseases. These policies and procedures are updated as new information becomes available. Agencies should work with the responsible health authority in establishing policy and procedures that include the following: an ongoing education program for staff and residents; control, treatment, and prevention strategies that may include screening and testing, special supervision, and/or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

Comment: Because of their serious nature, methods of transmission, and public sensitivity, infectious diseases such as tuberculosis, hepatitis-B, and AIDS (acquired immunodeficiency syndrome) require special attention.

3-JDF-4C-38 (Ref. 2-8261)

118. Written policy, procedure, and practice provide for medical examination of any employee or juvenile suspected of a communicable disease.

Comment: The examination must be conducted and the results made available quickly to ensure prompt and proper treatment of the problem.

Juvenile Participation in Research

3-JDF-4C-43 (Ref. 2-8290)

Mandatory

119. Written policy prohibits the use of juveniles for medical, pharmaceutical, or cosmetic experiments. This policy does not preclude individual treatment of a juvenile based on his or her need for a specific medical procedure that is not generally available.

Comment: A person confined in a facility is incapable of volunteering as a human subject without hope of reward and cannot do so on the basis of fully informed consent. Therefore, juveniles should not participate in experimental projects involving medical, pharmaceutical, or cosmetic research, including aversive conditioning, psychosurgery, electrical stimulation of the brain, or the application of cosmetic substances to the body that are being tested for possible commercial use. This prohibition does not preclude individual treatment of a juvenile by his or her physician with a new medical procedure, subsequent to a full explanation of the treatment's positive and negative features. The agreement is between the physician and the juvenile, and is not part of a general program of medical experimentation involving payment to juveniles for submission to treatment.

3-JDF-4C-44 (Ref. 2-8282)

120. Under no circumstances is a stimulant, tranquilizer, or psychotropic drug to be administered for purposes of program management and control, or for purposes of experimentation and research.

Comment: The policy regarding the prescription of stimulants, tranquilizers, or psychotropic medications states that these medications are dispensed only when clinically indicated and as one facet of a program of therapy. This policy also states that the administration of these medications is not allowed for disciplinary reasons and discourages long-term use of tranquilizers by minors.

Notification of Designated Individuals

3-JDF-4C-45 (Ref. 2-8271)

121. Written policy, procedure, and practice provide for the prompt notification of juveniles' parents/guardians and the responsible agency in case of serious illness, surgery, injury, or death.

Comment: Whenever a juvenile becomes seriously ill or injured, requires surgery, or dies, the juvenile's parents/guardians and the responsible agency are promptly notified by telephone, telegram, or other rapid means of communication. In the event of death, the head of the agency should also be notified. If death occurred under unusual circumstances, the coroner and appropriate law enforcement officials should be notified.

Health Record Files

3-JDF-4C-46 (Ref. 2-8283)

122. The health record file contains the following:

- the completed receiving screening form;
- health appraisal data forms;
- all findings, diagnoses, treatments, and dispositions;
- prescribed medications and their administration;
- laboratory, x-ray, and diagnostic studies;
- signature and title of documenter;
- consent and refusal forms;
- release-of-information forms;
- place, date, and time of health encounters;
- health service reports (e.g., dental, mental health, and consultations);
- treatment plan, including nursing care plan;

- progress reports; and
- discharge summary of hospitalization and other termination summaries.

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority.

Comment: The “problem-oriented medical record” structure is suggested; however, whatever the records structure, every effort should be made to establish uniformity of record forms and content throughout the correctional system. The record is to be complete and all findings recorded, including notations concerning mental health, dental, and consultative services, at the time of service delivery or no later than 14 days from time of discharge of the patient or termination of treatment. The receiving screening form becomes a part of the record at the time of the first health encounter.

3-JDF-4C-47 (Ref. 2-8284)

123. Written policy, procedure, and practice uphold the principle of confidentiality of the health record and support the following requirements:

- the active health record is maintained separately from the confinement record;
- access to the health record is controlled by the health authority; and
- the health authority shares with the facility administrator information regarding a juvenile's medical management, security, and ability to participate in programs.

Comment: The principle of confidentiality protects the patient from disclosure of confidences entrusted to a health care provider during the course of treatment. The confidential relationship of doctor and patient extends to juvenile patients and their physicians or other providers. Thus, it is necessary to maintain active health record files under security, completely separate from the patient's confinement record.

Transferred and Inactive Records

3-JDF-4C-48 (Ref. 2-8288)

124. For juveniles being transferred to other facilities, summaries or copies of the medical history record are forwarded to the receiving facility prior to or at arrival.

Comment: Because the receiving facility has responsibility for medical care of new arrivals, it is imperative that it receives all available medical information as soon as possible. Written authorization by the juvenile is not required for the transfer of this information. This will reduce duplication of screening procedures, assure continuity in treatment, and reduce the need for segregation until the existence of contagious diseases can be determined.

Part V. Juvenile Services

Section A: Intake and Admission

Principle: All incoming juveniles undergo thorough screening and assessment at intake and receive thorough orientation to the facility's procedures, rules, programs, and services.

Intake

3-JDF-5A-02 (Ref. 2-8349, 2-8350)

125. Written procedures for admission of juveniles new to the system include but are not limited to the following:

- determination that the juvenile is legally committed to the facility;
- complete search of the juvenile and possessions;
- disposition of personal property;
- shower and hair care, if necessary;
- issue of clean, laundered clothing, as needed;
- issue of personal hygiene articles;
- medical, dental, and mental health screening;
- assignment to a housing unit;
- recording of basic personal data and information to be used for mail and visiting lists;
- assistance to juveniles in notifying their families of their admission and procedures for mail and visiting;
- assignment of a registered number to the juvenile; and
- provision of written orientation materials to the juvenile.

Comment: Juveniles coming into the system may be unfamiliar with staff expectations and not understand what is expected of them. Staff members should explain procedures at each step in the admissions process.

New Juveniles

3-JDF-5A-15 (Ref. 2-8351)

126. Written policy, procedure, and practice provide that new juveniles receive written orientation materials and/or translations in their own language if they do not understand English. When a literacy problem exists, a staff member assists the juvenile in understanding the material. Completion of orientation is documented by a statement signed and dated by the juvenile.

Comment: Orientation should include informal classes, distribution of written materials about the facility's programs, rules and regulations, and discussion. Orientation should also be used to observe juvenile behavior and to identify special problems.

Personal Property

3-JDF-5A-16 (Ref. 2-8352)

127. Written policy, procedure, and practice govern the control and safeguarding of juvenile personal property. Personal property retained at the facility is itemized in a written list that is kept in the permanent case file; the juvenile receives a current copy of this list.

Comment: All personal property retained at the facility should be accurately inventoried and securely stored. The inventory list should be signed by the juvenile and a receipt given to the juvenile for all funds and possessions stored. The property should be available if required by the juvenile and should be returned at the time of release, with a receipt signed by the juvenile acknowledging return of the property.

Section B: Social Service

Principle: The facility makes available the professional services necessary to meet the identified needs of juveniles. Such services may include individual and family counseling, family planning and parent education, and programs for juveniles with drug and alcohol addiction problems.

Counseling

3-JDF-5B-04 (Ref. 2-8375)

128. Written policy, procedure, and practice provide that staff members are available to counsel juveniles at their request; provision is made for counseling juveniles on an emergency basis.

Comment: In assisting juveniles with their personal problems and with adjustment to the facility, staff members should make time available on a regularly scheduled basis for appointments with juveniles who request it. Because juveniles may have problems that require immediate attention, at least one staff member should be available 24 hours a day.

3-JDF-5B-05 (Ref. New)

129. Written policy, procedure, and practice provide for juvenile access to mental health counseling and crisis intervention services in accordance with their needs.

Comment: Juveniles placed in detention facilities are, in some cases, highly disturbed; therefore, it is imperative that mental health, psychiatric, and crisis intervention services are available on an as-needed basis. Treatment offerings should include group therapy and group and individual counseling.

Section C: Academic, Vocational, and Work

Principle: A written body of policy and procedures governs the facility's academic, vocational education, and work programs for juveniles, including program accreditation, staff certification, and coordination with other facility programs and services as well as with the community.

Comprehensive Education Program

3-JDF-5C-01 (Ref. 2-8356)

130. There is a comprehensive education program for juveniles.

Comment: The facility should provide juveniles with a broad educational program that is most suited to their needs and abilities and includes but is not limited to: developmental education; remedial education; special education; multicultural education; bilingual education, when the profile indicates; and tutorial services as needed. This program should operate under the auspices of the year-round school system.

3-JDF-5C-03 (Ref. 2-8359)

131. The educational program is supported by specialized equipment that meets minimum state education standards.

Comment: Regardless of the extent of the educational program, specialized equipment is essential.

Vocational/Work Programs

3-JDF-5C-05 (Ref. 2-8302)

132. Juveniles are not required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the facility or grounds, personal hygienic needs,

or part of an approved training or community service program.

Comment: Work that benefits the community or the facility may also serve the needs of the confined juveniles. It may be part of a training program, the opportunity to practice existing skills, or simply a relief from boredom. Juveniles in the custody of the INS may not participate in compensated work assignments.

3-JDF-5C-06 (Ref. 2-8379)

133. Juveniles are not permitted to perform any work prohibited by state and federal regulations and statutes pertaining to child labor.

Comment: Juveniles in detention facilities should not be permitted to perform work that juveniles in the community would be prohibited from performing pursuant to state and federal child labor laws.

Section D: Library

Principle: A written body of policy and procedure governs the facility's library program, including acquisition of materials, hours of availability, and staffing.

Comprehensive Library Services

3-JDF-5D-03 (Ref. 2-8366)

134. Library services are provided and available to all juveniles.

Comment: Every effort should be made to become part of a local library system. Young people should be encouraged to check out books and other library materials. Library services may be provided in the facility to include reading materials for nonlibrary hours. Reading material should reflect racial and ethnic interests and be appropriate for various levels of competency.

Section E: Recreation and Activities

Principle: A written body of policy and procedures governs the facility's recreation and activities and programs for juveniles, including program coordination and supervision, facilities and equipment, community interaction, and activities initiated by juveniles.

Equipment

3-JDF-5E-04 (Ref. 2-8363)

135. Written policy, procedure, and practice provide a recreation and leisure time plan that includes at a minimum at least 1 hour per day of large muscle activity and 1 hour of structured leisure time activities.

Comment: Large muscle development and opportunities for play and creative activity are essential for the growing youth. There should be opportunities for exercise and constructive leisure time activity for at least 2 hours on school days and 3 hours on non-school days, not including time spent watching television.

Section F: Religious Programs

Principle: A written body of policy and procedures governs the institution's religious programs for juveniles, including program

coordination and supervision, opportunities to practice the requirements of one's faith, and use of community resources.

Staff and Space Requirements

3-JDF-5F-03 (Ref. 2-8297)

136. Written policy, procedure, and practice provide that juveniles have the opportunity to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity, or that the activity itself disrupts order in the facility.

Comment: Religious practices shall include but are not limited to: access to religious publications; religious symbols; worship/religious services in appropriate space; individual and group counseling; religious study classes; and adherence to dietary requirements.

Section G: Mail, Telephone, Visiting

Principle: A written body of policy and procedure governs the facility's mail, telephone, and visiting services for juveniles, including mail inspection, public phone use, and routine and special visits.

Mail

3-JDF-5G-01 (Ref. 2-8380)

137. Written policy and procedures governing correspondence of juveniles are made available to all staff and juveniles and are reviewed annually and updated as needed.

Comment: None.

3-JDF-5G-02 (Ref. 2-8381)

138. When the juvenile bears the mailing cost, there is no limit on the volume of letters he/she can send or receive.

Comment: None.

3-JDF-5G-03 (Ref. 2-8387)

139. Written policy, procedure, and practice provide that indigent juveniles, as defined in policy, receive a specified postage allowance to maintain community ties.

Comment: A juvenile without financial resources should be provided the means to send a reasonable number of letters per month. Community ties include family, personal friends, etc., but not privileged communication to attorney, public officials, and courts.

3-JDF-5G-04 (Ref. 2-8386)

140. Written policy, procedure, and practice specify that juveniles are permitted to send sealed letters to a specified class of persons and organizations including but not limited to: courts, counsel, officials of the confining authority, administrators of grievance systems, and members of the releasing authority.

Comment: Mail from juveniles to a specified class of persons and organizations should not be opened; mail

to juveniles from this specified class of persons and organizations may be opened only to inspect for contraband and only in the presence of the juvenile.

3-JDF-5G-05 (Ref. 2-8304)

141. Written policy, procedure, and practice grant juveniles the right to communicate or correspond with persons or organizations, subject only to the limitations necessary to maintain facility order and security.

Comment: Access to the public is an integral part of rehabilitation. Juveniles should be permitted to communicate with their families and friends, as well with public officials, the courts, and their attorneys. No correspondence should be censored.

Inspection of Letters and Packages

3-JDF-5G-07 (Ref. 2-8382, 2-8383)

142. Written policy, procedure, and practice provide that juveniles' mail, both incoming and outgoing, may be opened and inspected for contraband. Mail is read, censored, or rejected when based on legitimate facility interest of order and security. The juvenile is notified when incoming or outgoing letters are withheld in part or in full.

Comment: Juveniles should be permitted uncensored correspondence so long as it poses no threat to the safety and security of the facility, public officials, or the general public and is not being used in the furtherance of illegal activities. Case law has defined legal limits. When mail is censored or rejected, the juvenile or author should be notified of the reasons for the action and provided an opportunity to appeal the decision.

3-JDF-5G-08 (Ref. 2-8384)

143. Written policy, procedure, and practice require that all cash received through the mail is held for the juvenile in accordance with procedures approved by the parent agency.

Comment: The administration should have discretion to control the flow of cash to juveniles. However, when cash is intercepted and withheld by the facility, it must be in accordance with written procedures that specify who is responsible for the cash, where it is to be deposited, and the method of return or transferal upon the juvenile's release or placement.

3-JDF-5G-09 (Ref. 2-8385)

144. Written policy, procedure, and practice require that incoming and outgoing letters are held for no more than 24 hours, and packages for no more than 48 hours, excluding weekends and holidays.

Comment: Inspection for contraband in letters should take no longer than 24 hours to complete, so that incoming letters should be distributed to juveniles and outgoing letters sent to the post office within 24 hours of receipt. Inspection of packages should take no longer than 48 hours to complete; packages should be distributed or sent to the post office within 48 hours of receipt.

Forwarding of Mail

3-JDF-5G-10 (Ref. 2-8393)

145. Written policy, procedure, and practice provide for the forwarding of first class letters and

packages after transfer or release.

Comment: All first class letters and packages should be forwarded to juveniles who are transferred to other facilities or released, provided a forwarding address is available. If a forwarding address is not available, first class letters and packages should be returned to the sender. Post office policy and procedure should be made available to juveniles.

Telephone

3-JDF-5G-11 (Ref. 2-8392)

146. Written policy, procedure, and practice provide for juvenile access to the telephone to make and receive personal calls.

Comment: Sufficient telephone facilities should be provided to permit reasonable and equitable access by all juveniles, except those in reception units and disciplinary confinement. Written procedures should specify the hours of telephone availability, maximum length of calls, and any limitations on telephone calls. Telephone facilities should allow for a reasonable amount of privacy. All long distance calls should be made collect.

Visiting

3-JDF-5G-12 (Ref. 2-8303)

147. Written policy, procedure, and practice grant juveniles the right to receive visits, subject only to the limitations necessary to maintain facility order and security.

Comment: Because strong family and community ties increase the likelihood that the juvenile will succeed after release, visits should be encouraged. Provision should be made for visitation in pleasant surroundings, with minimum surveillance to ensure privacy. Arrangements must be made to allow confidential visits with attorneys. No restrictions should be placed on juvenile visitation rights except where the facility administrator or designee can provide substantial justification for the restriction.

3-JDF-5G-13 (Ref. 2-8389)

148. Written policy, procedure, and practice provide that juvenile visiting facilities permit informal communication, including opportunity for physical contact.

Comment: The degree of informality of juvenile visiting facilities should be consistent with the facility's overall security requirements. The use of devices that preclude physical contact should be avoided except in instances of substantiated security risk.

3-JDF-5G-14 (Ref. 2-8391)

149. Written policy, procedure, and practice govern special visits.

Comment: Special visits may include visits from persons who have come long distances, visits to hospitalized juveniles, visits to juveniles in disciplinary status, and visits between juveniles and their attorneys. Written policies and procedures should specify the conditions of such visits.

3-JDF-5G-15 (Ref. 2-8390)

150. Written policy, procedure, and practice specify (1) that visitors register on entry into the facility and (2) the circumstances under which visitors are searched and supervised during the visit.

Comment: Each visitor should be required to register his/her name, address, and relation to the juvenile upon entry. Staff members may search visitors and their belongings.

Section H: Release

Principle: The facility provides a structured program to help juveniles make a satisfactory transition upon their release from detention.

Release Preparation

3-JDF-5H-02 (Ref. 2-8395)

151. Written procedures for releasing juveniles include but are not limited to the following:

- verification of identity;
- verification of release papers;
- completion of release arrangements, including the person or agency to whom the juvenile is to be released;
- return of personal effects;
- completion of any pending action, such as grievances or claims for damaged or lost possessions;
- medical screening and arrangements for community follow-up when needed;
- transportation arrangements; and
- instructions on forwarding of mail.

Comment: The release process should ensure that all matters relating to the facility are completed. If the juvenile is to be released to his or her family, the person accepting the juvenile should be identified, or an unescorted release must be verified. If released to another agency, everyone involved should understand what is to occur with respect to timing, expectations, forwarding of records, and who will complete the transfer. The party or entity responsible for or having legal custody of the juvenile must also be notified.

3-JDF-5H-07 (Ref. New)

152. Written policy, procedure, and practice provide for and govern escorted and unescorted day leaves into the community.

Comment: There should be provision to escort juveniles into the community for needed medical and dental care; to visit ill family members or attend funerals; and to participate in community affairs and/or events that would have a positive influence on the juvenile. Unescorted or day leaves should be extended for a variety of reasons related to the juvenile's planned return to the community and should be consistent with public safety.

INS Juvenile Shelter Care Standards Checklist	Rating 1–5: 1=in compliance; 2=not in compliance; 3= exception noted; 4=staff information; 5=confirmed				
	1	2	3	4	5
A. Administration and Management (Part I of JCRF manual) ²					

1. Written policy provides that the facility and its programs are managed by a single administrative officer (3-JCRF-1A-06).	
2. Facility administrator qualifications include a bachelor's degree in a related discipline and demonstrated ability and leadership (3-JCRF-1A-07).	
3. Written policy provides that new or revised policies and procedures are disseminated to designated staff and volunteers (3-JCRF-1A-13).	
4. Written policy provides for regular meetings, at least monthly, between the administrator and key staff members (3-JCRF-1A-14).	
5. Written policy provides that firearms are not permitted in the facility (3-JCRF-1A-22).	
6. The facility has written fiscal policies and procedures adopted by the governing authority that meet minimum requirements (3-JCRF-1B-02).	
7. Written policy provides that any financial transactions between juveniles, staff, and others are approved by the administrator (3-JCRF-1B-17).	
8. Written policy prohibits sexual harassment (3-JCRF-1C-04).	
9. Written policy specifies support for a drug-free workplace for all employees and includes certain minimum principles (3-JCRF-1C-05).	
10. Written policy provides that there are written job descriptions and qualifications for all positions in the facility (3-JCRF-1C-06).	
11. A criminal record check is conducted on all new employees, according to state and federal statutes (3-JCRF-1C-10).	
12. Written policy provides that employees who work with juveniles receive a physical examination (3-JCRF-1C-11).	
13. Written policy provides that all personnel working with juveniles are informed and agree in writing to confidentiality policies (3-JCRF-1C-17).	
14. The facility provides initial orientation for all new employees during their first week of employment (3-JCRF-1D-03).	
15. Written policy provides that all training programs are conducted by qualified trainers in that particular area (3-JCRF-1D-05).	
16. Written policy provides that administrative, managerial, and professional specialist staff receive 40 hours of training (beyond orientation) during their 1st year and 40 hours a year thereafter (3-JCRF-1D-09).	
17. Written policy provides that all juvenile careworkers receive an additional 120 hours of training during their 1st year and 40 hours a year thereafter (3-JCRF-1D-10).	

18. Written policy provides that all support employees with regular or daily contact with juveniles receive 40 hours of training (beyond orientation) during their 1st year and 40 hours a year thereafter (3-JCRF-1D-11).	
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