



INSERTS PLUS/Juvenile Protocol Manual/Juvenile Aliens: A Special Population/Table of Contents (6 of 11)

- soap;
- shampoo;
- toothbrush;
- toothpaste or powder;
- a comb;
- toilet paper; and
- special hygiene items for female residents.

Comment: Hygiene items may be available from the staff or other sources, as approved by the facility administrator.

Section C: Health Care

Principle: The facility provides comprehensive health care services by qualified personnel to protect the health and well-being of juveniles.

Responsible Health Authority

3-JCRF-4C-01 (Ref. 2-6129/6130)

Mandatory

105. Written policy, procedure, and practice provide that the facility has a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency.

Comment: The responsibility of the health authority includes arranging for health care services and ensuring that juveniles have access to them.

Unimpeded Access to Care

3-JCRF-4C-02 (Ref. New)

106. Written policy, procedure, and practice provide for access to health care and for a system for processing complaints regarding health care. These policies are communicated verbally and in writing to juveniles upon their arrival in the facility, and are communicated in a language clearly understood by each juvenile. All decisions concerning access to health care are made by health care staff.

Comment: The facility should follow the policy of explaining access procedures verbally to juveniles unable to read. When the facility frequently has non-English-speaking juveniles, procedures should be explained and written in their language.

Personnel

3-JCRF-4C-03 (Ref. 2-6132)

107. 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. Verification of 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.

Qualifications

3-JCRF-4C-04 (Ref. New)

108. Written policy, procedure, and practice provide that treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider 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.

Mental Health Services

3-JCRF-4C-05 (Ref. New)

109. Written policy, procedure, and practice specify the provision of mental health services to 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.

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.

3-JCRF-4C-06 (Ref. New)

110. 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. The program includes specific procedures for intake screening, identification, and supervision of suicide-prone juveniles.

Comment: None.

Health-trained Staff Member

3-JCRF-4C-07 (Ref. New)

111. When facilities do not have full-time, qualified, health-trained personnel, a health-trained staff member coordinates the health delivery services.

Comment: Coordination duties may include reviewing initial 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-JCRF-4C-08 (Ref. 2-6142)

112. Written policy, procedure, and practice provide that the program's health care plan adheres to state and federal laws and regulations regarding storage and distribution of medications.

Comment: None.

Health Screenings and Examinations

JCRF-4C-09 (Ref. New)

Mandatory

113. 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.
This screening includes 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; and
- other health problems designated by the responsible physician.

Observation of:

- behavior, which includes state of consciousness, mental status, appearance, conduct, tremors, 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 indicators of drug abuse.

Comment: According to the *Flores* Agreement (Exhibit 1-A.2), the program provides routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (with screening for infectious diseases) within 48 hours of admission, excluding weekends and holidays, unless the juvenile was recently examined at another facility; appropriate immunizations in accordance with the U.S. Public Health Service, Center for Disease Control; administration of prescribed medication and special diets; and appropriate mental health interventions when necessary.

3-JCRF-4C-11 (Ref. New)

114. 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 examinations, 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 each juvenile. It also is important that the examination be performed in a uniform manner to ensure that it is thorough and consistent for each juvenile.

3-JCRF-4C-12 (Ref. 2-6140)

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

Comment: Examination results must be made available quickly to ensure prompt and proper treatment.

Dental Screening and Examination

3-JCRF-4C-13 (Ref. 2-6131)

116. Dental care is provided to each juvenile under the direction and supervision of a dentist licensed in the state.

Comment: None.

Emergency Health Care

3-JCRF-4C-14 (Ref. New)**Mandatory**

117. 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 developed a back-up to serve the program. The plan might include an alternate hospital emergency service or a physician “on call” service.

First Aid

3-JCRF-4C-15 (Ref. New)

118. Written policy, procedure, and practice provide that 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) and current certification;
- 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: None.

3-JCRF-4C-16 (Ref. 2-6135)

119. The facility has available at all times first aid equipment approved by a recognized health authority.

Comment: The health authority may be a physician, health administrator, or organization that has the expertise to determine the potential first aid needs of the facility and to evaluate the condition of the first aid supplies and equipment.

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

120. Written policy, procedure, and practice provide that persons injured in an incident receive immediate medical examination and treatment.

Comment: Immediate medical examination and treatment should be required in all instances involving the use of force.

Serious and Infectious Diseases

3-JCRF-4C-21 (Ref. 2-6134-1)

121. Written policy, procedure, and practice address the management of serious and infectious diseases. These policies and procedures are updated as new information becomes available.

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. Agencies should work with the responsible health authority in establishing policy and procedure that include the following: an ongoing education program for staff and residents; control, treatment, and prevention strategies, which may include screening and testing, special supervision, and/or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

3-JCRF-4C-22 (Ref. 2-6139-1)

122. There is written policy, procedure, and practice that specify approved actions to be taken by employees concerning juveniles who have been diagnosed with HIV. This policy shall be reviewed annually and shall include, at a minimum, the following:

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

Comment: None.

Juvenile Participation in Research

3-JCRF-4C-26 (Ref. 2-6073)**Mandatory**

123. 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.

Notification of Designated Individuals

3-JCRF-4C-27 (Ref. 2-6146)

124. Written policy, procedure, and practice provide for the prompt notification of juveniles' parents/guardians in case of serious illness, surgery, injury, or death. Any death in the program is reported immediately to the proper officials.

Comment: Whenever a juvenile becomes seriously ill, requires surgery, or dies, the parents/guardians should be promptly notified by a telephone call, a telegram, or other rapid means of communication. In the event of death, the head of the facility should be notified. The coroner and appropriate law enforcement officials should also be notified.

Health Record Files

3-JCRF-4C-28 (Ref. New)

125. 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;
- signature and title of documenter;
- consent and refusal forms;
- place, date, and time of health encounters; and
- health service reports (e.g., dental, mental health, and consultations).

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: None.

Transfer of Records

3-JCRF-4C-29 (Ref. New)

126. 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 of the juvenile is not required for the transfer of this information. This will reduce duplication of screening procedures, ensure continuity in treatment, and reduce the need for segregation until existence of contagious diseases can be determined.

Part V. Juvenile Services

Section A: Juvenile Services

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

Admission

3-JCRF-5A-01 (Ref. 2-6147)

127. The facility has clearly defined written policies, procedures, and practices governing admission.

Comment: The policies and procedures governing the admission process should include but not be limited to types of information gathered on all applicants before admission, criteria for acceptance, and procedures to be followed when accepting or not accepting referrals.

3-JCRF-5A-03 (Ref. 2-6149)

128. The agency records information on each juvenile to be admitted that, unless prohibited by local statute, includes, at a minimum, the following:

- name;
- address;
- date of birth;

- sex;
- race or ethnic origin;
- reason for referral;
- whom to notify in case of emergency;
- date information gathered;
- name of referring agency or committing authority;
- educational/school history;
- social history, where available;
- special medical problems or needs;
- personal physician, if applicable;
- legal status, including jurisdiction, length and conditions of placement; and
- signature of both interviewee and employee gathering information.

Comment: The agency's admission information form should include the basic data necessary to facilitate a continuous program for the juvenile. The information on the form can be expanded to meet the needs of individual facilities.

According to the *Flores* Agreement (Exhibit 1-A.3), a comprehensive and realistic individual plan for the care of each juvenile is developed according to his or her needs, as determined by the individualized needs assessment. An individualized needs assessment shall include (a) various initial intake forms; (b) essential data relating to the identification and history of the minor and family; (c) identification of the minor's special needs including any specific problem(s) which appear to require immediate intervention; (d) an educational assessment and plan; (e) an assessment of family relationships and interaction with adults, peers, and authority figures; (f) a statement of religious preference and practice; (g) an assessment of the minor's personal goals, strengths, and weaknesses; and (h) identifying information about immediate family members, other relatives, godparents, or friends who may be residing in the United States and may be able to assist in family reunification. Individual plans shall be implemented and closely coordinated through an operative case management system.

Reception and Orientation

3-JCRF-5A-05 (Ref. 2-6151)

129. Written policy, procedure, and practice provide that the facility advises the referring facility when a prospective juvenile is not accepted into the program, stating specific reasons.

Comment: An important part of the referral process is the follow-up provided to the referring source. Such communication will assist the referring source in making future referrals.

3-JCRF-5A-07 (Ref. 2-6153)

130. At the time of admission, facility staff discuss program goals, services available, rules governing conduct, program rules, and possible disciplinary actions with the juvenile; this discussion is documented by employee and juvenile signatures.

Comment: It is important that the juvenile, at the time of admission, understand what can be expected of the program and what the program expects from him or her. This discussion can occur before admission, but no later than at the time of admission and acceptance into the program. The discussion or orientation should also include but not be limited to curfew, meal hours, program participation, house rules, eligibility criteria for discharge, and staff expectations.

The *Flores* Agreement (Exhibit 1-A.9) stipulates that the availability of legal assistance must also be

explained during orientation.

3-JCRF-5A-09 (Ref. 2-6155)

131. Written policy, procedure, and practice provide that the facility does not discriminate on the basis of race, religion, national origin, gender, or disability.

Comment: The program should demonstrate both in writing and practice that it accepts any juvenile who is in need of services and meets the program eligibility criteria.

3-JCRF-5A-12 (Ref. 2-6156)

132. The facility provides or makes arrangements for the provision of the following services:

- educational, vocational, and psychological assessment;
- educational/vocational programs;
- individual and group counseling activities;
- appropriate recreation and leisure activities;
- consistent family contact;
- food service;
- assistance with transportation;
- transitional services;
- emergency financial assistance;
- medical health services;
- mental health services; and
- employment counseling and placement.

Comment: The program cannot and should not provide all services in-house, not only because the costs would be prohibitive, but also because the basic philosophy of community residential programs would be destroyed. If additional services are not available without charge, the program should assist in the provision of funds for them. Involvement of other support services for the juveniles is an essential element of community residential programs, and referral to and assistance with community agencies should be encouraged whenever possible.

According to the *Flores* Agreement (Exhibit 1-A.13), family reunification services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the minor's release are services that may be carried out by INS in conjunction with contracted personnel at the facility. *Flores* (Exhibit 1-A.8) also holds that acculturation and adaptation services be made available, to include information for the development of social and inter-personal skills that contribute to those abilities needed to live independently and responsibly.

New Juveniles

3-JCRF-5A-13 (Ref. New)

133. Written policy, procedure, and practice provide that juveniles new to the facility 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 and the distribution of written materials about the facility's programs, rules, and regulations. Orientation should also be used to observe juvenile behavior and

to identify special problems.

Section B: Classification

Principle: Juveniles are classified to the most appropriate level of supervision and programming, both upon admission and upon review of their status.

Classification Plan

3-JCRF-5B-08 (Ref. 2-6171)

134. Where a language or literacy problem exists that can lead to a juvenile's misunderstanding of agency rules and regulations, assistance is provided to the juvenile either by staff or another qualified individual under the supervision of a staff member.

Comment: There are situations when a juvenile will require the assistance of another person; most important of which is understanding the rules and regulations governing personal conduct in the program.

Section C: Social Services

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 other progress release planning for juveniles with drug and alcohol addictions.

Program Coordination and Supervision

3-JCRF-5C-02 (Ref. 2-6168)

135. Written policy, procedure, and practice provide that each juvenile is assigned a facility staff member who meets with and counsels that juvenile.

Comment: In order to ensure that each juvenile receives adequate as well as continuing services, responsibility for the case management of a juvenile should be assigned to a specific staff member.

Counseling

3-JCRF-5C-03 (Ref. New)

136. 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. Such services may include individual and family counseling, family planning and parent education, and other progress release planning for juveniles with drug and alcohol addictions.

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.

According to the *Flores* Agreement (Exhibit 1-A.6), the program includes at least one individual counseling session per week conducted by trained social work staff. Individual counseling session objectives should

include reviewing the juvenile's progress, establishing new short-term objectives, and addressing both the developmental and crisis-related needs of each juvenile. *Flores* also specifies (Exhibit 1-A.7) that group counseling sessions should be offered at least twice a week. Group is usually an informal process and takes place with all juveniles present. It is a time when new juveniles are given the opportunity to get acquainted with the staff, other juveniles, and the rules of the program. It is an open forum where everyone gets a chance to speak. Daily program management is discussed and decisions are made about recreational activities, etc. It is a time for staff and juveniles to discuss whatever is on their minds and to resolve problems.

Section D: Education/Vocation

Principle: A written body of policy and procedures governs the facility's programs. All juveniles will have an individualized program that will contain elements of education, vocational education, work, recreation, and social services.

Educational/Vocational Training

3-JCRF-5D-01 (Ref. New)

137. Written policy, procedure, and practice provide for coordination and continuity between educational, vocational, and work programs.

Comment: In accordance with the *Flores* Agreement (Exhibit 1-A.4), the program provides educational services appropriate to the juvenile's level of development and communication skills in a structured classroom setting, Monday through Friday, concentrating primarily on the development of basic academic competencies and secondarily on English Language Training. The educational program shall include instructional, educational, and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing, and Physical Education. The program shall provide juveniles with appropriate reading materials in languages other than English for use during the juvenile's leisure time.

3-JCRF-5D-02 (Ref. 2-6183)

138. Special education programs are available to meet the needs of special education students as defined in public law.

Comment: There is a large number of persons with disabilities in juvenile correctional programs. They have special academic and vocational needs. P.L. 94-142 mandates services for persons with disabilities to ensure that all students who wish to participate in education are provided the opportunity to do so.

3-JCRF-5D-03 (Ref. New)

139. Written policy, procedure, and practice indicate compliance with laws pertaining to individual special education plans prior to placement of juveniles into or out of special education programs.

Comment: None.

3-JCRF-5D-04 (Ref. New)

140. Written policy, procedure, and practice provide that educational, vocational, work and treatment programs, credits, certificates, or diplomas are accepted by community agencies.

Comment: Educational programs must be at least equal in quality and requirements to equivalent programs

in the community to ensure that student credits, certificates, and diplomas are accepted by employers and transferable to schools and colleges after release.

Employment

3-JCRF-5D-05 (Ref. New)

141. Written policy, procedure, and practice provide that the use of work does not interfere with educational and treatment programs.

Comment: None.

Section E: Recreation

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

Staff and Space Requirements

3-JCRF-5E-01 (Ref. 2-6184)

142. Written policy, procedure, and practice provide for indoor and outdoor recreational and leisure time needs of juveniles. Juveniles should be encouraged to be physically active, depending on their capabilities, and receive at least two hours of planned recreation per day.

Comment: Provision should be made for periodic group activities outside the facility. Also, there should be space for indoor leisure time activities, such as television, games, reading, and studying.

According to the *Flores* Agreement (Exhibit 1-A.5), the recreation and leisure time plan shall include daily outdoor activity, weather permitting; at least 1 hour per day of large muscle activity; and 1 hour per day of structured leisure time activities. Activities should be increased to a total of 3 hours on days when school is not in session. Structured leisure time activities do not include time spent watching television.

Section F: Religion

Principle: A written body of policy and procedures governs the facility's religious programs for juveniles, including coordination and supervision, opportunities to practice the requirements of one's faith, and use of community resources.

Participation

3-JCRF-5F-01 (Ref. 2-6185)

143. Written policy, procedure, and practice provide that juveniles have the opportunity to participate in practices of their religious faith in accordance with legislation of the authority having jurisdiction.

Comment: All juveniles should have the opportunity to practice their religions.

The *Flores* Agreement (Exhibit 1-A.10) holds that juveniles are to be given access to religious services of their choice, whenever possible.

Section G: Mail, Telephone, Visiting

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

Mail

3-JCRF-5G-01 (Ref. 2-6188)

144. 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 attorneys, public officials, and courts.

Access to Publications

3-JCRF-5G-02 (Ref. New)

145. Written policy, procedure, and practice govern juvenile access to publications.

Comment: Specific policies and procedures should exist to define which publications are allowed in the facility and how they will be inspected. Restrictions to access should be directly related to the maintenance of facility order and security.

Inspection of Letters and Packages

3-JCRF-5G-03 (Ref. 2-6187)

146. Written policy, procedure, and practice provide that juveniles' mail, both incoming and outgoing, may be opened and inspected for contraband. When based on legitimate facility interests of order and security, mail may be read or rejected. The juvenile is notified when incoming mail is returned or outgoing mail is withheld.

Comment: Juveniles should be permitted uncensored correspondence, as 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 author must be notified of the reason for the action and provided an opportunity to appeal the decision.

Forwarding of Mail

3-JCRF-5G-04 (Ref. New)

147. 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-JCRF-5G-05 (Ref. 2-6189)

148. Written policy, procedure, and practice provide for juvenile access to a telephone to initiate and receive personal calls.

Comment: Juveniles should be permitted reasonable access to a telephone to make both personal and program-related calls. This may be a pay phone. Written policy specifies the hours of telephone availability and any limitations on telephone calls.

Visiting

3-JCRF-5G-06 (Ref. 2-6186)

149. Written policy, procedure, and practice provide that juveniles receive approved visitors during normal visiting hours, except where there is substantial evidence that a visitor poses a threat to the safety of the juvenile or to the security of the program.

Comment: The range of visiting hours and/or approved visitors should be as broad as possible. Whenever a visitor is permanently denied access to the facility, such as through a court order, the reasons for exclusion should be specified in a written report, copies of which are kept on file and given to the juvenile involved, if requested.

According to the *Flores* Agreement (Exhibit 1-A.11), visitation and contact with family members (regardless of their immigration status) is structured to encourage such visitation. The staff shall respect the juvenile's privacy while reasonably preventing his or her unauthorized release.

3-JCRF-5G-07 (Ref. New)

150. Written policy, procedure, and practice provide for special visits.

Comment: Sometimes there are emergency events or circumstances that require special visitation needs. The policy should provide guidelines for responding to these situations.

Section H: Release

The following two standards are taken from the *ACA Standards for Juvenile Detention Facilities, 3rd ed. (1991)*.

Principle: The facility provides a structured program to help juveniles make a satisfactory transition upon release from their 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 person designated to 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 Secure Juvenile Standards Checklist		Rating 1–5: 1=in compliance; 2=not in compliance; 3= exception noted; 4=staff information; 5=confirmed				
A. Administration and Management (Part I of JDF manual)⁴		1	2	3	4	5
1. A criminal record check is performed on all new employees in accordance with state and federal statutes (3-JDF-1C-13).						
2. Written policy governs the management of case records, including all required areas (3-JDF-1E-01).						
3. The facility administration maintains and has available in a master file a detailed record on each juvenile (3-JDF-1E-02).						
4. Written policy provides that an updated case file is transferred within 72 hours of a juvenile's transfer to another facility (3-JDF-1E-04).						
5. Written policy safeguards records from unauthorized and improper disclosure (3-JDF-1E-08).						

B. Physical Plant (Part II of JDF manual)	1	2	3	4	5
6. The facility conforms to all applicable fire safety codes (3-JDF-2A-03).					
7. A qualified source has documented that finishing materials in juvenile living areas comply with recognized codes (3-JDF-2A-04).					
8. Juveniles' rooms and sleeping areas conform with all space requirements (3-JDF-2C-02).					
9. Dayrooms for varied juvenile activities are separated from sleeping areas by a floor-to-ceiling wall (3-JDF-2C-04).					
10. There is at least 1 toilet for every 12 male juveniles and 8 female juveniles; and at least 2 toilets in houses with 5 or more juveniles (JDF-2C-06).					
11. Juveniles have access to wash basins with hot and cold running water, at a ratio of 1 basin for every 12 occupants (3-JDF-2C-07).					
12. Juveniles have access to showers with temperature-controlled hot and cold running water, with at least 1 shower for every 8 juveniles (3-JDF-2C-08).					
13. Male and female juveniles do not occupy the same sleeping room (3-JDF-2C-12).					
14. Written policy provides that all housing areas comply with specified lighting and other environmental requirements (3-JDF-2D-01).					
15. Temperatures in indoor living and work areas are appropriate to summer and winter comfort zones (3-JDF-2D-03).					
16. School classroom designs conform with local or state educational requirements (3-JDF-2E-05).					
17. The food preparation area has space appropriate to population size, type of food preparation, and methods of meal service (3-JDF-2E-07).					
18. Provisions exist for adequate storage and loading areas and for garbage disposal facilities (3-JDF-2E-08).					
19. There is space in the facility to store and issue clothing, bedding, cleaning supplies, and other items required for daily operations (3-JDF-2E-11).					
20. Space is provided for the safe and secure storing of juveniles' personal property (3-JDF-2E-12).					
21. There is space for a 24-hour control center to monitor and coordinate the facility's security, safety, and communications systems (3-JDF-2G-01).					
22. The facility's perimeter is controlled to keep juveniles in and the general public out, unless they have proper authorization (3-JDF-2G-02).					

INS Secure Juvenile Standards Checklist	Rating 1–5: 1=in compliance; 2=not in compliance; 3= exception noted; 4=staff information; 5=confirmed				
C. Institutional Operations (part III of <i>JDF</i> manual)	1	2	3	4	5
23. There is a manual containing all procedures for facility security and control, with detailed instructions for implementing them (3-JDF-3A-01).					
24. The facility has a communication system between the control center and juvenile living areas (3-JDF-3A-02).					
25. The facility maintains a daily report on juvenile population movement (3-JDF-3A-03).					
26. Written policy requires that coed facilities have both a male and a female staff member on duty at all times (3-JDF-3A-07).					
27. Written policy requires staff to keep a permanent log and to prepare shift reports that record both routine and unusual occurrences (3-JDF-3A-09).					
28. Written policy requires at least weekly inspection and maintenance of all security devices, with corrective action taken as needed (3-JDF-3A-12).					
29. The facility has a system for physically counting juveniles (3-JDF-3A-13).					
30. Written policy provides that restraint devices are applied only with the facility administrator's approval, and never as punishment (3-JDF-3A-16).					
31. Written policy provides that the facility maintain a written record of routine and emergency distribution of restraint equipment (3-JDF-3A-17).					
32. All special incidents, e.g., hostage taking or use of force, are reported in writing, and dated and signed by the reporting staff person (3-JDF-3A-18).					
33. Written policy provides for searches of facilities and juveniles to control and dispose of contraband (3-JDF-3A-19).					
34. Written policy provides that manual or instrument inspection of body cavities is done only with reason and authorization (3-JDF-3A-20).					
35. Written policy allows visual inspection of juvenile body cavities only when a reasonable belief exists that he/she is carrying contraband (3-JDF-3A-21).					

36. Written policy governs the control and use of keys (3-JDF-3A-22).	
37. Written policy governs the control and use of tools and culinary and medical equipment (3-JDF-3A-23).	
38. Written policy governs the availability, control, and use of chemical agents and related security devices (3-JDF-3A-26).	
39. Written policy requires that personnel using force to control juveniles give a written report to the facility administrator by end of TDY (3-JDF-3A-27).	

(table continued on next page)

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