

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND**

<b>INMATES OF THE RHODE ISLAND TRAINING SCHOOL,</b>	)	
	)	
<b>Plaintiffs,</b>	)	
	)	
v.	)	
	)	<b>C.A. No. 71- 4529 - L</b>
<b>TRISTA PICCOLA, ET AL.,</b>	)	
	)	
<b>Defendants.</b>	)	

**FINAL REPORT OF THE SPECIAL MASTER**

On April 14, 2014, the Special Master filed a report with the Court indicating that the Department of Children, Youth and Families (DCYF) had achieved substantial compliance with three of the four conditions outlined in the Court-approved consent decree entered October 3, 2000. The three conditions satisfied were: 1) the construction of a new facility for housing securely confined youth<sup>1</sup>, 2) the development, implementation, and active maintenance of a Policies and Procedures Manual to guide management of the institutions, and 3) the implementation of an administrative grievance procedure.

---

<sup>1</sup> DCYF actually constructed two new institutions. The Thomas Slater Youth Development Center designed primarily to house adjudicated youth, and the Roosevelt Benton Center for detained youth.

The Master's report was occasioned by a request from the parties regarding the fourth of the October, 2000 consent decree's requirements. That requirement read as follows in the October 2000 consent decree:

Full accreditation of the Rhode Island Training School for Youth by the American Correctional Association (or successor organization recognized as being the authoritative professional association setting standards for confinement of juveniles.

The parties requested that the Court amend the requirement for accreditation by the American Correctional Association, and to substitute instead, a requirement that to fully comply with the consent decree that the DCYF institutions be found in substantial compliance with a set of standards known as JDAI+. The foundation of the JDAI+ standards are standards developed through the auspices of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). At the time of the parties' 2014 request to the Court, JDAI standards had been adopted by more than 200 sites in 39 states. The parties, collaborating with staff of the Children's Center on Law and Policy (CCLP), and the Special Master, worked together for approximately a year to develop the JDAI+ standards proposed to the Court. The JDAI+ standards incorporated items contained in the Court's Consent Decree having to do primarily with care and treatment of adjudicated youth.

Once the parties had completed developing the JDAI+ standards, they divided them into two groups: mandatory and non-mandatory standards. Further, the parties agreed that substantial compliance would be met by compliance with all of the mandatory standards, and 90% of the non-mandatory standards, and agreed on a protocol for determining substantial compliance found at Attachment 1. The Special

Master supported the parties' request and recommended to the Court that it adopt the JDAI+ standards.

On June 18, 2014, the Court issued an order amending its October 3, 2000 consent decree, and adopting the JDAI+ standards as the appropriate measure to determine compliance with the Consent Decree. Further, the Court concluded that:

Once the Special Master reports that Defendants have reached substantial compliance with this new provision of Paragraph 11(2), the Mastership shall terminate. Moreover, after the Special Master reports substantial compliance with the newly modified requirement set forth in Paragraph 11(2), the parties shall jointly move to dismiss the case.<sup>2</sup>

Once the Court issued its June 2014 Order, the parties began planning for an on-site assessment of the institutions. As is explained in more detail in Attachment 2, Summary of Activities of the Center for Children's Law and Policy to Assess Conditions of Confinement at the Rhode Island Training School and Roosevelt Benton Center in *Rhode Island Training School v. Piccola*, U.S. District Court, District of Rhode Island, CA No. 71-4529-1, dated April 2017, a team of experts constituted and led by CCLP made a July 2014 trip to Rhode Island for the purpose of assessing the Institution's compliance with the JDAI+ standards. The team identified a number of deficiencies, and through a collaboration among the parties, and with the assistance of the Special Master, identified a series of corrective actions to be taken in order to achieve compliance. A smaller team made a return trip to Rhode Island from July 13-15, 2016. Many of the corrective actions taken by management and staff in the approximately two years between the assessment in 2014 and the follow-up in 2016 had produced useful and compliant results. The CCLP assessors determined, however, that the institutions

---

<sup>2</sup> Court's Order, June 18, 2014 at 13.

remained non-compliant with a small group of standards, three mandatory and three non-mandatory. Following the July 2016 audit, CCLP revised its finding for the full JDAI+ standards in a multi-page grid indicating conforming and non-conforming standards. This complete list of JDAI+ standards and the compliance findings, entitled Grid A, July 2016 is attached as Attachment 3.

The final list of remaining standards needed for a substantial compliance finding in the April 2017 audit is attached as Attachment 4. As Attachment 4 indicates, the CCLP assessors found that one of the non-mandatory standards remained non-compliant although they noted improvement. As a result of these CCLP findings in April 2017, RITS has reached substantial compliance with the JDAI+ requirements in the Consent Decree.

In conclusion, the Special Master finds that the two institutions constituting the Rhode Island Training School have demonstrated substantial compliance with all four of the requirements mandated by the Court in its October 2000 Order as amended. That is, DCYF has demonstrated compliance by:

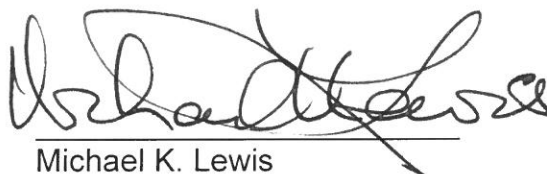
- 1) Building two new institutions,
  - 2) Achieving substantial compliance with the JDAI+ standards,
  - 3) Developing, implementing and maintaining a Policies and Procedures Manual,
- and,
- 4) Implementing and maintaining an administrative grievance procedure.

Consistent with the Court's June 18, 2014 Order, the Special Master recommends that the Mastership be terminated.



June 5, 2017

Respectfully submitted,



Michael K. Lewis  
Special Master  
*Inmates of the Rhode Island  
Training School v. Piccola*  
JAMS, Inc.  
1155 F St., NW, Suite 1150  
Washington, DC 20004  
[mlewis@jamsadr.com](mailto:mlewis@jamsadr.com)

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing Report of the Special Master was served by electronic mail this 14th day of April, 2014 to:

Amy Fetting, Esq.  
Senior Trial Attorney  
ACLU National Prison  
Project  
915 15<sup>th</sup> St., NW  
Washington, DC 20005  
[afetting@aclu.org](mailto:afetting@aclu.org)

Kevin J. Aucoin, Esq.  
Deputy Director and General  
Counsel  
R.I. Department of Children  
Youth and Families  
100 Friendship Street  
Providence, RI 02903  
[Kevin.Aucoin@dcyf.ri.gov](mailto:Kevin.Aucoin@dcyf.ri.gov)

John W. Dineen, Esq.  
305 S. Main St.  
Providence, RI 02903  
[jwdineen1@yahoo.com](mailto:jwdineen1@yahoo.com)

# **ATTACHMENT 1**

**Training School / Facility Inspection Process  
The Center for Children's Law and Policy (CCLP)**

1. The Rhode Island Department of Children, Youth and Families shall engage a team of experts in the field of juvenile justice selected by the Center for Children's Law and Policy (CCLP) to perform an independent inspection of the Rhode Island Training School (the facility). The inspection team shall include, at a minimum, two (2) juvenile justice experts, a medical expert, a behavioral health expert, and an education expert.
2. The parties have developed and agreed on a set of inspection standards together with CCLP to be used by the independent inspection team. The inspection standards are based on the Juvenile Detention Alternative Initiative (JDAI) standards of the Annie E. Casey Foundation, as well as the standards established by the Consent Decree. The inspection standards shall constitute the inspection instrument that the team will complete in its evaluation of the facility.
3. The parties have agreed upon the precise metric the facility must achieve to attain "substantial compliance" with the inspection standards referenced in paragraph 2. The metric identifies two types of standards: (1) mandatory inspection standards, which are standards that impact on the health and safety of youth and employees assigned to the facility and standards that reflect the terms set forth in the Consent Decree; and (2) non-mandatory inspection standards, which include the remaining standards. For purposes of the inspection, the term "substantial compliance" shall mean as follows: "The facility has satisfactorily achieved all of the mandatory inspection standards and has "satisfactorily achieved" 90% of the non-mandatory inspection standards." The term "satisfactorily achieved" shall mean as follows: "The elements of the standard are clearly fulfilled and documentation, observations, interviews and/or other evidence sufficiently demonstrate that the facility satisfies the inspection standard. Isolated, non-systemic incidents and/or a temporary failure to conform to the standard during a period of otherwise sustained conformance shall not constitute failure to satisfactorily achieve conformance with an inspection standard."
4. The inspection team will conduct an on-site inspection of the facility at times and dates to be mutually agreed upon among all of the participants. In the event the inspection team determines that there is non-conformance with a mandatory standard, the inspection team members will promptly notify the facility management of the non-conformity and afford the facility management an opportunity to immediately cure the deficiency. The inspection team will promptly notify the facility management of any potential emergency situations that it finds during the on-site inspection. The inspection team will conduct an exit interview to provide an overview of its preliminary findings at the end of the on-site inspection period.
5. The inspection team will provide the facility management with a preliminary draft of the completed inspection instrument for review and comment within 30 days of the inspection.

6. The parties will provide the inspection team with their responses to the draft inspection instrument and submit any additional material for the inspection team's consideration within two weeks of the receipt of the draft inspection instrument.
7. The inspection team will submit a final inspection report and inspection instrument to the facility management within 30 days of receipt of the responses from the parties. The final inspection report and inspection instrument will certify whether the Training School has achieved substantial compliance with the inspection standards, as defined in paragraph 3.
8. In the event the inspection team determines that the facility has not achieved substantial compliance, the inspection team will set forth recommendations to achieve substantial compliance.
9. In the event the inspection team determines that the facility has not achieved substantial compliance, the Training School administration will submit a corrective action plan to cure the lack of substantial compliance within 30 days of the issuance of the final report by CCLP. The corrective action plan shall include steps the facility has taken or will take to achieve substantial compliance. The plan shall also include documentation of any corrective actions that have taken place prior to submission of the plan. Specific time frames for achieving action steps and compliance shall also be indicated in the plan.
10. The inspection team members will review the Training School's corrective action plan and certify whether they are satisfied that the facility has achieved substantial compliance with the inspection standards. The inspection team will determine what, if any, subsequent on-site inspection may be necessary to certify substantial compliance.
11. Upon confirmation that the facility has achieved substantial compliance with the inspection standards as referenced in paragraph 3, the inspection team shall submit a letter to report its findings to the Special Master and the parties. The Special Master shall submit these findings to the Court together with a report regarding the specific requirements of the Court's October 3, 2000 Order, as required by Paragraph 11 of that Order.

## **ATTACHMENT 2**



**Summary of Activities of the Center for Children's Law and Policy  
to Assess Conditions of Confinement at the Rhode Island Training School and Roosevelt  
Benton Center in *Rhode Island Training School v. Piccola*, U.S. District Court, District of  
Rhode Island, CA No. 71-4529-1**

April 2017

This document summarizes how the Center for Children's Law and Policy (CCLP) has assisted the parties, Special Master, and DCYF administrators and staff in assessing conditions of confinement in *Rhode Island Training School v. Piccola*. This document summarizes CCLP's role in helping the parties and Special Master (1) develop a comprehensive and rigorous set of standards to assess conditions of confinement at the Rhode Island Training School (RITS) and Roosevelt Benton Center (RBC), (2) complete three on-site assessments to determine whether there is substantial compliance with the standards, and (3) identify and implement improvements to policy, practice, and training that will have a lasting and positive impact on young people in Rhode Island's juvenile justice facilities.

By way of background, the Center for Children's Law and Policy (CCLP) is a national public interest law and policy organization focused on the reform of juvenile justice and other systems that affect troubled and at-risk children, and protection of the rights of children in those systems. Our staff work to help jurisdictions throughout the country make their juvenile justice systems more equitable and effective. Over the last 10 years, we have worked on juvenile justice reform in 32 states and the District of Columbia. We have played a leading role in the largest juvenile justice reform initiatives in this country, including the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the John D. and Catherine T. MacArthur Foundation's Models for Change Initiative. We have also worked to help juvenile justice systems and agencies in the wake of litigation, investigations, and media coverage of policies and practices

CCLP staff co-authored the extensive Juvenile Detention Facility Assessment Standards used by the Annie E. Casey Foundation's JDAI Initiative. The JDAI Standards are the most comprehensive and demanding set of standards for juvenile facilities in the country. They are the standards that are used to assess and improve conditions in over 300 JDAI sites in 39 states and the District and Columbia. The JDAI standards have been cited in investigations by the U.S. Department of Justice's Civil Rights Division. They have also served as the basis for federal and state legislation, as well as many agencies' policies. Our staff worked with legislative task forces in Louisiana and Mississippi in recent years to help those states develop comprehensive

1701 K Street, NW  
Suite 1100  
Washington, DC 20006

tel: 202.637.0377  
fax: 202.379.1600

[www.cclp.org](http://www.cclp.org)

mandatory statewide standards for their juvenile facilities following numerous lawsuits and concerns about conditions in those states.

I. Development of a Comprehensive and Rigorous Set of Standards to Assess Conditions at the RITS and RBC.

In 2012, the parties and Special Master agreed to petition the Court to modify the 2000 Consent Decree. The parties and Special Master sought to substitute the provision requiring compliance with the American Correctional Association (ACA) standards for juvenile facilities with a requirement to comply with a modified version of the JDAI Detention Facility Assessment Standards. The parties and Special Master agreed that the JDAI standards set a higher bar for policies and practices in DCYF's juvenile facilities than the ACA standards, and offered more protections for youth in custody.

Because the JDAI standards were created for pre-adjudication juvenile detention facilities, the standards required modifications to (1) address post-adjudication treatment and rehabilitation services provided at the RITS, and (2) incorporate the specific requirements of the Consent Decree. Beginning in early 2013, CCLP staff held a series of conference calls, many lasting two hours or more, with the parties and Special Master to make necessary and appropriate modifications to the JDAI standards.

Through this process, CCLP, the parties, and the Special Master also negotiated which standards would be designated as "Mandatory Standards" or "Non-Mandatory Standards." Mandatory Standards were identified as standards directly related to the life, health, and safety of young people in custody. The parties and Special Master agreed that the facilities had to achieve substantial compliance with 100% of the Mandatory Standards in order for the Special Master to certify substantial compliance. For Non-Mandatory Standards, the parties and Special Master agreed that DCYF had to achieve substantial compliance with at least 90% of those standards in order for the Special Master to certify substantial compliance.

In early 2014, CCLP Executive Director Mark Soler submitted a declaration to the Court describing the process of developing the standards and the benefits of using a modified version of the JDAI standards to assess conditions of confinement in lieu of the ACA standards. The Court subsequently agreed to modify the Consent Decree, as requested by the parties, following notice to the class.

II. Completion of Three On-Site Assessments to Determine Substantial Compliance with the Standards.

From July 14-16, 2014, three CCLP staff members (Executive Director Mark Soler, Deputy Director Dana Shoenberg, and Staff Attorney Jason Szanyi) and nationally recognized experts in medical care (Dr. Michael Cohen), mental health care (Dr. Andrea Weisman), and educational services (Dr. Peter Leone) traveled to Rhode Island for the first of three on-site assessments of conditions at the RITS and RBC. The assessment team requested and reviewed documentation in advance of the on-site visit. The assessment team also assessed compliance with the modified

JDAI standards while on site through interviews with youth, staff, and administrators; observation of facility conditions and practices; and review of documents and other records.

At the conclusion of the July 2014 visit, the assessment team conducted an exit interview with the parties, Special Master, and key staff of the RITS and RBC. At that time, the team notified DCYF that while the facilities were in substantial compliance with many of the standards, there were several areas of non-compliance, including areas designated as Mandatory Standards. Some major areas of non-compliance included a lack of infrastructure to deliver staff training on key topics, a lack of specificity in youth's Individualized Treatment Plans and Behavior Intervention Plans, the routine discontinuance of psychostimulants for youth upon admission, the overuse of room confinement for administrative and disciplinary reasons, and staffing shortages that led to mandatory double-shifts for line staff.

Following the July 2014 assessment, the parties and Special Master agreed to a corrective action period. During that time, CCLP's assessment team, including the medical, mental health, and education experts, provided extensive feedback on revised policies and procedures, training materials, and other documents.

The parties and Special Master agreed to have the assessment team return from June 13-15, 2016, to assess compliance with the standards that were not met during the July 2014 assessment. A smaller assessment team comprised of CCLP staff members Mark Soler, Jason Szanyi, and Staff Attorney Jenny Lutz conducted the assessment. As with the initial assessment, the team requested and reviewed documentation prior to the on-site visit, in addition to conducting interviews, making observations, and reviewing records while on site. The assessment team determined that DCYF had made substantial progress with many areas identified as areas of concern during the June 2014 assessment. These areas of improvement included developing, delivering, and documenting a comprehensive staff training curriculum, as required by the standards. DCYF had also improved medical protocols consistent with recommendations from the assessment team's medical expert, in addition to making many other changes.

However, the assessment team determined that the facility was not in substantial compliance with eleven standards, six of which were mandatory standards. The parties, Special Master, and assessment team agreed to create a short list of the remaining mandatory and non-mandatory standards. That list, reflected in the document labeled Grid B, grouped the remaining mandatory and non-mandatory standards into six main areas with identified performance measures. The first three standards were designated as Mandatory Standards. The Standards in Grid B are:

- 1) Individualized Treatment Plans emphasize the strengths and challenges of the individual youth who is the subject of the plan, clearly identify specific positive behaviors to replace negative behaviors, and include objectives as well as proximate and corresponding rewards.
- 2) Staff possess the information, training, and skills necessary to manage youth's refusals to follow directives without relying on restraints or physical force in situations that do not present an imminent risk of harm to youth or staff.



- 3) Youth may gather for religious services. Youth are not compelled to participate in religious activities.
- 4) Behavior Management Plans clearly identify specific positive behaviors to replace negative behaviors and include measurable and incremental objectives alongside proximate and corresponding rewards.
- 5) Youth are out of their rooms except during sleeping hours, during brief periods of transition (such as shift changes), when the youth's behavior presents an imminent threat to the safety of youth or staff, or pursuant to a disciplinary sanction assigned following a Major Discipline Review hearing.
- 6) Younger relatives (siblings or cousins) may visit with approval of the youth's clinical social worker or unit manager.

From June 2016 through March 2017, DCYF engaged in corrective action to address the remaining areas of non-compliance. During that time, CCLP staff provided extensive feedback on revised Individualized Treatment Plans and Behavior Intervention Plans to help ensure that the facilities' plans outlined individualized, specific, and measurable goals. As mentioned below, DCYF also trained all staff on a nationally recognized curriculum, known as Safe Crisis Management, designed to help staff de-escalate situations without the use of force or room confinement.

On April 13, CCLP staff members Mark Soler and Jason Szanyi returned to Rhode Island to assess DCYF's compliance with the remaining six areas of the standards. As indicated in Grid B, CCLP staff found DCYF in substantial compliance with 5 of the 6 areas, including the three remaining Mandatory Standards.

### III. Identification and Implementation of Improvements to Policy, Practice, and Training.

Through the activities outlined above, we believe that the parties and Special Master have gone far above and beyond what was envisioned by the original Consent Decree. DCYF staff incorporated dozens of recommendations from the CCLP assessment team since the initial on-site assessment in July 2014. Some of the most significant improvements to the RITS and RBC since the initial assessment include:

- Development of an infrastructure to document and deliver staff training across a range of topics necessary for staff to work effectively with young people.
- Greater involvement of mental health and social work clinicians in creating Individualized Treatment Plans and Behavior Intervention Plans that contain measurable, specific, and incremental goals, along with proximate and proportionate rewards when youth make progress toward those goals.

- Creation of new medical protocols that allow for continuity of prescription medication for youth who have been prescribed psychostimulants and appropriate administration of non-prescription medication.
- Training of all staff on the premier curriculum on de-escalation and crisis intervention techniques. The training appears to have led to significant decreases in uses of force and room confinement for youth who demonstrate non-compliant behavior.
- Significantly reduced reliance on mandated double-shifts to achieve minimum staffing ratios.
- Improved consistency in policy and practice across several areas of facility operations, including visitation, food service, fire preparedness, laundry services, and intake screening for youth with disabilities and other medical and mental health issues.

We believe that the implementation of the many policy and practice changes above will ensure that youth in DCYF custody receive the benefits of reforms long into the future. We would be happy to answer any questions about our involvement in this process.

Respectfully submitted,



Mark Soler, Executive Director  
Center for Children's Law and Policy



Jason Szanyi, Deputy Director  
Center for Children's Law and Policy

## **ATTACHMENT 3**

Grid A (mandatory standards are designated as such in the Findings/Comments field)  
July 11, 2016

<b>I. CLASSIFICATION SYSTEM AND INTAKE</b>
<i>Detention and adjudication are traumatic events for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, mental health, and physical needs. The Classification section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help.</i>

STANDARD	Conform s to Standard	Does Not Conform to Standard	FINDINGS/COMMENTS
<b>A. Specific Detention Limitations</b>			
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.		X	Statutes and policy do not include detention for likelihood of failure to appear in court.
2. Status offenders are not detained at the facility unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act.	X		
3. 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.		X	There is no lower age limit set by statute or policy.
4. Non-offenders (including abused/neglected youth) are not detained in the facility.	X		
5. Written policies, procedures, and actual practices ensure that:			
a. The facility does not detain youth simply because the youth is undocumented.	X		
b. The facility does not detain youth with immigration holds if they have no delinquency case or charge, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their case dismissed, or finish a period of incarceration).	X		

<p>c. If the facility contracts to hold youth detained pursuant to Department of Homeland Security (DHS, formerly INS) regulations, only youth meeting the DHS regulations on secure confinement of juveniles are detained.</p>			Not applicable.
<p>6. Youth known to have serious medical or mental health needs, or youth who are severely intoxicated, are not admitted into the facility unless and until appropriate medical or mental health professionals clear them.</p>	X		<b>Mandatory</b>
<p>7. Youth transferred from or cleared by outside medical or mental health facilities are admitted only if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gun shot wounds).</p>	X		
<p>8. Prior to the admission of a youth with disabilities (e.g., physical, visual, auditory, developmental, or intellectual) the facility and its educational program document that the physical plant can accommodate the youth, and the facility's programming can adequately address the youth's needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth's needs. The facility has preexisting arrangements with appropriate alternative placements to handle youth with disabilities.</p>	X		
<b>B. Intake</b>			
<p>1. Youth are processed into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.</p>	X		
<p>2. Intake/admissions staff has the authority to release or conditionally release youth, except as specifically limited by state law.</p>	X		State law requires specific authorization by Family Court judge.
<p>3. Intake/admissions staff use a race and gender-neutral 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 needed to accomplish those purposes (e.g., a non-secure setting, home supervision, and/or home electronic monitoring).</p>		X	No RAI in effect at present time.
<p>4. For youth with limited English proficiency, arrangements are made for intake to be conducted in the youth's native language in a timely manner.</p>	X		

5. When communicating with parents of detained youth, staff do not rely on youth to serve as interpreters.	X		
<b>C. Detention Process</b>			
1. Staff screen youth to identify immediate individual issues, such as intoxication or injury.	X		<b>Mandatory</b>
a. Staff collect information about the youth's family, education status, and delinquency history.	X		
2. Intake/admission interviews occur in a private setting or in a manner that assures privacy.	X		<b>Mandatory</b>
3. Staff ask youth about any disabilities and provide necessary auxiliary aids or services to youth.	X		
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Youth are offered food regardless of their time of arrival.	X		
5. At the time of admission, or within 24 hours thereafter, youth receive a Resident Handbook and/or oral orientation to institutional rights, rules, and procedures including:	X		<b>Mandatory</b>
a. Identification of key staff and roles.	X		
b. Rules on contraband and facility search policies, including searches of youth and youth rooms.	X		
c. A review of behavior expectations, consequences that may result when youth violate the rules of the facility, and due process protections.	X		
d. Grievance procedures.	X		
e. Access to emergency and routine health and mental health care.	X		
f. Opportunities for personal hygiene.	X		
g. Rules on visiting, correspondence, and telephone use.	X		
h. Access to education, religious services, programs, and recreational materials.	X		
i. Policies on use of force, restraints, and isolation.	X		
j. The positive behavior incentive system.	X		
k. The right to be free from physical, verbal, or sexual assault by other youth or staff.	X		
l. How to report problems at the facility such as abuse, feeling unsafe, and theft.	X		
m. Nondiscrimination policies.	X		

<p>6. Information is provided in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth.</p>	X		<p>Some portions of the Resident Manual and some words used are beyond the language and literacy skills of many youth. Recommend review of the Manual to make appropriate modifications.</p>
<p><b>D. Population Management</b></p>			
<p>1. Written policies, procedures, and actual practices ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or "stepped down" to non-secure settings.</p>	X		
<p>2. Written policies, procedures, and actual practices ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are "stepped down" to less restrictive settings, or transferred to other settings.</p>	X		
<p>3. The agency responsible for detention regularly collects, reviews, and reports data, including: number of youth brought to detention by each agency (e.g., police, school police, group home); offenses charged or other reasons for detention such as failure to appear (FTA) or violation of probation (VOP); risk assessment instrument (RAI) scores and overrides; admissions to detention; releases from detention; average daily population in detention; average length of stay in detention; admissions to each alternative to detention available in the jurisdiction; releases from each alternative to detention; average daily population in each alternative; average length of stay in each alternative; and rearrests, violations of probation, and failures to appear. All data is available disaggregated by race/ethnicity, gender, and geography. The agency reviews the data for consistency, accuracy, outcomes, and to inform ongoing refinement of the risk criteria and scoring.</p>	X		
<p><b>E. Classification Decisions</b></p>			
<p>1. Housing and programming decisions are made in accordance with written classification policies. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.</p>	X		
<p>2. Classification policies require consideration of potential safety concerns in available operational housing units, supervision and programming decisions, including:</p>	X		<b>Mandatory</b>
<p>a. Separation of younger from older youth.</p>	X		

b. Separation of males from females.	X		
c. Separation of violent from non-violent youth.	X		
d. Maturity.	X		
e. Presence of mental or physical disabilities.	X		
f. Suicide risk.	X		
g. Alleged sex offenses.	X		
h. Specific information about youth who need to be separated from each other (not just general gang affiliation).	X		
3. Staff does not base housing or programming decisions on race or ethnicity.	X		<b>Mandatory</b>
4. There are no automatic policies for housing or programming of gay, lesbian, bisexual, or transgender youth on the basis of their actual or perceived sexual orientation. Staff make any special housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for the particular treatment. The facility administrator or designee reviews each decision.	X		<b>Mandatory</b>
5. Written policies, procedures, and actual practices ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitative Act of 1973.	X		<b>Mandatory</b>
6. The facility provides a range of sleeping room options to accommodate the need for individual rooms and roommates.			Not applicable.
7. When necessary, staff develop individualized approaches to provide for the safety of particular youth.	X		



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

<b>STANDARD</b>	<b>Conforms to Standard</b>	<b>Does Not Conform to Standard</b>	<b>FINDINGS/COMMENTS</b>
<b>A. Admission Screenings</b>			
1. Youth receive medical and mental health screenings in a confidential setting conducted by health care professionals or health-trained staff upon admission to the facility. Specifically, each resident receives a preliminary medical screening by a registered nurse within 24 hours of admission or escape.	X		<b>Mandatory</b>  Registered nurse performs the medical screening using standard forms for boys and girls.
2. "Health-trained staff" are facility staff who have received instruction and training in conducting the admission screen from the responsible health authority. Female health professionals or health-trained staff are available to conduct the screening for girls.	X		NA for health trained staff. Female RN on duty essentially all shifts.
3. The admission screening, within 24 hours, is a brief screening immediately upon arrival meant to detect any urgent health or mental health issues and to identify ongoing health concerns that require immediate attention, including the continuation of prescribed medication. The screening, within 24 hours, should reflect the different health issues in the male and female populations and include:	X		<b>Mandatory</b>  Acute needs and current medicines are identified via screening.
a. Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including:	X		<b>Mandatory</b>  The screening forms include all the elements in this section.
(1) Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases.	X		<b>Mandatory</b>
(2) Medications needed for ongoing conditions and other special health needs.	X		<b>Mandatory</b>
(3) Allergies.	X		<b>Mandatory</b>

(4) Symptom screening for tuberculosis including questions regarding cough, night sweats, weight loss, or recent exposure to someone who might have tuberculosis.	X		<b>Mandatory</b>
(5) Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body.	X		<b>Mandatory</b>
(6) Recent injuries (e.g., injuries at or near the time of arrest).	X		<b>Mandatory</b>
(7) History of gynecological problems or pregnancies, and evaluation of current pregnancy status and related medical needs.	X		<b>Mandatory</b> On female forms.
(8) Names and contact information for physicians and clinics treating youth in the community, as well as health insurance information.	X		<b>Mandatory</b>
(9) Name of an adult family contact.	X		<b>Mandatory</b>
b. Observation of:	X		<b>Mandatory</b> Also included on screening form.
(1) Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation, emotional distress, or signs of depression), sweating.	X		<b>Mandatory</b>
(2) Disabilities including vision, hearing, mobility issues, and mental retardation or developmental disabilities.	X		<b>Mandatory</b>
(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.	X		<b>Mandatory</b>
c. The facility uses a standardized mental health screening instrument (such as the MAYSI) to identify youth who may be at risk of suicide or who may need prompt mental health services.	X		<b>Mandatory</b>
4. After screening (within 24 hours), staff promptly refer the following youth for needed services.	X		<b>Mandatory</b>
a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, or report having recently swallowed or ingested drugs, or otherwise in need of urgent care are referred immediately for care.	X		<b>Mandatory</b>

b. Youth who are identified in the screen as requiring additional medical services are immediately referred and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.	X		<b>Mandatory</b>  Nurse practitioner on duty weekday days; MD on duty four weekday mornings.
c. Youth who are identified in the screen as requiring additional mental health follow-up are immediately referred and receive appropriate assessment by a qualified mental health professional (e.g., psychiatrist, psychologist, clinical social worker, or psychiatric nurse) within 24 hours or sooner if necessary.	X		<b>Mandatory</b>
d. There is a system in place so that youth on prescription medication have their medication continued without interruption. This generally means a same day evaluation by a physician and/or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist.	X		<b>Mandatory</b>
5. Staff provide documentation of:	X		
a. 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.	X		
b. The date and time screening is completed, and the signature and title of the person completing the screening.	X		
6. Staff place youth identified in the admissions screen as needing further evaluation of suicide risk or other acute mental health conditions on constant observation until they can be formally evaluated by a qualified mental health professional. Staff maintain constant observation for any youth who has been identified at risk for suicide or self-harm until a qualified mental health professional completes an assessment. Only a qualified mental health professional may remove a youth from constant observation.	X		<b>Mandatory</b>  However, shower handles throughout both facilities, soap dispensers in some restrooms in both facilities, and grates over fire alarm strobes in RBC restrooms present potential tie off points for ligatures. Recommend consultation with a suicide prevention expert about remediation.
7. Written policies, procedures, and actual practices developed in conjunction with the health authority ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	X		
<b>B. Full Health Assessment</b>			

1. Excluding those admitted on weekends, each resident receives a comprehensive medical examination within 48 hours of admission, which is repeated subsequently as provided by the RI Department of Human Services Early and Periodic Screening, Diagnosis and Testing periodicity schedule. A youth admitted on a weekend receives a comprehensive medical examination within 48 hours or on the first business day he/she is available after admission.	X		<b>Mandatory</b>  Seen by MD or NP next weekday, usually 24 hours.  The form needs improvement: The History and Physical form does not provide adequate space to document. Physical exam section omits several organ systems.
2. The scope of this full health assessment is consistent with the American Academy of Pediatrics Guidelines for Health Supervision and includes:	X		<b>Mandatory</b>
a. Review of screening results and collection of additional data to complete the medical, dental, and mental health histories.	X		<b>Mandatory</b>
b. Review with the parent or responsible adult (phone or in person) the physical and mental health issues of the youth.	X		Parents not called routinely. Only called for specific indications such as to confirm medicine or describe chronic illness care.
c. A detailed history of potentially preventable risks to life and health including: smoking, drug use (including alcohol), unsafe sex practices, problems with interpersonal conflict resolution with violence, use of weapons, eating patterns, and physical activity.	X		
d. Screening lab tests are performed consistent with age and gender specific recommendations of the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing). For sexually active females a pregnancy test should be performed. For women older than 18 a PAP smear should be offered.	X		<b>Mandatory</b>  Lab results not always on chart. See QA section below.
e. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.	X		<b>Mandatory</b>  Generally immunization records obtained, reviewed and needed shots ordered. Cannot give immunization without parent consent.
f. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.	X		<b>Mandatory</b>  Forms omit respiratory rate which is one of the vital signs.
g. Full medical examination, including vision and hearing exams, and gynecological exams for females (and pregnancy tests when appropriate).	X		<b>Mandatory</b>  Vision screening found blank on form several times. See QA below.

h.	Review of the results of medical examination and tests, and initiation of treatment when appropriate.	X		<b>Mandatory</b>
i.	Contact with physician(s) in the community as needed to ensure continuity of medical treatment.	X		<b>Mandatory</b>
3.	The full health assessment includes a mental health screening portion which covers:			
a.	History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).	X		
b.	Current and previous use of psychotropic medications.	X		
c.	Suicidal ideation and history of suicidal behavior.	X		
d.	History of cerebral trauma or seizures.	X		
e.	History of services for mental retardation/developmental disability.	X		
4.	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 are present during a physical examination of a girl. Mental health staff should ensure that practitioners are appropriately trained to conduct the mental health screening portion of the assessment.	X		MD or NP does the assessment including the physical exam.
5.	Staff refer youth identified through the screening as needing mental health follow-up to a qualified mental health professional (e.g., psychiatrist, psychologist, clinical social worker, or psychiatric nurse). A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed.	X		
<b>C. Health Care Services</b>				
1.	The facility health care system provides diagnosis and treatment for conditions discovered during the screening and assessment of youth and for youth with medical problems that arise after admission.	X		<b>Mandatory</b>
2.	Chronic disease care is provided by physicians who have residency training in managing general internal medical conditions (Internal Medicine, Family Practice, Pediatrics). Adolescents with HIV are managed by an appropriately credentialed physician.	X		
3.	Written policies, procedures, and actual practices ensure that:	X		<b>Mandatory</b>

a. Sick call is available every day.	X		<b>Mandatory</b>  Sick call is done on the units at the 8AM and 8PM medicine pass. These encounters are not documented in the health record.
b. Youth may request to be seen without disclosing the medical reason, and without having non-health care staff evaluate the legitimacy of the request.	X		<b>Mandatory</b>
c. Youth requesting sick call see a health professional.	X		<b>Mandatory</b>  RN does sick call.
4. Physician services are adequate to serve the number of youth in the facility, including regular on-site services.	X		MD on site 4 hours 4 mornings a week.
5. A physician or physicians are on site at least 2 hours per day 4 days per week and on call 24 hours per day and 7 days per week.	X		<b>Mandatory</b>  Adolescent medicine group at Children's Hospital takes call by telephone. Six physician group.
6. On-site nursing services are adequate to serve the number of youth in the facility.	X		Two RN on duty all shifts. Only 2 full time facility RN. The rest are per diem. This affects the quality of the nursing care.
7. A registered Nurse is available daily from 7:00 AM to 11:00 PM for routine medical care.	X		<b>Mandatory</b>
8. Adequate 24-hour on-call or emergency medical and mental health services, including transportation, are available through on-site staff, by contract, or by way of other immediately available services.	X		Emergencies sent out to local ER.
9. There is a responsible health authority on-site accountable for health care services pursuant to a contract or job description.	X		<b>Mandatory</b>  Contract MD, Dr. Brown.
10. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care.	X		Contract psychiatrist also participates.
11. Written job descriptions define the duties and responsibilities of personnel in the facility health care system.	X		
12. Medical and mental health staff are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	X		
13. Female health professionals are available for health and mental health services for detained girls. Female staff are always present during physical examinations of girls.	X		MD, both NPs and both full time nurses are female.



14. 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.	X		Excellent clinical improvement initiatives in obesity care and immunizations. Chart review process needs to be re-oriented toward completeness of the initial assessments. Recommend routine review of admission charts after 1 week in care.  Coordination among contract health staff and state employee staff appears to be a work in progress. Some frustration expressed by both groups.
15. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.	X		
16. Professional medical and mental health care staff receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training. New health staff receive a formal orientation within 90 days and this is documented.	X		Documentation of continuing education was incomplete.
17. All facility staff supervising youth are trained in and know how to address:	X		
a. Recognizing and responding to medical emergencies.	X		<b>Mandatory</b>
b. First aid procedures for transferring patients to medical facilities.	X		
c. Signs and symptoms of mental illness, emotional disturbance, and suicide risk.	X		
d. Signs and symptoms of cognitive, intellectual, and developmental disabilities.	X		
e. Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.	X		
f. Signs and symptoms of child abuse (including sexual abuse) and trauma-related disorders.	X		
g. Training must include protocols for both boys and girls.	X		
18. The health authority ensures that staff serving as "health-trained staff" to perform admission screenings are properly trained to fulfill those duties.	X		
19. The facility has private areas for examinations and for handling youth with special medical needs.	X		
20. Medical examination and treatment conform to state laws for informed consent, and the right to refuse treatment. Written policies, procedures, and actual practices ensure that:	X		

a. Medical staff obtains informed consent from youth and/or parent(s) as required by law, and honor refusals of treatment.	X		
b. Where medical or mental health staff believes that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.	X		Several health staff reported no forced psych medications at this site.
c. Staff document the youth and/or parents' consent or refusal, and counseling with respect to treatment, in youth's medical records.	X		
21. There are designated areas and/or policies for medically isolating youth from the general population. Health care beds are not used to handle overcrowding.	X		F-mod has 4 semi-isolation rooms in the committed facility. Similar rooms in detention. Used for youth with flu during H1N1 flu season.
22. 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.			Not applicable. There is no infirmary. RN Coordinator stated they can staff overnight if necessary.
23. 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, written policies, procedures and actual practices ensure that parents are notified within one hour of the hospitalization.	X		
24. Youth receive comprehensive, science-based, medically accurate, and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers.	X		
25. Pregnant girls receive prompt prenatal care by providers with privileges at the hospital where the baby will be born, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Pregnant girls receive a modified diet and vitamins to meet their nutritional needs.	X		<b>Mandatory</b>
26. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, STDs and STD prevention, stress management, drug/alcohol/tobacco education, and physical fitness. All youth, including girls and lesbian, gay, bisexual, or transgender youth, receive training tailored to their particular health needs.	X		NP has done some groups. Health education is part of school curriculum.
27. Written policies, procedures, and actual practices ensure that youth receive education about, detection of, and treatment for sexually transmitted diseases.	X		



28. Written policies, procedures, and actual practices ensure that:			
a. Youth are tested for HIV based on risk and on recommendations of the US Preventive Health Services Task Force.	X		<b>Mandatory</b> All youth are tested unless they refuse. This is consistent with current recommendations to make HIV testing a routine part of primary care.
b. Staff do not automatically segregate youth with HIV.	X		<b>Mandatory</b>
c. Staff limits the sharing of confidential information regarding youth with HIV, to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.	X		<b>Mandatory</b>
d. All staff supervising youth receive training on and exercise universal safety precautions.	X		
29. Written policies, procedures, and actual practices ensure that youth receive substance abuse treatment if needed.	X		There is an active substance abuse program provided by LifeSpan clinicians.
30. Written policies, procedures, and actual practices ensure that youth receive prescription eyeglasses, if needed.	X		<b>Mandatory</b> On-site services by ophthalmologist and optician.
31. Written policies, procedures, and actual practices ensure that youth who are victims of sexual assault are handled appropriately, 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. Written policies, procedures, and actual practices ensure that staff understand and respond sensitively to the psychological impact of sexual assault. Female medical staff are available to examine girls in these situations.	X		One case reviewed. Girl was sent to ER for sexual assault nurse exam. Extensive mental health services provided.
32. Written policies, procedures, and actual practices ensure that health care staff question youth reporting to the health unit with an injury outside of hearing of other staff or youth, regarding the cause of injury. If the health care provider suspects abuse, the provider immediately takes steps to preserve evidence of the injury; reports the suspected abuse; documents the injury in the youth's medical record; and completes an incident report.	X		Exam rooms are private.
33. Physical evaluation shall occur in private and in a room with an examination table, adequate space and adequate light and equipment that is necessary in order to perform clinical examinations.	X		Exam rooms well equipped.

34. The facility has a grievance system for complaints about health care, and staff inform youth of the system at the time of admission or shortly thereafter.	X		Grievance forms observed in lobby.
35. Staff consider grievances related to health care services as part of ongoing quality improvement activities.	X		
36. Facility and health care staff prepare discharge plans and provide follow-up or liaison services to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions. Staff take necessary steps to ensure that the youth's health insurance (e.g., Medicaid) is resumed if interrupted because of detention.		X	Discharge plans and summaries and letters to primary care are done well. Medicaid is discontinued upon commitment and requires family to re-apply after youth has returned home. Agency is trying to address this with Medicaid, to suspend rather than discontinue. But status quo is no Medicaid restarted until after return home.
<b>D. Dental Services</b>			
1. Youth receive a dental screening by a dentist or health personnel trained and designated by a dentist. The screening takes place soon after admission, and in no case later than a week after admission. The screening includes:	X		"Triage training" done by dentist with nurses several times.
a. Visual observation of the teeth and gums.	X		
b. Immediate referral to a dentist for any obvious or gross abnormalities.	X		
2. Youth receive a full dental examination within 7 days of admission by a licensed dentist (and thereafter as provided by the RI Department of Human Services Early and Periodic Screening, Diagnosis and Testing periodicity schedule). The examination includes:	X		<b>Mandatory</b>
a. Taking/reviewing the dental history.	X		<b>Mandatory</b>
b. Charting teeth.	X		<b>Mandatory</b>
c. Examination of hard and soft tissue in the dental cavity with a mouth mirror and explorer.	X		<b>Mandatory</b>
d. X-rays needed for diagnostic purposes.	X		<b>Mandatory</b>
e. Documentation of the exam in a uniform dental record.	X		<b>Mandatory</b>  "Eaglesoft" dental software package.
3. The facility provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.	X		<b>Mandatory</b>  Protocol for endodontics limits access to root canals narrowly. Consider allowing molar root canals for youth with widespread disease currently excluded. They need their teeth saved the most.
4. Staffing for dental care is adequate for the number of youth in the facility.	X		

5. Adequate 24-hour on-call or emergency dental care services are available. If there is a dental emergency when the dentist is not available on site, the RITS on call physician is contacted and if required, the youth is transported to the Emergency Room.	X		<b>Mandatory</b>
6. Adequate dental examination areas and equipment are available to serve the population in the facility.	X		Three exam/ treatment rooms plus dental lab available. Panoramic x-ray available.
7. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	X		Dental hygienist.
<b>E. Mental Health Services</b>			
1. Qualified mental health professionals (e.g., psychiatrist, psychologist, clinical social worker, or psychiatric nurse) provide appropriate assessment and services to youth referred as needing such care.	X		<b>Mandatory</b>
2. Youth with significant mental health needs receive a professional evaluation by a qualified mental health professional and individualized, ongoing mental health services including:			
a. Identification of the mental and/or behavioral health issues to be addressed.	X		
b. Any medication or medical course of action to be pursued.	X		
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects.	X		
d. A description of any behavioral management plan or strategies to be undertaken.			See Grid B.
e. A description of any counseling or psychotherapy to be provided.	X		
f. A determination of whether the type or level of treatment can be provided in the detention center.	X		
g. A plan for monitoring the course of treatment.	X		The Treatment Team meets bi-monthly to review the youths' ITPs (Service Plans). In between these meetings, clinical staff have formal meetings to discuss youths' progress (or lack thereof). See note regarding the multiple repositories for storing youths' records.
h. Any necessary modifications to the standard use of force and restraint procedures (e.g., a youth who has been sexually assaulted may need to be restrained differently than other youth in restraints).	X		

3. Staff carefully investigate all incidents of self-harm or attempted self-harm (e.g., cutting). Following any incident of self-harm, staff prepare a detailed care and support plan for the youth. Staff also review the results of the investigation and institute remedial measures to prevent similar occurrences in the future.	X		<b>Mandatory</b>
4. Staff encourage youth who are assessed as vulnerable or at risk of self-harm to engage in appropriate activities and programs that will raise their self-esteem and reduce the risk of further self-harming behavior.	X		
5. Adequate 24-hour on-call or emergency mental health services are available at the facility.	X		
6. Staffing for psychiatric care is adequate for the number and anticipated needs of youth in the facility, including regular on-site services.	X		
7. On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility.	X		
8. On-site staffing for care by a clinical social worker and/or psychiatric nurse is adequate for the number and anticipated needs of youth in the facility.	X		Recommend an additional SW be hired to assist in the Detention Center.
9. 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 ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.	X		
10. Written policies, procedures, and actual practices ensure that youth are appropriately assessed and treated for suicide risk. This system includes the principles listed below.	X		<b>Mandatory</b>
a. All staff working with youth receive training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a cut-down tool for youth hanging).	X		<b>Mandatory</b>
b. The admissions screening addresses suicide risk through interview questions and observation.	X		<b>Mandatory</b>
c. Qualified mental health professionals evaluate suicide risk in a timely manner and provide appropriate follow up care through on site and on call modalities.	X		<b>Mandatory</b>
d. Staff document contemporaneously the monitoring of youth on suicide watch.	X		<b>Mandatory.</b> Staff document once per shift on the behavior, etc. of youth on 1:1. Ideally, JPWs assigned to conduct the 1:1 would record on a more continuous basis within a shift.

e.	Staff monitor actively suicidal youth in conformance with the individualized response ordered by the psychiatrist and mental health professionals. Until a qualified mental health professional can assess the youth, staff maintain constant observation of an actively suicidal youth.	X		<b>Mandatory</b>
f.	Mental health professionals provide clear, current information about the status of youth on suicide watch to staff supervising youth.	X		<b>Mandatory</b>
g.	Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for in-person one-on-one staff monitoring.	X		<b>Mandatory</b>
h.	Youth at risk of suicide are engaged in social interaction and are not isolated. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).	X		<b>Mandatory</b>
i.	Youth on suicide watch are not left naked, or clothed or housed in degrading, embarrassing, or uncomfortable garments or environments.	X		<b>Mandatory</b>
j.	Only a qualified mental health professional may release a youth from suicide watch or lower a youth's level of precautions. Mental health professionals return youth to normal activity as soon as possible.	X		<b>Mandatory</b>
k.	Staff provide youth released from suicide watch the individualized level of supervision and care determined appropriate by the psychiatrist or mental health professionals which is documented in conformance with Department policy. Documentation is filed in the medical record.	X		<b>Mandatory</b>
l.	Suicides or attempts at suicide are carefully documented and there is a process for administrative/medical review and debriefing after each such occurrence.	X		<b>Mandatory</b>
m.	Staff promptly notify parents or guardians following any incident of suicidal behavior or self-harm.	X		<b>Mandatory</b>
<b>F. Administration of Prescription Medications</b>				
1.	Health or mental health professionals regularly monitor and document youth on psychotropic or other regular medications.	X		
2.	Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.	X		<b>Mandatory</b>

3. Staff administer medications under circumstances that protect the youth's medical confidentiality.	X		<b>Mandatory</b>
4. Youth with conditions that require immediate use of medication are permitted to keep their medication on their person (e.g., asthma inhalers) provided they have the maturity and mental competence to properly use the medication.	X		Exception allowed: Unit staff have asthma inhalers and administer them upon orders from RN on duty or MD on call. Provides access without risk of excessive use when youth allowed to keep on person.
5. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. Written policies, procedures, and actual practices cover:	X		<b>Mandatory</b>
a. Development and regular updating of a drug formulary of pharmaceuticals available for prescribers at the facility.	X		<b>Mandatory</b>
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.	X		<b>Mandatory</b>
c. Maintenance of records needed to ensure control of and accountability for medications.	X		<b>Mandatory</b>
d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.	X		<b>Mandatory</b>
e. Periodic review of orders for DEA-controlled substances, psychotropic drugs, or other drugs that lend themselves to abuse.	X		
f. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.	X		<b>Mandatory</b>
g. Administration of medications on the order of a physician, dentist, or authorized individual with designated privileges.	X		<b>Mandatory</b>
h. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.	X		
i. The Clinical Director maintains a separate log of all instances of residents being administered medications as chemical restraint. No such administration occurs without the prior written approval of the Clinical Director. Such administration is duly prescribed by a physician in accordance with the standards of the Joint Commission for Accreditation of Hospitals.	X		<b>Mandatory.</b> Youth seen as requiring emergency medications are sent to a hospital. They do not force medications at RITS. Medicine not used for restraint.



j.	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).	X		Locked cart in locked room in locked medical office area.
k.	Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications.	X		<b>Mandatory</b> Periodic review by RN Coordinator. Quarterly by contract pharmacy.
l.	Continuity of medication when youth enter and leave the facility.	X		
6.	Staff store medications in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (segregation of medications for external versus internal use) and security.	X		
7.	Mental health and medical staff ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care.	X		
8.	Medical staff maintain 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.	X		Poison control number and naloxone are available.
<b>G. Individualized Treatment Planning</b>				
1.	For adjudicated residents, individualized treatment plans, which include appropriate community resources and which are approved by the Family Court, are developed and implemented as described below. Each resident is offered a full day of programs and activities to prepare him/her for ultimate release to the community. To protect their right to freedom from self incrimination, non-adjudicated residents do not routinely participate in the individualized treatment plan process. Non-adjudicated residents participate in appropriate programming consistent with these Standards.	X		<b>Mandatory</b> Treatment plans generally conform to standards. See Grid B.
a.	The Individualized Treatment Plan (ITP) describes a coordinated program of health and rehabilitative services and interventions that treat identified health problems and address physical, psychological, social, educational and vocational needs.	X		<b>Mandatory</b> Treatment plans generally conform to standards. See Grid B.

<p>b. All available information is considered in treatment planning including:</p> <ol style="list-style-type: none"> <li>(1) History of psychiatric hospitalization and outpatient treatment including past mental health diagnoses.</li> <li>(2) Current and previous use of psychotropic medications.</li> <li>(3) Suicidal ideation and history of suicidal behavior.</li> <li>(4) History of drug and alcohol use.</li> <li>(5) History of violent behavior.</li> <li>(6) History of victimization or abuse (including sexual victimization and domestic violence).</li> <li>(7) History of cerebral trauma or seizures.</li> <li>(8) Emotional response to incarceration and arrest.</li> <li>(9) History of services for mental retardation/developmental disability.</li> </ol>	X		Treatment plans generally conform to standards. See Grid B.
<p>c. Treatment planning and services are gender specific, developmentally appropriate and culturally competent.</p>	X		Treatment plans generally conform to standards. See Grid B.
<p>d. The Treatment Team is chaired by the Superintendent or Clinical Director or his/her designee. Members include the Unit Manager, a member of the education staff, the Clinical Director or designee, the Clinical Social Worker, the resident, and other resource personnel including, as appropriate, a psychiatrist or psychologist, physician or nurse, and other supervisory or transition staff.</p>	X		<b>Mandatory</b>
<p>e. The Training School makes every effort to include the resident's family, parents, parent substitutes and/or surrogate parents for special educational purposes in the Treatment Team.</p>	X		<b>Mandatory</b>
<p>f. The Treatment Team utilizes all information gathered to develop an ITP no later than 30 days after admission.</p>	X		<b>Mandatory</b>
<p>g. The resident receives an explanation of academic and vocational programs for which he/she is qualified as well as criteria for admission to any program for which he/she is not yet qualified.</p>	X		<b>Mandatory</b>
<p>h. The Unit Manager oversees the implementation of the ITP and brings it to the attention of appropriate staff.</p>	X		<b>Mandatory</b>
<p>i. A resident eligible for Special Education Services has his/her Individual Education Plan (IEP) coordinated and fully integrated with the ITP. Any required annual review of the IEP is held in conjunction with a review of the ITP.</p>	X		<b>Mandatory</b>  Treatment plans generally conform to standards. See Grid B.



j.	The resident is told of the pattern of behavior required for participation in any off grounds programming.	X		<b>Mandatory</b>
k.	The written, ITP comprehensively coordinates academic, vocational and clinical programming and services.	X		<b>Mandatory</b>  Treatment plans generally conform to standards. See Grid B.
(1)	The Clinical Social Worker provides a summary of the resident's and family's strengths and needs, as well as current and proposed programming; specific outcomes expected and steps to support parental and family involvement.	X		<b>Mandatory</b>
(2)	The Unit Manager provides information on the resident's behavior in and adjustment to the Living Unit.	X		<b>Mandatory</b>
(3)	The School Principal or designee provides a summary of educational and vocational history and current programming, Special Education Status (with relevant summary of IEP), educational goals and tentative plans for transition to the community school system.	X		<b>Mandatory</b>
(4)	Nursing staff provides a summary of medical history and current medical needs.	X		<b>Mandatory</b>
(5)	Transitional planning begins in the initial ITP meeting and is pursued consistently throughout the Bi-Monthly Review process. All parties provide within their scope of responsibilities, plans for discharge including: criteria for assessment of resident progress, living arrangements, education, employment, medical, behavioral health, family and community support and further Departmental involvement. The Clinical Social Worker writes the discharge plan based on information provided by the Unit Manger, Nurse, Educational staff, youth and any participating transition resources.	X		<b>Mandatory</b>
l.	The Treatment Team meets no less than Bi-Monthly to review and evaluate the resident's treatment program including: progress in locating community placements, progress in programming described in the ITP, and revisions/changes in the ITP necessary to meet resident's needs. The findings of the Bi-Monthly Review are summarized in a written document.	X		<b>Mandatory</b>

<p>m. The Treatment Team meets one to two weeks before the resident's projected end of sentence to ensure that services identified during the ITP Meeting and Bi-Monthly Reviews are in place to support the youth's transition. The Treatment Team invites all providers of service to the meeting and reviews the areas identified in G.1.i (in this section), and ensures that the detailed discharge plan addresses all areas. This Meeting includes additional Departmental, provider agency and community resources necessary to support the resident's successful transition.</p>	<p>X</p>		<p><b>Mandatory</b></p>
<p>n. If the Treatment Team concludes that the resident has critical treatment needs that cannot be addressed within the facility or that the resident has completed required programming (and has a discharge/ transition plan in place), the Team recommends to the Superintendent that the resident's name be placed before the Family Court for early release.</p>	<p>X</p>		<p><b>Mandatory</b></p>
<p><b>H. Medical, Mental Health, and Dental Records</b></p>			
<p>1. Written policies, procedures, and actual practices ensure that access to confidential information is limited to those staff with a demonstrable "need to know" consistent with applicable state and federal laws. Written policies, procedures, and actual practices ensure that staff share information where appropriate to provide for safety, security, health, treatment and continuity of care for youth.</p>	<p>X</p>		<p>Records in locked medical office area.</p> <p>Recommend adopting one electronic medical record (EMR) to capture all medical and mental health information. Currently, there is a RICHIST data base into which social workers and some contracted Life Span staff record their interventions, etc.; medical record for MDs, nurses and the psychiatrist; and multiple individual files maintained by each of the LifeSpan contracted employees. The multiple repositories are inefficient and potentially serve as a barrier to seamless service delivery.</p>
<p>2. Staff record and treat medical, mental health, substance abuse, and dental information as confidential.</p>	<p>X</p>		

<p>3. Medical, mental health, substance abuse, and dental records are kept separately from confinement records, and may not be used for forensic purposes (e.g., court disposition) without consent of the minor.</p>	<p>X</p>		<p>There are some mental health notes in the institutional files. They are not used for forensic purposes. The team understands, however, that the agency must respond to a subpoena.</p>
<p>4. There is a record for each child that 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).</p>	<p>X</p>		
<p>5. Written policies, procedures and actual practices ensure that staff transfer medical records with youth between facilities or placements so youth receive consistent and timely medical services.</p>	<p>X</p>		

**III. ACCESS ISSUES**

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

<b>STANDARD</b>	<b>Conforms to Standard</b>	<b>Does Not Conform to Standard</b>	<b>FINDINGS/COMMENTS</b>
<b>A. Mail</b>			
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.	X		<b>Mandatory</b>
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.	X		<b>Mandatory</b>
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.	X		<b>Mandatory</b>
4. Written policies, procedures, and actual practices ensure that both staff and youth understand any limitations on those persons with whom the youth may correspond.	X		
5. If staff withhold mail for any reason, staff inform the youth, log the date, time and reason for the action, place the mail in the youth's private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.	X		
6. Youth may receive reasonable numbers of books and magazines, which may be inspected for contraband.	X		
7. Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.	X		
<b>B. Telephone</b>			
1. Facility staff provide youth with reasonable access to telephones and staff do not routinely listen in on or record youth's conversations.	X		<b>Mandatory</b>
2. Telephone calls are a minimum of 10 minutes in length (after a connection is established), at least twice a week. Staff may impose reasonable restrictions on length of calls beyond 10 minutes in order to accommodate all youth wishing to make telephone calls.	X		

3. Calls are available free of charge or calls are charged at reasonable rates. Facility staff make provisions to accommodate youth who need to make long distance calls. If the facility requires youth to make collect calls, facility staff make accommodations for youth whose families cannot afford collect calls.	X		
4. Youth can use the telephone at times that are arranged in advance and will be convenient to staff and the recipient of the call.	X		
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.	X		
<b>C. Visitation</b>			
1. Youth may visit with parents/guardians, grand parents and other approved individuals. Staff encourage visitation with the youth's own children, and provide appropriate support to the parent/child relationship.	X		<b>Mandatory</b>
2. Younger relatives (siblings or cousins) may visit with approval of the youth's clinical social worker or unit manager.			See Grid B.
3. Written policies clearly describe the approval procedure for special visitors.	X		
4. Family visiting occurs on several days of the week. Staff post a schedule of visiting hours and rules.	X		Currently, each mod has one scheduled visiting day per week, and staff accommodate parents who cannot attend the scheduled time through alternative arrangements. Recommend increasing visitation for each mod to at least twice per week to more easily accommodate those who cannot make scheduled visitation times.
5. Families may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.	X		
6. Visits are at least one hour in length and are contact visits. Staff impose non-contact visits only when there is a specific risk to the safety and security of the facility.	X		
7. Staff do not deprive youth on disciplinary status of visits as a punishment. Youth on disciplinary status may have visits with family members unless such visits would pose an immediate threat to the safety and security of the facility.	X		
8. 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.	X		
9. 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.	X		
10. Written policies, procedures, and actual practices	X		

ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies so visitors are aware of the rules.			
11. Visitors are able to ask questions or register complaints about the treatment of youth. Facility staff or administrators promptly reply to such questions or complaints.	X		
12. 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.	X		Unit managers, social workers, and facility administration generally attend visitation to permit family members to share information.
13. Transportation arrangements are made available to assist visitors to get to and from the facility if the facility is not otherwise accessible via public transportation.			Not applicable. Facility is accessible via public transportation.
<b>D. Access to Counsel, the Courts, and Public Officials</b>			
1. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.	X		<b>Mandatory</b>
2. Attorney visits may occur at all reasonable times during hours that youth are awake and are not limited to family visiting hours.	X		
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., <i>pro bono</i> lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	X		
4. There is a private room or area in the facility that allows for confidential attorney visits.	X		<b>Mandatory</b>
5. Youth are able to make and complete free and confidential phone calls to attorneys. Staff assist youth in obtaining the phone numbers of their attorneys if necessary.	X		<b>Mandatory</b>



**IV. PROGRAMMING**

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

STANDARD	Conforms to Standard	Does Not Conform to Standard	FINDINGS/COMMENTS
<b>A. Full Spectrum of Programming</b>			
1. The Training School provides a full spectrum of programming such that each resident is actively involved in rehabilitative programming for a full day every day. Programming includes: substance abuse and sexual offender treatment, anger management, life skills, parenting, computer literacy, conflict resolution, physical exercise, recreational programming, academic and vocational.	X		<b>Mandatory</b>
<b>B. Education</b>			
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 history of suspensions or expulsions. Staff use this information to inform initial placement in the institutional educational program.	X		Initial screening protocol needs to be updated.
2. Staff enroll youth in the facility school at the earliest possible time and, at the latest, within three days of admission to the facility.	X		
3. Within five days of admission to the facility, education staff conduct a more thorough assessment of educational functioning to facilitate placement in the appropriate classes, and staff request records (including IEPs and 504 plans) from the youth's previous school(s).	X		Records generally requested within 5 school days. Recommend considering alternate process that would allow for faster requests.
4. The facility school complies with all state and federal education laws, regulations and policies of the State of Rhode Island Board of Regents for Elementary and Secondary Education, as evidenced by the official school approval granted by the Regents.	X		<b>Mandatory</b>
5. The facility school operates twelve months a year.	X		
6. School classes are held in classrooms.	X		
7. The facility school has adequate staff (including special education staff) to meet state student-to-teacher ratios for education.	X		



8. The facility school identifies youth with limited English proficiency and provides appropriate instruction for those students to allow for meaningful access to the curriculum.	X		
9. There are adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available.	X		
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.	X		
11. The facility school awards credit (including partial credit) for work completed, and forwards the youth's education records from the facility to other schools upon exit from the facility.	X		
12. The facility school complies with the federal special education law (IDEA) and comparable state requirements for students with educational disabilities.	X		<b>Mandatory</b>
a. 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.	X		
b. The facility school has procedures in place to identify and assess youth who potentially have a disability, in conformity with state and federal requirements for special education.	X		
c. 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.	X		
d. The process for developing or modifying IEPs at the facility school is the same as that used in public school settings.	X		
e. 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 maximum extent appropriate.	X		
f. Special education staff at the school are certified by the state for the services they provide.	X		
g. 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.	X		
h. Transition services are provided as required by the IEP.	X		

i. 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.	X		
j. The facility school secures parent surrogates when parents are unavailable to participate in special education decisions.	X		
k. The facility school complies with legally required timelines for assessment and IEP development.	X		
l. The facility school complies with IDEA requirements for notice and due process.	X		
m. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities.	X		
13. Students entering with an existing 504 plan receive interim services that match the plan as closely as possible.	X		
14. The facility school provides GED programs, preparation, and testing for appropriate youth.	X		
15. Youth in restricted, disciplinary, or high security units receive an education program comparable to youth in other units in the facility. For example, dropped off packets of work without adequate instruction, follow-up, or grading are not sufficient to meet this standard.			Not applicable. No youth in disciplinary segregation units.
16. Suspensions from the facility school comply with state due process requirements.	X		
17. Behavior intervention plans are developed for youth whose behavior interferes with their school attendance and progress.	X		
18. The facility has a library with reading materials geared to the reading levels, interests and primary languages of confined youth.	X		
19. Youth have daily access to books, periodicals and reading materials located at the facility and daily access in their own rooms to books, periodicals and other reading materials.	X		<b>Mandatory</b>
<b>C. Exercise, Recreation and Other Programming</b>			
1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities.	X		
2. 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.	X		
3. There is an adequate supply of games, cards, and writing and art materials for use during recreation time.	X		

4. Staff, volunteers, and community groups provide additional programming reflecting the interests and needs of various racial and cultural groups within the facility, and is gender-responsive. The facility offers a range of activities such as art, music, drama, writing, health, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based programs that offer the opportunity for continuity once the youth is released.	X		Recommend enhancing or supplementing programming available at the RBC, as regularly scheduled programming is almost entirely from faith-based groups.
5. 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 have reasonable opportunities for similar activities and an opportunity to participate in programs of comparable quality.	X		Recommend exploring options for engaging female youth in outdoor recreation activities that are of interest to them.
6. Youth in the facility go outside for exercise/recreation at least one hour every day, weather permitting (e.g., not too hot or too cold).	X		<b>Mandatory</b>
7. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, they are participating with staff or volunteers in structured recreational, cultural, or educational activities. Youth are also provided with some unstructured free time as well.			See Grid B.
8. The facility has adequate indoor and outdoor recreation areas for the population served.	X		<b>Mandatory.</b> Recommend replacing padding on weight machines in weight room that is torn to return machines to use.
9. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	X		
10. Written policies, procedures, and actual practices ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	X		
11. Reading materials appropriate for the age, interests, and literacy levels of youth are available in sufficient variety and quantity to the youth. Youth may keep reading materials in their rooms.	X		
12. If the facility holds post-disposition youth as a sentencing option, those youth receive rehabilitative services according to an individualized case plan.	X		
<b>D. Religion</b>			
1. Youth may gather for religious services. Youth are not compelled to participate in religious activities.			<b>Mandatory.</b>  See Grid B.
2. Youth have the opportunity to meet with clergy of the religion of their choice.	X		<b>Mandatory</b>
3. Youth receive special diets to accommodate sincerely held religious beliefs.	X		<b>Mandatory</b>

4. Staff permit youth to have religious books and reading materials in their rooms.	X		<b>Mandatory</b>
5. Staff do not restrict religious practices and materials absent a compelling government interest.	X		
<b>E. Positive Behavior Management</b>			
1. A written behavior management system provides a graduated scale of incentives for positive behavior.	x		
2. Youth understand the rewards and sanctions system and how it works.	x		
3. Staff implement the rewards and sanctions system fairly and consistently.	x		
4. 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.	x		
5. To the extent possible, the culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	x		

**V. TRAINING AND SUPERVISION OF EMPLOYEES**

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

STANDARD	Conforms to Standard	Does Not Conform to Standard	FINDINGS/COMMENTS
<b>A. Qualifications for Institutional Staff Positions</b>			
1. Staff are hired to serve as positive role models for youth. Employees hired are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.	X		
2. There are written job descriptions and requirements for all positions in the facility.	X		
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.		X	
4. Employees undergo a criminal record check in accordance with state and federal laws. Staff are not hired unless and until an exemption is granted for any disqualifying offense. There is a periodic re-screening for all staff.		X	As a matter of State law, all prospective employees of the Training School undergo a criminal record check prior to employment. As a result of the PREA audit that took place in May of 2016, the Training School administration is working on a corrective action plan to provide for periodic rescreening of staff.
<b>B. Staffing</b>			
1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and other scheduled activities.		X	Our initial assessment was that the facilities did not meet this standard due to forced double shifts at certain times. Administration expects new hires will help alleviate need for forced double-shifts.
2. The RI Training School employs:			<b>Mandatory</b>
a. A full time Clinical Director who is a psychiatrist or Ph.D. clinical psychologist.	X		<b>Mandatory</b>

b. A clinical designee (mental health professional with at least a Masters Degree).	X		<b>Mandatory</b>
c. A Clinical Social Worker per unit; the Clinical Social Worker possesses a Masters Degree in clinical social work.	X		<b>Mandatory</b>
d. A Unit Manager per unit; the Unit Manager possesses a Masters Degree in psychology, clinical social work, counseling, human services or a related field.	X		<b>Mandatory</b>
3. There is at least a 1: 8 ratio of unit staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1: 8 ratio to provide safe and appropriate supervision for youth with special needs. The ratio is calculated based on the number of direct care staff supervising the general population. Staffing in specialized care units, such as medical, mental health, and special handling units which generally require more intensive staffing, is calculated separately.	X		<b>Mandatory</b>  Occasional deviation from minimums on third shifts, but overwhelming numbers of shifts over several months had required staffing levels.
4. There is at least a 1:16 ratio of unit staff to youth during the hours that youth are asleep.	x		<b>Mandatory</b>
5. At least 2 staff are assigned to each residential unit at all times.	x		<b>Mandatory</b>
6. Staff do not sleep while on duty.	x		<b>Mandatory</b> One staff member was caught on camera and appropriately disciplined for sleeping on duty. Otherwise we did not find indications that staff were sleeping on duty.
7. Backup staff support is immediately available to respond to incidents or emergencies.	x		<b>Mandatory</b>
8. Female staff are always on duty in living units housing girls.		X	The girls' unit has been a regular bid post for the past several years, so all staff have the opportunity to work in this unit. As a result, there is not always a female staff member on duty in the unit.
9. The facility has adequate staff with the language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages and youth with limited English proficiency.	x		<b>Mandatory</b>
<b>C. Training for Institutional Staff</b>			
1. Staff possess the information, training and skills necessary to carry out their duties.			<b>Mandatory</b>  See Grid B.



<p>2. Written policies, procedures, and actual practices ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training (while valuable) do not count toward the hours of required training.</p>		X	<p>The academy course for new hires was 136 hours plus shadowing activities when it was last offered five years ago. Because staff were not uniformly receiving additional training during the first year, the total training in year 1 did not reach 160 hours. Annual training for staff after the first year is 20 hours per year. While staff may take additional courses offered for anyone within DCYF, most staff do not take advantage of these opportunities since they are not paid for the time.</p>
<p>3. Facility staff receive training on policies and practices regarding:</p>			
<p>a. Discipline and basic rights of incarcerated youth.</p>	X		
<p>b. Access to mental health counseling and crisis intervention services for youth.</p>	X		
<p>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.</p>			<p><b>Mandatory</b> See Grid B.</p>
<p>d. Prevention of youth victimization in the facility (e.g., inappropriate relationships with or behavior towards youth by other youth or staff).</p>	X		<p><b>Mandatory</b></p>
<p>e. Adolescent development for girls and boys, communication skills, counseling techniques.</p>	X		
<p>f. Needs of specific populations (e.g., gender, race, ethnicity, sexual orientation and gender identity, disability, or youth with limited English proficiency) within the facility.</p>	X		
<p>g. Non-discrimination policy.</p>	X		
<p>h. Proper administration of CPR/first aid.</p>	X		
<p>i. Universal safety precautions for HIV, hepatitis, and tuberculosis.</p>	X		
<p>j. Facility operations, security procedures, fire and emergency procedures, safety procedures, and effective report writing.</p>	X		
<p>4. 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 ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.</p>	x		
<p>5. 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.</p>	X		<p>Nurses do the health screen at admission.</p>



6. Training personnel incorporate recommendations and complaints from youth, parents, staff, management, quality assurance personnel, and others into training plans and curricula.	x		
<b>D. Supervision of Staff</b>			
1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.	x		
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 also recognize staff for exemplary performance and ingenuity in promoting a positive environment for youth.		X	The facility superintendent reported that they do not conduct regular evaluations.
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.	x		
4. The facility administrator annually reviews all facility operating procedures and updates them as needed.	X		
5. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.	x		
6. Written policies, procedures, and actual practices ensure that: 1) staff model social skills for youth and do not use profanity, threats, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth; and 2) facility management addresses violations of standards of conduct.	x		
<b>E. Child Abuse Reports, Incident Reports, and Complaints</b>			
1. The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse.	X		<b>Mandatory</b>
2. Staff and youth do not experience retaliation for making complaints or reports of child abuse.	x		
3. The facility administrator or designee maintains, reviews, and when appropriate, fully investigates all reports of major incidents at the facility, including all uses of physical force, all uses 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. Staff alleged to be involved in the incident do not conduct the investigation.	x		
4. Written policies, procedures, and actual practices ensure that the facility administrator or designee advise those making complaints of the results of the complaints or child abuse reports that they file.	X		
5. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff that fail to adhere to the code of conduct face appropriate discipline.	x		

6. Staff receive specific training in handling disclosures of victimization or other sensitive information made to them by youth.	X		
---	---	--	--

**VI. ENVIRONMENTAL ISSUES**

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

STANDARD	Conforms to Standard	Does Not Conform to Standard	FINDINGS/COMMENTS
<b>A. Positive Institutional Atmosphere</b>			
1. All persons in the facility are treated with respect. Written policies, procedures, and actual practices prohibit use of slurs, name-calling, and other disrespectful behavior by youth or staff.	X		
2. Staff demonstrate an appropriate level of tolerance of normal adolescent behavior in their day-to-day working with youth.	X		
3. Furnishings and other decorations reflect a home-like, non-penal environment to the maximum extent possible.	X		Recommend introducing artwork and murals from girls' unit, facility lobby, and some classrooms to all parts of the facility.
4. The buildings and grounds are well maintained.	X		
5. Staff allow youth to decorate and personalize their own living space.	X		
6. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.	X		
7. The décor and programming acknowledge and value the diverse population of youth in the facility.	X		See comment above at A(7).
8. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.	X		
9. Youth are allowed to speak in their primary language. Staff may only impose restrictions for safety or emergency situations.	X		
<b>B. Sanitation</b>			
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance as evidenced by the approval of the appropriate local authority.	X		<b>Mandatory</b>
2. Youth are encouraged, enabled, and expected to keep themselves, their rooms, and communal areas clean. In order to achieve this, youth are given instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.	X		

3. Rooms, bathrooms, and common areas are clean and free of mold and debris.	X		<b>Mandatory.</b> Spot-checks revealed some bathrooms that require more in-depth cleaning than youth and staff can provide on a routine basis. Recommend professional cleaning on a regular basis to ensure that daily housekeeping is adequate to maintain sanitary bathrooms.
4. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.	X		
5. Youth do not perform dangerous tasks (e.g., blood spill clean-up or roofing).	X		<b>Mandatory</b>
6. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty).	X		
7. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.	X		
8. The facility provides functioning 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 after a youth request).	X		Shower handles throughout both facilities, soap dispensers in some restrooms in both facilities, and grates over fire alarm strobes in RBC restrooms present potential tie off points for ligatures. Recommend consultation with a suicide prevention expert about remediation.
9. 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.	X		
10. 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.	X		
11. The facility is free of insect and/or rodent infestation.	X		<b>Mandatory</b>
12. Staff allow youth to take showers every day.	X		<b>Mandatory</b>
13. Staff allow youth to brush their teeth after breakfast and dinner.	X		
14. Staff allow youth to wash their hands before meals and after activities that may cause the spread of germs.	X		

15. Staff provide youth with clean underclothing and socks daily.	X		<b>Mandatory.</b> Resident grievances suggested concerns about cleanliness of clothes following switch to new laundry detergent, and spot-checks revealed some clothing with smells suggesting that it had not been fully cleaned. Recommend providing clear guidance on maximum load sizes for washing and drying. Also recommend replacing dryers with institutional-grade machines to ensure that clothing reaches temperature necessary to ensure cleanliness.
16. Staff provide youth with clean pants and shirts not less than twice a week.	X		<b>Mandatory</b>
17. Staff provide youth with clean bed linens at least once weekly.	X		<b>Mandatory</b>
18. Staff provide youth with clean towels daily.	X		
19. Staff disinfect mattress covers after each youth moves out of the room, before the next youth occupies the room. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.	X		
20. The furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).	X		Recommend expediting replacement of metal and wood beds with plastic units.
<b>C. Food</b>			
1. The facility's food services comply with applicable local, state and federal sanitation and health codes, and have documentation demonstrating such compliance.	X		<b>Mandatory</b>
2. 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.	X		<b>Mandatory.</b>
3. Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. If staff eat at the facility, youth and staff receive the same meals.	X		
4. The facility provides meals stored and served at safe temperatures.	X		

5. The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws).	X		<b>Mandatory</b>
6. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).	X		
7. Youth may obtain second servings of food.	X		
8. Youth eat meals in a cafeteria or common area.	X		
9. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	X		
10. Youth may talk during meals absent safety or security reasons.	X		
11. Staff may not withhold food for discipline.	X		<b>Mandatory</b>
12. The facility does not serve deliberately unappetizing meals (e.g., food loaf) to youth.	X		
13. 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.	X		
<b>D. Temperature, Ventilation, and Noise</b>			
1. Temperatures in indoor areas are appropriate to the summer and winter comfort zones, with no unhealthy extremes.	X		
2. There is adequate ventilation in indoor areas.	X		
3. Noise levels in the facility are comfortable and appropriate at all times.	X		
<b>E. Emergency Preparedness and Fire Safety</b>			
1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security issues, and medical emergencies. The plan covers:	X		<b>Mandatory</b>
a. The identification of key personnel and their specific responsibilities during an emergency or disaster situation.	X		<b>Mandatory</b>
b. Agreements with other agencies or departments.	X		<b>Mandatory</b>
c. Transportation to pre-determined evacuation sites.	X		<b>Mandatory</b>
d. Notification to families.	X		<b>Mandatory</b>
e. Needs of youth with disabilities in cases of an emergency.	X		<b>Mandatory</b>
f. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	X		<b>Mandatory</b>
2. All occupied areas of the facility have at least two means of egress.	X		
3. The facility has identification and lighting of all exits, including during emergencies.	X		<b>Mandatory</b>



4. The facility has smoke alarms in appropriate locations and in working condition.	X		<b>Mandatory</b>
5. The facility has fire extinguishers in appropriate locations and in working condition. Staff receive training in the use of fire extinguishers. Staff regularly check and service fire extinguishers, and document the servicing.	X		<b>Mandatory.</b>
6. The facility has self-contained breathing apparatus (SCBA) in appropriate locations and in good working condition for use in a fire or smoke emergency. Staff receive training in use of SCBA. Staff regularly check and service SCBA, and document the servicing.			Not applicable.
7. The facility has an evacuation plan that staff conspicuously post in each area of the facility. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis by shift. Staff document fire drills including how long it takes to unlock doors and get youth cleared from the building.	X		<b>Mandatory.</b>
8. First aid kits are immediately available and fully stocked with non-expired items.	X		
9. Potentially hazardous or flammable compounds are properly stored and secured.	X		<b>Mandatory</b>
<b>F. Lighting</b>			
1. Individual rooms have adequate lighting, sufficient for reading.	X		<b>Mandatory</b>
2. The lights in youth rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for security, health, or mental health reasons.	X		
3. Dayroom and/or common areas used for recreation are adequately lit, and include the use of natural light as much as possible.	X		
<b>G. Clothing and Personal Items</b>			
1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.	X		
2. Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females. The facility allows transgender youth to wear underwear appropriate to their gender identity.	X		
3. Youth receive outerwear that is appropriate to the season.	X		<b>Mandatory</b>
4. Youth may keep a reasonable amount of personal items in their rooms.	X		
5. The facility housing units have lockers or other storage for youth's clothing and personal items.	X		
6. The facility provides adequate and appropriate hair care services and supplies for youth.	X		
7. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. (Items that could allow for spread of germs are not shared among youth (e.g., common toothpaste tube, tub of deodorant).	X		<b>Mandatory</b>



8. Youth receive clean bedding and linen, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort.	X		<b>Mandatory</b>
<b>H. Searches</b>			
1. The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting areas. Written procedures address each of the following:	X		
a. Intake searches may include pat-downs, metal detector, or clothing searches ( <i>i.e.</i> , feeling inside pockets and cuffs without removal of clothing from the body). If the facility permits strip searches ( <i>i.e.</i> , a search requiring a person to remove some or all of his or her clothing) or visual body cavity searches ( <i>i.e.</i> , searches requiring both a removal of clothing and a visual inspection of a body cavity, such as "squat and cough") they are conducted in accordance with applicable law.	X		
b. Youth who are returning from court, school, another facility, visits on the premises, or 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, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. All strip and visual body cavity searches are documented and the rationale is reviewed for appropriate basis.	X		
c. Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.	X		
d. Staff may conduct searches of visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.	X		
e. The facility provides staff with lockers away from the living units for staff to place their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.	X		
2. Except for exigent circumstances, persons conducting pat-down searches or clothing searches, shall be of the same gender as the person being searched.	X		<b>Mandatory</b>
3. Persons conducting strip down searches shall be of the same gender as the person being searched.	X		<b>Mandatory</b>
4. Only medical personnel may conduct physical body cavity searches ( <i>i.e.</i> , searches involving physical intrusion into a body cavity for the purpose of discovering a concealed object) or collect urine samples.	X		<b>Mandatory</b>

5. Staff shall notify parents or guardians if a youth is subjected to a physical body cavity search.	X		
6. Same gender staff are present during physical body cavity searches of youth provided however that the gender of the doctor or nurse conducting such a search may or may not be the same as the youth.	X		
7. Staff conduct strip searches and visual body cavity searches with youth individually and in a private setting.	X		<b>Mandatory</b>
8. Staff shall not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.	X		
<b>I. Overcrowding, Adequate Living Space, and Privacy</b>			
1. The total population of the facility and the population per unit does not exceed maximum rated capacity.	X		
2. Each youth has a separate sleeping room with lighting to read until the designated time for lights out.	X		<b>Mandatory</b>
3. The facility provides reasonable opportunity for privacy in rooms and bathrooms.	X		
4. 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 are not occupied by more youth than the rated capacity allows.	X		
5. The dayroom and/or common areas have sufficient chairs and tables to accommodate recreational activities.	X		
6. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.	X		<b>Not applicable</b>

**VII. RESTRAINTS, ISOLATION, DUE PROCESS, AND GRIEVANCES**

*Security and good order in a facility are best exercised when expectations are clear; staff are well-trained to help prevent and de-escalate crises; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient, and force, restraint, room confinement or isolation must be used. This section includes the facility's rules for discipline, provisions for due process, and discipline sanctions. Finally, this section addresses the facility response to concerns and complaints by youth through an effective grievance process.*

STANDARD	Conforms to Standard	Does Not Conform to Standard	FINDINGS/COMMENTS
<b>A. Physical Force, Mechanical Restraints, and Chemical Agents</b>			
1. Written policies, procedures, and actual practices ensure that:			<b>Mandatory</b>
a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, and the facility's continuum of methods of control.			<b>Mandatory</b> See Grid B.
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for application of force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary.	X		<b>Mandatory</b>
c. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using force or restraints, and permit only that amount of force needed to ensure the safety of the minor and others.	X		<b>Mandatory</b>
d. Only staff specifically trained in the application of physical force and mechanical restraints may use such techniques or devices; staff only use approved techniques or devices.	X		<b>Mandatory</b>
2. Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints:			<b>Mandatory</b>
a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others or serious property destruction.	X		<b>Mandatory</b>
b. Mechanical restraints are used only in transportation or facility emergencies. A facility emergency includes resident behavior which may result in imminent harm to self or others or significant property damage.	X		<b>Mandatory</b>

c.	Staff only use physical force or mechanical restraints (except when used in transportation) in the degree and 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.	X		<b>Mandatory</b>
d.	(Except when used in transportation) if a resident has not been released from mechanical restraints within 15 minutes, the Administrator on call is contacted.	X		
e.	During facility emergencies, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place. In the rare event that a youth in mechanical restraints remains out of control, the Superintendent/AOC must authorize any continued use of mechanical restraints while he/she is placed in his/her room. The Superintendent/AOC is contacted immediately after a youth in mechanical restraints is placed in his/her room for such approval. The Superintendent/AOC may not approve utilization of mechanical restraints for a period of more than fifteen minutes and must be contacted and approve beforehand any continued use for any period of fifteen minutes or less. Mental health staff on duty or on call are contacted as necessary for guidance. Staff maintain constant visual supervision of the youth while mechanical restraints are in use in the room. On a case by case basis, the Superintendent/AOC determines whether the door of the youth's room will be open or closed while mechanical restraints are in use.	X		
f.	During transportation (inside or outside of the facility), staff may use mechanical restraints to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles or hobbler, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle. Hobbler are used only in transportation.	X		
g.	Staff do 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.	X		<b>Mandatory</b>
h.	If use of force is necessary, staff use approved defensive physical force techniques including evasion and deflection maneuvers or holding techniques that immobilize the body without locking joints or using pressure points.	X		
3.	Written policies, procedures, and actual practices prohibit:			<b>Mandatory</b>
a.	Use of chemical agents, including pepper spray, tear gas, and mace.	X		<b>Mandatory</b>

b. Use of pain compliance techniques at the facility. Pain compliance techniques are those in which staff apply pain as the primary method of controlling youth, including holds that result in an abnormal rotation, extension or flexion of a joint. Pain compliance techniques are different from defensive physical force that may be needed by staff in emergency situations.	X		<b>Mandatory</b>
c. Hitting youth with a closed fist, kicking or striking youth; or using chokeholds or blows to the head on youth.	X		<b>Mandatory</b>
d. Use of four or five-point restraints, straightjackets, or restraint chairs.	X		<b>Mandatory</b>
e. Hogtying youth or placing youth in restraints in other uncomfortable positions.	X		<b>Mandatory</b>
f. Restraining youth to fixed objects, including beds, walls, or vehicles.	X		<b>Mandatory</b>
g. Restraining youth in a prone position and putting pressure on the youth's back.	X		<b>Mandatory</b>
h. Using physical force or mechanical restraints for punishment, discipline, or treatment.	X		<b>Mandatory</b>
i. Use of belly belts or chains on pregnant girls.	X		<b>Mandatory</b>
4. Facility staff document all incidents (except for handcuffs used in transportation) in which physical force or mechanical restraints are used including:			<b>Mandatory</b>
a. Name of youth.	X		<b>Mandatory</b>
b. Date and time physical force or mechanical restraints were used on youth.	X		<b>Mandatory</b>
c. Date and time youth were released from mechanical restraints.	X		<b>Mandatory</b>
d. The person authorizing placement of the youth in restraints.	X		<b>Mandatory</b>
e. A description of the circumstances leading up to the application of force or restraints.	X		<b>Mandatory</b>
f. The staff involved in the incident.	X		<b>Mandatory</b>
g. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	X		<b>Mandatory</b>
h. The type of physical force or mechanical restraints used.	X		<b>Mandatory</b>
i. Referrals or contacts with medical and mental health staff including the date and time such persons were contacted.	X		<b>Mandatory</b>
5. 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.	X		

<p>6. Staff and youth involved in use of force or restraint incidents undergo an immediate debriefing process with supervisory staff and mental health staff to explore what might have prevented the need for force or restraint and alternative ways of handling the situation. Staff also notify parents of use of force or restrain incidents and ask for input and support on ways to prevent future such incidents.</p>		X	Documentation of debriefing not consistent.
<p>7. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all incidents in which youth are subjected to physical force or placed in restraints.</p>	X		
<p>8. A restraint review committee, which includes the facility administrator or designee, training staff, mental health staff, and line staff, regularly reviews all force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.</p>	X		
<p><b>B. Lockup Pending Major Discipline Review</b></p>			
<p>1. Isolation is defined in this instrument as lock up pending a Major Discipline Review. Written policies and procedures in the facility set forth the following principles for lock up pending Major Discipline Review.</p>			
<p>a. Staff only use lock up pending Major Discipline Review if a youth's behavior threatens imminent harm to self or others.</p>			See Grid B.
<p>b. Prior to using lock up pending Major Discipline Review, staff utilize less restrictive 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. Prior to using lock up pending Major Discipline Review, staff will explain to the youth the reasons for the lock up pending Major Discipline Review, and the fact that he or she will be released upon regaining self-control.</p>	X		
<p>c. Staff only keep youth lock up pending Major Discipline Review for the amount of time necessary for the youth to regain self-control and no longer pose a threat. Staff monitor the youth's behavior and as soon as the youth's behavior ceases to threaten imminent harm to self or others, staff contact the Administrator on Call for permission to release the youth back to programming.</p>			See Grid B.
<p>d. Youth are not kept in lock up pending Major Discipline Review for longer than one hour without explicit approval of the Administrator.</p>	X		



e. During the time that a youth is in lock up pending Major Discipline Review, staff monitor youth at fifteen (15) minute intervals.	X		
f. As soon as possible, the unit Clinical Social Worker visits a resident who has been placed in Lock Up status and secures necessary psychiatric, counseling, clinical or educational services.	X		
g. At least once per day while in Lock Up, a resident is seen by the unit Clinical Social Worker or other clinical staff (including Unit Managers whose training and clinical experience is comparable to that of the clinical social workers).	X		
h. If at any time during lock up pending Major Discipline Review medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).	X		
i. Youth in lock up pending Major Discipline Review shall have reasonable access to water, toilet facilities, and hygiene supplies.	X		
2. Staff keep designated isolation rooms clean, appropriately ventilated, and at comfortable temperatures.			<b>Not applicable.</b>
3. Designated isolation rooms are suicide-resistant and protrusion-free.			<b>Not applicable.</b>
4. Facility staff document all incidents in which a youth is placed in lock up pending Major Discipline Review, including:	X		
a. Name of the youth.	X		
b. Date and time the youth was placed in lock up pending Major Discipline Review.	X		
c. Name and position of the person authorizing placement of the youth in lock up pending Major Discipline Review.	X		
d. The staff involved in the incident.	X		
e. Date and time the youth was released from lock up pending Major Discipline Review.	X		
f. Description of the circumstances leading to the use of lock up pending Major Discipline Review.	X		
g. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.	X		
h. Referrals and contacts with medical and mental health staff, including the date, time and person contacted.	X		
5. Medical and mental health staff shall document all contacts with youth placed in lock up pending Major Discipline Review, 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.	X		



6. 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 lock up pending Major Discipline Review.	X		
7. The facility administrator or designee, in conjunction with mental health staff, reviews all uses of lock up pending Major Discipline Review to identify departures from policy and provide feedback to staff on effective crisis management.	X		
<b>C. Voluntary Time Outs</b>			
1. Staff allow youth to have a voluntary time out for a short period of time at the youth's request. A voluntary time out is defined as a youth choosing to remove him or herself from programming to "cool off"; the youth is allowed to return to programming automatically without needing staff permission.	X		
2. Staff document voluntary time outs in the unit log.	X		Recommend continuing to promote consistency in logging of voluntary time outs.
<b>D. Due Process in Discipline</b>			
1. Staff provide youth with a list 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 include less restrictive interventions in addition to room confinement.	X		<b>Mandatory</b>
2. Facility rules prohibit only observed behavior that can be shown to have a direct adverse impact on a juvenile or juveniles or on facility order and security. Penalties and sanctions are proportionate to the importance of the rule and the severity of the violation. The practice of progressive discipline is utilized in the disposition of all disciplinary actions; no disciplinary action includes the most severe consequences unless less severe means have been previously tried and have failed.	X		<b>Mandatory</b>
a. The facility rewards residents for appropriate conduct to avoid the incidence of behaviors requiring a disciplinary response. Written policy, procedure and practice provide for a system of rewarding the positive behavior of individual juveniles.	X		<b>Mandatory</b>
b. Minor juvenile misbehavior is resolved informally, for example staff attempt to re-direct residents to solve routine behavior problems through discussion and informal interaction.	X		<b>Mandatory</b>
c. The Behavior Report process responds to residents who commit minor offenses when a formal response is required. The Behavior Report ensures that the resident is afforded due process in determining that the infraction occurred, that any sanction is proportional to the infraction, that the resident is provided written notice of the specific alleged infraction and understands the infraction and sanction.	X		<b>Mandatory</b>

(1) Staff directly observing conduct requiring a disciplinary response completes documentation in RICHIST.	X		<b>Mandatory</b>
(2) The Unit Manager or School Principal (or supervisory designee) determines the need for a Behavior Report by meeting with staff who reported the incident. The Unit Manager or School Principal (or supervisory designee) gives the resident the opportunity to respond and present information and/or evidence on his/her behalf. The resident is always afforded an opportunity to speak privately with the Unit Manager or School Principal (or supervisory designee) regarding the matter.	X		<b>Mandatory</b>
(3) The Unit Manager or School Principal (or supervisory designee) makes a referral for clinical intervention if necessary.	X		<b>Mandatory</b>
(4) When determining the sanction, the Unit Manager or School Principal (or supervisory designee) considers which will be the most effective in altering behavior and preventing reoccurrence. This determination is consistent with the requirements of progressive discipline.	X		<b>Mandatory</b>
(5) The Unit Manager or School Principal (or supervisory designee) imposes only one sanction per Behavior Report; examples of sanctions appropriate to a Behavior Report include a warning, reasonable restitution, loss of points for a shift or a day, loss of one level, extra chores (not to exceed a 5 day period), placing the resident in his/her room for no more than an hour, early bed (but not earlier than 8:00 pm), etc.	X		<b>Mandatory</b>
(6) The Resident may request a meeting with the Superintendent to appeal the sanction if she/he believes it is unfair.	X		<b>Mandatory</b>
(7) Under no circumstances is a resident confined to his/her room for more than one hour due to a Behavior Report.	X		<b>Mandatory</b>
d. The Major Discipline Review responds to serious resident infractions or allegations of serious resident infractions of the facility's rules.	X		<b>Mandatory</b>
(1) The Major Discipline Reviewer conducts all Major Discipline Reviews and is not consulted regarding a disciplinary matter prior to the review process regarding that matter.	X		<b>Mandatory</b>
(2) The Major Discipline Reviewer ensures that the resident is informed of all of his/her rights before and during the Hearing and subsequently relating to an appeal if applicable.	X		<b>Mandatory</b>
(3) The Reviewer's decision is based solely on information obtained during the hearing process; the burden of proof is on the Division to demonstrate by clear and convincing evidence that the resident violated the rules of behavior.	X		<b>Mandatory</b>

(4) The Unit Manager or designee verbally informs the resident that his/her infraction is recommended for Major Discipline Review.	X		<b>Mandatory</b>
(5) The Superintendent approves or disapproves the Unit Manager's recommendation. If the Superintendent approves, the resident is provided timely written notice (by the end of the shift on which the Superintendent's approval is rendered) including the violation with which he/she is charged, the alleged conduct giving rise to the violation, including the date, time and place of the alleged conduct, reason for the proposed disciplinary procedure and the date of the hearing.	X		<b>Mandatory</b>
(6) The hearing occurs within 5 working days of the incident unless the resident or his/her attorney requests an extension.	X		<b>Mandatory</b>
(7) The resident is remanded to his/her room before the Major Discipline Review Hearing only due to a finding by the Superintendent that the resident is at imminent risk of harm to self or others. If such finding is made, the hearing occurs within 24 hours.	X		<b>Mandatory</b>
(8) The resident is present during his/her hearing provided however that a juvenile may be excluded during the testimony of a witness for safety reasons only. In this case the reason is documented.	X		<b>Mandatory</b>
(9) The resident has the right to make a statement or remain silent and the Major Discipline Reviewer ensures that the resident understands that any statement the resident makes may be used against him or her in the hearing or in subsequent court proceedings.	X		<b>Mandatory</b>
(10) The resident has an opportunity to make a statement, present evidence and request witnesses; the reason for a denial of such a request is documented.	X		<b>Mandatory</b>
(11) The resident has the right to cross examine any witness providing evidence against him/her.	X		<b>Mandatory</b>
(12) Evidence to be utilized during the Hearing is disclosed to the resident.	X		<b>Mandatory</b>
(13) The Major Discipline Reviewer submits a decision in writing within 2 days of the close of the Review. This decision, which includes notification of the right to appeal, is provided to the resident and his advocate and is included in the resident's record in RICHIST.	X		<b>Mandatory</b>
(14) If the resident is found guilty of the charge(s) his/her disciplinary record may be used to determine the sanctions to be imposed. The sanctions are consistent with the requirement for progressive discipline. When the resident's prior discipline record is used to determine penalties, the Reviewer discusses this in the presence of the resident and his/her advocate.	X		<b>Mandatory</b>

(15) A sanction may include any of those associated with a Behavior Report as well as confinement to his/her room for a total period not to exceed 3 days, provided however that provisions in Section E below are fully applicable.	X		<b>Mandatory</b>
(16) Behaviors subject to Major Discipline Review are described in the Resident Handbook and updated no less than annually.	X		<b>Mandatory</b>
(17) The Superintendent can intervene in the Major Discipline Review process at any point and is available to hear a resident's appeal.	X		<b>Mandatory</b>
(18) During the period of the Major Discipline Review, the Unit Manager consults with the Superintendent to determine whether the matter can be resolved as a Behavior Report.	X		<b>Mandatory</b>
e. The Superintendent reviews all dispositions related to the Major Discipline Review process within 24 hours if possible, but within 72 hours at a minimum. Sanctions are stayed until the Superintendent has rendered a decision on the appeal.	X		<b>Mandatory</b>
3. Youth receive procedural due process protections during discipline, including:	X		
a. Written notice of specific alleged misbehavior or violations of institutional rules.	X		
b. An opportunity to present their side of the incident before a person who was not directly involved in the incident.	x		
c. The assistance of staff or other youth if requested.	X		
d. A resident may request representation at his/her own expense by an attorney during the Major Discipline Review process.	X		<b>Mandatory</b>
e. An opportunity to present information to rebut the allegations (e.g., statements from other youth or staff).	X		
f. A written statement of findings in the matter and the evidence relied upon by the decision maker.	X		
g. An opportunity to appeal the ruling to the superintendent/facility administrator or deputy superintendent.	X		
h. A right to a decision before the youth receives the confinement time or other sanction.	X		
4. 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). Staff provide due process hearings within 24 hours of the incident and before the youth serves the room confinement time for a sanction.	X		
5. Under no circumstances may a youth be deprived of his or her basic rights as part of discipline. Basic rights for each youth include:	X		<b>Mandatory</b>
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	X		<b>Mandatory</b>
b. Full meals and evening snacks.	X		<b>Mandatory</b>
c. A full complement of clean clothes.	X		<b>Mandatory</b>

d. Parental and attorney visits.	X		<b>Mandatory</b>
e. Personal hygiene items.	X		<b>Mandatory</b>
f. Daily opportunity for exercise.	X		<b>Mandatory</b>
g. Telephone contacts with attorney.	X		<b>Mandatory</b>
h. The right to receive and send mail.	X		<b>Mandatory</b>
i. A regular daily education program.	X		<b>Mandatory</b>
j. An opportunity for daily shower and access to toilet and drinking water as needed.	X		<b>Mandatory</b>
k. An opportunity to attend religious services and/or obtain religious counseling of the youth's choice.	X		<b>Mandatory</b>
l. Clean and sanitary living conditions.	X		<b>Mandatory</b>
m. Access to reading materials.	X		<b>Mandatory</b>
6. Staff provide explanations of all rules and sanctions for non-English speaking youth in their native language.	X		
7. The Training School annually publishes a resident's handbook, which incorporates all program standards, rules and regulations. An updated version is provided to each youth upon admission and as a part of orientation to the facility.	X		<b>Mandatory</b>
8. Staff do not use group punishment as a sanction for the misbehavior of individual youth.	X		
<b>E. Room Confinement</b>			
1. Prior to any imposition of room confinement, staff provide the components of due process set forth above. Room confinement is defined in this instrument as a disciplinary sanction requiring youth to remain in a room <u>after</u> a youth has violated a rule. Room confinement should not be confused with isolation, which is defined in this instrument as lock up pending Major Discipline Review.	X		
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.	X		
3. Room confinement for 24 hours or longer is not routinely imposed. Room confinement of more than 24 hours is reserved for the most serious violations, must be approved by the facility administrator, and is not imposed for more than 72 hours continuously.	X		
4. Youth on room confinement continue to participate in meals, recreation/exercise, education and other required programming outside of his/her room.	X		<b>Mandatory</b>



5. If a youth is in room confinement longer than 24 hours, at least every 24 hours the facility administrator or a designee who was not involved in the incident must review and determine whether it is appropriate to authorize release.	X		
6. If a youth is in room confinement longer than 24 consecutive hours without access to programming, qualified mental health or health professionals visit the youth daily.	X		<b>Mandatory</b>
7. If the youth repeatedly engages in behavior which results in room confinement, staff convene a multi-disciplinary team to develop an individualized behavior plan for the youth.	X		
8. 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 or youth involved in the incident, and the date and time the youth was released from the confinement.	X		
9. The facility administrator shall regularly review and analyze the use of room confinement and lock up pending Major Discipline Review 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 or lock up pending Major Discipline Review.	X		<b>Mandatory</b>
10. Facility staff shall receive regular training on the appropriate use of, and alternatives to, room confinement.			See Grid B.
11. During any time that a youth is in room confinement, staff monitor the youth at intervals not to exceed 15 minutes. If the youth appears in need of mental health services, mental health staff are called and promptly visit the youth.	X		<b>Mandatory</b>
12. Youth in room confinement shall have reasonable access to water, toilet facilities, and hygiene supplies.	X		<b>Mandatory</b>
<b>F. Corporal Punishment</b>			
1. Staff may not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	X		<b>Mandatory</b>
<b>G. Grievance Procedures</b>			
1. Staff provide all youth, their family members, and legal guardians with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints. Staff inform each youth 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. The facility also notifies family members and legal guardians regarding the availability of the institutional grievance process and informs them about how to use it.	X		<b>Mandatory</b>



2. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	X		<b>Mandatory</b>
3. Youth may request staff assistance or the assistance of another youth designated as the Resident Representative to complete the grievance form if necessary.	X		<b>Mandatory</b>
4. Facility administrators ensure that youth receive no reprisals for utilizing grievance procedures.	X		<b>Mandatory</b>
5. Facility staff, administrators, ombudsperson or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance. Staff alleged to be involved do not conduct the investigation.	X		<b>Mandatory</b>
6. Facility staff, administrators, ombudsperson or other personnel provide prompt written notice to the youth of the results of the investigation.	X		<b>Mandatory</b>
7. Youth receive responses to their grievances that are respectful, legible, and address the issues raised.	X		<b>Mandatory</b>
8. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators respond to appeals promptly and fairly.	X		<b>Mandatory</b>
9. If a grievance is found to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.	X		<b>Mandatory</b>
10. Facility staff, administrators, ombudsperson or other personnel fully document grievances and the results of grievance investigations.	X		<b>Mandatory</b>
11. Facility administrators regularly analyze grievance forms (granted and denied) for patterns or trends.	X		<b>Mandatory</b>

**VIII. SAFETY**

*Although safety is the last section of this assessment tool, safety for youth and staff is the overarching principle underlying all of the other sections. This section reinforces the facility's oversight and protections in relation to use of excessive force, sexual assault and harassment, intimidation, and weapons in the facility. The standards in this section require that proper oversight and action occur with respect to safety issues*

STANDARD	Conforms to Standard	Does Not Conform to Standard	FINDINGS/COMMENTS
<b>A. Youth are safe from physical assault, sexual assault and harassment, and intimidation by staff.</b>			
1. Written policies, procedures, and actual practices ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of inappropriate behavior by staff.	x		
2. The facility administrator compiles and analyzes monthly statistics of violence, use of restraints, use of isolation, and use of physical force.	x		
3. Any and all sexual misconduct between staff and youth is prohibited.	x		<b>Mandatory</b>
4. The facility has a plan for prevention, detection, reporting, and investigation of sexual harassment and sexual misconduct. Staff understand the plan and have the skills necessary to implement the plan (e.g., staff who conduct investigations have skills to properly investigate sexual misconduct).	X		Facility is pursuing corrective action plan pursuant to May 2016 audit.
5. Youth feel safe from victimization by staff, including abuse, threats of violence, theft, sexual assault or harassment, and assault.	x		
6. Youth can report incidents of threats or harm by staff without fear of reprisal. Staff not involved in the incident promptly investigate such reports to take effective action to protect youth from threats or harm.	x		
7. Staff provide appropriate support to youth during the investigation stage following allegations of abuse.	x		
<b>B. Youth are safe from physical assault, sexual assault and harassment, and intimidation by other youth.</b>			
1. Written policies, procedures, and actual practices ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual assault/harassment (including medical reports), by youth of other youth.	x		
2. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes.	x		
3. Youth feel safe from victimization by other youth,	x		

including abuse, threats of violence, theft, sexual assault or harassment, and assault.			
4. Youth can report incidents of threats or harm by other youth without fear of reprisal.	x		
5. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.	x		
6. There are regular opportunities for youth to provide input on how the facility can be made safer.	x		
7. Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.	x		
<b>C. Staff in the facility are safe from physical or sexual assaults by youth.</b>			
1. Written policies, procedures, and actual practices ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of physical or sexual assaults (including medial reports), by youth on staff.	x		
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.	x		
<b>D. Weapons are prohibited in the facility.</b>			
1. The facility has adequate security measures to ensure that neither youth nor staff bring weapons into the facility.		X	The agency does not search staff or have them pass through metal detectors before they enter the building.
2. The facility properly stores and secures objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).	x		

# **ATTACHMENT 4**

Grid B (highlighted standards are mandatory standards)

April 13, 2017

Standard	Conforms to Standard	Does not Conform to Standard	Comments
<p>(1) Individualized Treatment Plans emphasize the strengths and challenges of the individual youth who is the subject of the plan, clearly identify specific positive behaviors to replace negative behaviors, and include objectives as well as proximate and corresponding rewards.</p>	X		<p>DCYF is in substantial compliance with the standard. As mentioned on site, we encourage clinical staff to include written description of replacement behaviors in plans once identified. However, youth, clinical staff, and direct care staff had a good understanding of goal behaviors and incentives available for making progress.</p>
<p>(2) Behavior Management Plans clearly identify specific positive behaviors to replace negative behaviors and include measurable and incremental objectives alongside proximate and corresponding rewards.</p>	X		<p>DCYF is in substantial compliance with the standard. As mentioned on site, we encourage clinical staff to include written description of replacement behaviors in plans once identified. However, youth, clinical staff, and direct care staff had a good understanding of goal behaviors and incentives available for making progress.</p>
<p>(3) Staff possess the information, training, and skills necessary to manage youths' refusals to follow directives without relying on restraints or physical force in situations that do not present an imminent risk of harm to youth or staff. (Standards V(C)(1), V(C)(3)(c), and VIII(A)(1)(a)-(b))</p>	X		<p>DCYF is in substantial compliance with the standard. We applaud the agency for training all staff on Safe Crisis Management. Our review of incident reports, video footage, data on the use of restraints, and conversations with youth, staff, and administrators indicated that the curriculum has had a significant and positive impact on the RITs and the RBC.</p>



<p>(4) Youth are out of their rooms except:</p> <ul style="list-style-type: none"> <li>a) during sleeping hours,</li> <li>b) during brief periods of transition (such as shift changes),</li> <li>c) when the youth's behavior presents an imminent threat to the safety of youth or staff, or</li> <li>d) pursuant to a disciplinary sanction assigned following a Major Discipline Review hearing. (Standards IV(C)(7), VII(B)(1)(a), and VII(B)(1)(c))</li> </ul>		X	<p>DCYF is not in substantial compliance with the standard. The agency has generally done a good job of reducing the amount of time that youth are in their rooms for administrative reasons (i.e., shift changes, meals). However, logbook documentation made it difficult to determine when and how long youth were in their rooms for administrative reasons, particularly at the RBC. Additionally, many youth are held in their rooms pending a Major Discipline Review hearing, even after they have calmed down and their behavior no longer presents an imminent threat to the safety of youth or staff. We encourage DCYF to improve recordkeeping in this area and identify ways of ensuring that youth are out of their rooms pending a Major Discipline Review hearing unless they present an imminent threat to the safety of youth or staff. Despite the above, the Training School does adhere to the requirement of initiating lock up pending board for youth whose behavior threatens harm to self or others.</p>
<p>(5) Youth may gather for religious services. Youth are not compelled to participate in religious activities. (Standard IV(D)(1))</p>	X		<p>DCYF is in substantial compliance with the standard.</p>
<p>(6) Younger relatives (siblings or cousins) may visit with approval of the youth's clinical social worker or unit manager. (Standard III(C)(2))</p>	X		<p>DCYF is in substantial compliance with the standard.</p>