

Northern
Oregon
Regional
Corrections
Facility
(NORCOR)
Juvenile
Detention

JDAI Facility Assessment Report

April 2015

Acknowledgements

On behalf of the Central and Eastern Oregon Juvenile Justice Consortium (CEOJJC) and the Northern Oregon Regional Corrections Facility (NORCOR), we would like to express our thanks and appreciation to the individual members of the NORCOR Juvenile Detention Assessment Team, and their respective agencies, for their contribution of time, energy and expertise. We would also like to thank the staff at NORCOR Juvenile Detention for welcoming team members, sharing your thoughts and taking time to introduce team members to the facility. Most importantly, we would like to thank the youth who agreed to participate in the assessment process for their honest and open feedback. Each person's participation in this process was essential for examining all aspects of the facility and developing plans for ongoing improvement.

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A. Introduction

History of JDAI

In 1994, the Anne E. Casey Foundation's Juvenile Detention Alternative Initiative (JDAI) was launched, providing a comprehensive set of tools and technical assistance to reduce overcrowding and improve conditions in juvenile detention facilities. The initiative's strategies were designed to assist jurisdictions with more appropriately and effectively using detention and to help reduce the number of youth unnecessarily or inappropriately detained. Additional goals included the creation of more alternatives to secure confinement for youth, when appropriate.

Core Strategies

The eight core strategies of JDAI include:

1. Interagency collaboration to improve problem solving and coordination
2. Reliance on data to guide program and policy
3. Use of objective instruments to guide detention admissions decisions
4. Increased or enhanced community-based alternatives to secure detention
5. Expedited case processing to reduce lengths of stay and speed case resolutions
6. Innovations to reduce secure detention use for probation violations, warrants and cases in which youth are awaiting placement
7. Use of best practices to reduce racial disparity in the detention population
8. Routine facility inspections to improve conditions of confinement

It is the eighth strategy which is the basis for the detention self-inspection undertaken by NORCOR Juvenile Detention. The purpose of the self-inspection process is to help ensure the safe and humane conditions for detained youth by thorough assessment of the physical facility and detention programming. After over 21 years of innovation and replication, JDAI is one of the nation's most effective, influential and widespread juvenile justice system reform initiatives.

CEOJJC, NORCOR and JDAI

The Central and Eastern Oregon Juvenile Justice Consortium (CEOJJC) and NORCOR began to adopt the principles of JDAI in 2007, seeing the need locally for detention reform. This facility inspection was commissioned by CEOJJC, and is the second inspection to occur at NORCOR.

B. Facility Assessment Team

The Facility Assessment Team consisted of eleven professionals from throughout the NORCOR region. Each team member was chosen based on their unique area of expertise, as well as their ability to see the facility with “fresh eyes”. The goal for the process was to solicit objective feedback regarding facility conditions and services to ensure conformity with constitutional and statutory requirements for safe and humane conditions of confinement in NORCOR’s juvenile detention facility.

Thank you to the following team members for their contributions to improving conditions, programs and services for youth in our care. Their participation was essential for examining all aspects of the facility and developing plans for ongoing improvement.

<u>Member Name</u>	<u>Member Agency/Title</u>	<u>Area of Expertise</u>	<u>TEAM Assignments</u>
<u>Patricia Elliott</u>	Hood River County Health Dept.	Medical	HEALTH & MENTAL HEALTH
<u>Lisa Helms</u>	Community Counseling Solutions - Gilliam County	Mental Health	
<u>Wade McLeod</u>	District Attorney - Sherman County	District Attorney	CLASSIFICATION, INTAKE & ACCESS
<u>Sheri Thonstad</u>	Attorney	Defense Attorney	
<u>Anne Carloss</u>	Hood River County School District, Special Education Director	Education and Special Education	PROGRAMMING
<u>Bruce Waldrup</u>	J Bar J Youth Services - Treatment Manager	Treatment Specialist	
<u>Jack Henderson</u>	Dufur School District - Superintendent	Education and Special Education	
<u>Greg Westbrook</u>	Oregon Youth Authority - Riverbend	Juvenile Justice Professional	TRAINING, SUPERVISION & RESTRAINTS
<u>Circuit Court Judge Karen Ostrye</u>	Oregon's 7th Judicial District - Gilliam, Hood River, Sherman, Wasco and Wheeler	Judge	
<u>Lynette Ranney Black</u>	OSU Extension Service - Wasco County, 4-H Youth Dev. Faculty & County Leader	Other Community Member	ENVIRONMENT & SAFETY
<u>Commissioner Karen Joplin</u>	Hood River County	County Commissioner	
Deirdre Kasberger	NORCOR	Assessment Facilitator	

C. Assessment Process

The evaluation was conducted using the standards, guidelines and an inspection instrument developed specifically for JDAI sites by the Youth Law Center. Some of the standards included in the assessment are based on Constitutional guarantees, some on statutes and evolving case law. Others derive from current best professional practices aimed at protecting the health, safety and legal rights of juveniles. In all, there are eight general categories or CHAPTERS:

1. Classification and Intake
2. Health and Mental Health
3. Access
4. Programming
5. Training and Supervision of Employees
6. Environment
7. Restraints, Room Confinement, Due Process and Grievances
8. Safety

The NORCOR Facility Inspection Team inspection occurred on April 2nd, April 6th, April 7th and April 8th, 2015. The team of eleven was divided up into groups of 2-3 and charged with reviewing materials and interviewing relevant personnel. The team carefully inspected the facility and related documentation, recording whether or not NORCOR Juvenile was conforming to JDAI standards. Based on their evaluations, the individual team members offered feedback related to specific standards. The process is intended to be an open and collaborative process, providing valuable feedback to NORCOR and CEOJJC, ultimately benefitting the youth served.

D. Assessment Areas

1. Classification and Intake

a. Introduction.

Detention can be a highly stressful and potentially traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, health, mental health, and physical needs. The Classification and Intake section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed. The following documents and other written materials were used to evaluate the Classification and Intake of youth in detention:

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Posted orders regarding detention limitations
- Risk Assessment Instrument (RAI) – completed
- Intake forms
- Classification forms
- Orientation materials – handbooks
- Language access plan (limited English proficient youth and family members)
- Population count records (3 months) -
 - # of youth brought to detention by each agency
 - Reason for detention
 - RAI overrides
 - Admissions and Releases
 - Average daily population and average length of stay
- PREA audit

Interviews. The following individuals were interviewed while evaluating the Classification and Intake of youth.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- Detention staff
- Youth

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews.

The Classification and Intake Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Specific Detention Limitations:

- There are no written policies and procedures to ensure that the following do not occur:
 - Immigrations status questioning
 - Detaining of youth who are undocumented
 - Detaining of youth when a parent/guardian is unavailable
 - Detaining of youth with immigration holds when no delinquency cases or charges

Intake:

- The facility has Spanish speaking staff and utilizes a language line for other languages.
- The facility does not have policies and procedures in place regarding communicating with transgender youth.

Detention Process:

- The admissions process for youth does not include the following:
 - Two telephone calls
 - Documented secure storage of personal belongings
 - The offering of food, regardless of time of arrival
- Institutional rights, rules and procedures are not provided in both written and verbal or video forms at intake.
- Intake orientation does not include the following information:
 - Identification of key staff roles
 - A comprehensive grievance procedure
 - The use physical force, restraints and room confinement
 - How youth are to report abuse, feeling unsafe and theft
 - Nondiscrimination policies and what they mean for youth and staff behavior
 - Demonstration of appropriate pat-down and clothing searches
- A language access plan identifying how the facility will address language needs of limited English proficient youth and parents is not in place.

Classification Decisions:

- Staff do not question youth regarding sexual orientation, gender identify and gender expression.

d. Assessment Standards

Checklists - Classification and Intake

Standard	Conforms	Does Not Conform	Findings and Comments
A. Specific Detention Limitations			
1. Admissions criteria limit detention eligibility to youth likely to commit serious offenses pending resolution of their cases, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

Standard	Conforms	Does Not Conform	Findings and Comments
<p>8. Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility’s programming can adequately address the youth’s needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth’s needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>9. All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the ground that there is no other place to put them (<i>e.g.</i>, if a parent refuses to take the youth home).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The decision to house a juvenile does not lie with the facility. It is the local juvenile departments within each county who make custody decisions. <u>Evaluator believes this is a valid question that should be further explored and answered.</u></p>
<p>B. Intake</p>			
<p>1. Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The decision to house a juvenile does not lie with the facility. It is the local juvenile departments within each county who make custody decisions.</p>
<p>3. Intake/admissions staff use a race- and gender-neutral validated and age appropriate risk assessment instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Staff place youth eligible for detention in the least restrictive alternative needed to accomplish those purposes (<i>e.g.</i>, a non-secure setting, home supervision, home electronic monitoring).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Evaluators felt decisions could be more neutral, however improvement has been make in this area.</p>
<p>4. The facility’s intake procedures include a process for determining if a youth is limited English proficient (LEP).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>5. The facility has appropriate and reliable interpretation services available to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The facility does not charge for interpretation services.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Spanish speaking staff. The facility must utilize a language line for languages other than English or Spanish. Language line is not always available.</p>

Standard	Conforms	Does Not Conform	Findings and Comments
6. Staff provide intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide this information in the primary language used by the youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. During intake and throughout a youth’s stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth’s gender identity for communication within the facility, even if the youth’s name has not been legally changed. If staff use a youth’s preferred name in communication outside of the facility, they only do so at the youth’s request.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not addressed in policies/procedures.
C. Detention Process			
1. Staff screen youth to identify immediate individual issues that may affect the youth’s health or safety, such as intoxication, injury, or suicidal ideation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Intake/admission interviews occur in a private setting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. Staff arrange for necessary accommodations, auxiliary aids, or services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth do not get two telephone calls. Staff do not always offer food upon intake.
5. During the intake process, youth receive information explaining, in an age appropriate fashion, the facility’s policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules, and procedures including:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth do not receive verbal or video orientation.
a. Identification of key staff and roles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaluators felt clarification and improvement should be made in this area.
b. Rules on contraband and facility search policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The facility’s system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility. [See also standard IV(D)(4).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
d. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve grievances.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A grievance procedure exists but needs to be updated. Youth currently appear to share information among each other, as to the process.
e. Access to routine and emergency health and mental health care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Housing assignments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Opportunities for personal hygiene, such as daily showers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Rules on visiting, correspondence, and telephone use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Rules regarding access to counsel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Information and communications that are confidential.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Access to education, religious services, programs, and recreation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Policies on use of physical force, restraints, and room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written policy included in intake materials.
m. Emergency procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n. The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o. How to report problems at the facility such as abuse, feeling unsafe, and theft.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written policy. Evaluator reported this appears to be intuitive among youth. They were aware they should tell a staff member.
p. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written policy provided, however evaluators were told training is provided to staff on this topic.
q. The availability of services and programs in a language other than English.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
r. The process for requesting different housing, education, programming, and work assignments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
s. Demonstration of appropriate pat-down and clothing searches. [Also listed at VI(H)(3).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Evaluators reported staff do not demonstrate pat-down search prior to performing on youth at intake.

Standard	Conforms	Does Not Conform	Findings and Comments
7. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Staff make written materials available in all appropriate languages for limited English proficient youth. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. Staff make materials available for limited English proficient youth in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. The facility assesses the frequency with which youth and parents or guardians who are limited English proficient have contact with the facility by collecting data on the primary language of the youth, the primary language of parents or caregivers, and the language spoken in the youth’s home. The facility maintains data that show the number of youth and parents or guardians determined to be LEP by language group, and the placement of each youth by language group. Staff review the language data for the purpose of assessing the language assistance needs of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written plan available.
a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Identification of all vital documents to be translated and into which languages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Assessment of all signage to be translated, including emergency, exit, and special situation signs for all units and other areas of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Identification of reliable translation services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means, and in which languages they are available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. How the facility will inform LEP youth and their parents or caregivers about the language services available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conforms for youth, however not for parents/caregivers.
j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Staff review language data periodically to determine if the bilingual staffing, translation and interpretation needs of the facility have changed and if the facility's language access plan needs to be updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Population Management			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or stepped down to non-secure settings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The facility develops and implements written policies, procedures, and actual practices to ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are stepped down to less restrictive settings, or transferred to other settings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
3. The agency responsible for operating the detention facility regularly collects, reviews, ensures the accuracy of, and reports the following data, disaggregated by race, ethnicity, gender, and status as limited English proficient:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. The number of youth brought to detention by each agency (e.g., police, school police, group home).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The offenses charged or other reasons for detention such as failure to appear or violation of probation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Risk assessment instrument (RAI) scores and overrides.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is not usually done by detention staff. Juvenile Department policies and procedures are not consistent among counties.
d. Admissions to detention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Releases from detention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Average daily population in detention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Average length of stay.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Classification Decisions			
1. Upon admission, staff make housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth’s physical and emotional well-being:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This appears to be the goal among staff, however not always met.
a. Age;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Gender;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. History of violent behavior;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Level of emotional and cognitive development;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Current charges and offense history;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
f. Physical size and stature;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Status as limited English proficient and the availability of bilingual staff and other interpretation services;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Presence of intellectual or developmental disabilities;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Physical disabilities;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Presence of mental health needs or history of trauma;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. The youth’s perception of his or her vulnerability;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Suicide risk;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. Prior sexual victimization or abusiveness; [See also standard II(A)(5)(f).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth’s files. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, qualified mental health professionals ascertain the information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Staff ask all youth about their sexual orientation, gender identity, and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity, and gender expression recorded and with whom staff can discuss that information. Staff do not make assumptions about a youth’s sexual orientation, gender identity, or gender expression.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>This is considered private information so unless youth share, staff are not asking questions related to gender identify/expression. Staff report there is training being provided on how to appropriately inquire information of youth.</p>

Standard	Conforms	Does Not Conform	Findings and Comments
5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.	☒	<input type="checkbox"/>	
6. Staff do not base housing or programming decisions on race or ethnicity.	☒	<input type="checkbox"/>	
7. Staff do not automatically house gay, lesbian, bisexual, questioning, or intersex youth on the basis of their sexual orientation. Staff make any housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for such decisions.	☒	<input type="checkbox"/>	
8. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth’s health and safety, whether the placement will present management or security problems, the youth’s perception of where he or she will be most secure, and any recommendations from the youth’s health care provider. Staff document the reasons for such decisions and the facility administrator or designee reviews each decision. Such decisions are reassessed at least every 60 days to review youth’s safety and physical and emotional well-being.	☒	<input type="checkbox"/>	
9. Staff do not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings.	☒	<input type="checkbox"/>	
10. Staff do not consider lesbian, gay, bisexual, transgender, or intersex identification or status or a youth’s gender non-conformity as an indicator of whether a youth is or is likely to be sexually abusive.	☒	<input type="checkbox"/>	Training continues on this subject.
11. The facility develops and implements written policies, procedures, and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973, and any applicable state laws.	☒	<input type="checkbox"/>	There are only 2 ADA compliant rooms.
12. The facility does not exclude youth with temporary or permanent mobility impairments from the general population for that reason except by order from a physician.	☒	<input type="checkbox"/>	
13. When necessary, staff develop individualized plans to provide for the safety of particular youth. Staff do not use room confinement as a means of ensuring their safety.	☒	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
14. The facility has a process through which youth may request different housing, programming, education, and work assignments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
F. Confidentiality			
1. The facility implements appropriate controls on staff’s dissemination within the facility of responses to information gathered during intake and classification in order to ensure that confidential information is only disclosed on a need to know basis and is not exploited to the youth’s detriment by staff or other youth. Staff do not disclose confidential information on particular youth to other detained youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Staff do not disclose information about a youth’s sexual orientation or gender identity to anyone, including the youth’s parents, without obtaining the youth’s consent, unless disclosure is required by law or court order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff treat youth’s case records, law enforcement records, and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility maintains the security of documents in its possession that contain confidential youth information, including any information stored electronically.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws. [See also standard II(I)(1).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, as specified in agency policy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
9. Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.	☒	☐	
10. Written policy, procedure, and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth’s records prior to disclosing the records.	☒	☐	

2. Health and Mental Health Care

a. Introduction.

Youth often come into detention with medical and mental health conditions needing prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health and Mental Health Care section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification of conditions that require prescriptions or place the youth at risk, follow up assessment of identified conditions, care for conditions identified through screening and assessment, and provision of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Health and mental health related protocol, policies and procedures
- Admission screening instruments related to:
 - Medical
 - Mental health
 - Suicide screening
- Sick call logs
- Records of referrals of youth with medical or mental health issues (internal and external)
- List of scheduled outside facility appointments and transportation logs
- Sample medical, mental health and dental records (short and long term youth)
- Plan for medical/mental health emergencies
- Records of medical/mental health emergencies and injuries at facility
- Records of medical/mental health quality assurance program
- Records of annual training of medical and mental health staff
- Records of facility staff pertaining to medical/mental health care
- Suicide prevention and response policies
- Records of suicide attempts and gestures at facility (previous six months)

Interviews.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- NORCOR Health Care staff
- NORCOR Mental Health Care staff
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Health and Mental Health Care Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Screenings and Referrals:

- Medical screenings are not done by qualified medical professionals.
- Medical screening and observation questions do not include the following:
 - Symptom screening for tuberculosis and other communicable illnesses
 - Any recent hiding of drugs in the body
 - Gynecological problems
 - Whether the youth has any current medical problems he/she would like to talk to the doctor about
 - Mood, general appearance, awareness of surroundings, difficulties communication and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury
 - Physical disabilities, including vision, hearing and mobility limitations
 - Signs of intellectual, developmental or learning disabilities
- Suicide screenings are not conducted by a medical professional in a confidential setting at admission and do not include the following:
 - Whether the youth is or has been treated for mental health or emotional problems
 - Whether the youth has recently experienced a significant loss
 - Whether the youth feels like there is nothing to look forward to in immediate future
 - Whether the youth's physical appearance suggests a risk of suicide, such as evidence of self-injury, crying or rocking
- Staff do not conduct a standardized mental health screening (MAYSI-2).
- Youth with significant medical/dental needs do not receive follow-up within 24 hours. The policy currently states 72 hours.
- Youth identified as having prior sexual victimization or who previously perpetrated sexual abuse are offered not offered a meeting with a qualified mental health professional within 72 hours.
- Youth on prescription medication do not always have their medications continued without interruption.

Full Health Assessments:

- Full health assessments are not completed within one week. Current policy says 14 days.
- The full health assessment does not include the following:
 - Review of health/mental health needs of youth with parent/guardian
 - Full medical examination to include: vision, hearing, and observation of any signs of physical abuse or injury.
 - History of smoking, illegal use of drugs/alcohol and unsafe sex practices
 - History of services for intellectual, developmental or learning disabilities
 - History of psychiatric hospitalization and outpatient treatment
 - History of traumatic brain injury or seizures
 - Inquiry of symptoms of post-traumatic stress
 - Inquiry of recent injuries/exposure to physical trauma
 - Inquiry of self-harming behavior and suicidal ideation
 - Identification of medical needs related to youth's identification as transgender or intersex.
 - Review of results of medical examination and tests by qualified medical professional and initiation of treatment as necessary

- Contact with youth’s qualified medical professional in the community to ensure continuity of treatment

Medical Services:

- A service plan is not developed for youth with identified medical needs.
- Youth do not have the opportunity to consult with medical professional daily.
- Youth do not have the ability to request medical services in a confidential way.
- Youth are not always seen by a medical professional in a confidential setting.
- The facility does not have adequate service hours for medical professionals, in order to meet the needs of youth.
- Parents/guardians are not always notified of youth’s admission to the hospital. Policies and procedures are not in place regarding notification.
- Policies and procedures are not in place for when to allow parents/guardians to visit a youth in the hospital.
- Youth do not receive family planning services.
- Youth do not receive health education and training
- Written policies and procedures related to health education and training are not in place
- HIV/AIDS education and testing is not offered
- Policies and procedures are not in place for how youth in care will receive the following education/services:
 - Substance abuse treatment
 - Sexual abuse counseling

Mental Health Services:

- Screening and follow-up mental health services are not provided for youth with significant mental health needs.

Dental Services:

- Youth do not receive a full dental examination within 30 days.
- The facility does not provide dental services.
- Oral hygiene instruction and education is not provided.

Suicide Prevention and Response:

- Suicide screening does not include the following:
 - Whether the youth is or has been treated for mental health or emotional problems
 - Whether the youth has recently experienced a significant loss
 - Whether the youth feels like there is nothing to look forward to
- The following are not addressed in the policies and procedures:
 - Staff training to include pre-service and annual training on the recognition of behavioral and verbal cues indicating vulnerability to suicide and what to do in the case of suicide attempts or suicides.
 - Youth released from suicide precautions should have an individualized plan of care developed by a qualified mental health professional.
 - Youth on suicide precautions should be encouraged to visit with family or other supportive adults.

Informed Consent:

- Mental Health Professional interviewed was unaware of the legal age of consent.

Confidentiality:

- Staff do not advise youth of the limits of confidentiality prior to initiating medical/mental health services.
- Suicide risk screens are kept in confinement records.
- Policies and procedures are not in place regarding informing youth and his/her attorney upon receiving court order or subpoena for youth’s medical or mental health records, prior to disclosure.
- Policies and procedures are not in place to regarding providing youth and parents/guardians access to youth’s medical/mental health records.

Health and Mental Health Administration:

- Written policies and procedures related to medical and mental health care are not up to date and may be out of compliance with federal and state law or generally accepted practices.
- Written job descriptions do not define duties and responsibilities of personnel providing health and mental health services.
- Employment and training files do not include documentation of orientation program or ongoing training for medical/mental health professionals
- An evidence protocol was not in place for investigating allegations of sexual abuse.

Discharge Planning:

- Discharge plans are not prepared by qualified medical or mental health professionals
- Medical/mental health professionals do not follow-up with parents/guardians regarding needed medical and mental health care, following discharge
- Youth are not always linked with appropriate community based medical/mental health professionals following discharge.
- Staff do not take steps to resume (or enroll)youth’s health insurance when interrupted
- Policies and procedures are not in place to ensure that medical/mental health records are transferred between facilities or placements

d. Assessment Standards.

Checklists – Health and Mental Health Care

Standard	Conforms	Does Not Conform	Findings and Comments
A. Screenings and Referrals			
1. A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting immediately upon the youth’s admission. Female health professionals are available to conduct the screening for girls.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical screenings are not done by qualified medical professional. Staff conduct the screenings.
a. The medical screening includes questions about:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(1) Current medical, dental, and mental health problems or complaints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Recent injuries or physical trauma.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
(3) Current medications needed for ongoing conditions and other special health needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(4) Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(5) Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not include symptoms.
(6) Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms, and any recent hiding of drugs in the youth's body.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not include "any recent hiding of drugs in the youth's body".
(7) Current gynecological problems and pregnancies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Screening does not include questions about gynecological problems, only pregnancies.
(8) Names and contact information for physicians and clinics treating youth in the community.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in medical screening.
(9) The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(H)(1).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(10) Whether the youth has any current medical problems he or she would like to talk to a doctor about.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in medical screening.
b. Observation of:	<input type="checkbox"/>	<input type="checkbox"/>	
(1) State of consciousness, sweating, or difficulty breathing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Signs of recent physical trauma, injuries, or other physical problems.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Signs of alcohol or drug intoxication or withdrawal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(4) Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying, or rocking.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in medical screening.
(5) Physical disabilities, including vision, hearing, or mobility limitations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in medical screening.
(6) Signs of intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in medical screening.

Standard	Conforms	Does Not Conform	Findings and Comments
(7) Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. A qualified medical professional conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth’s admission. The screening determines the following: [Also listed at II(F)(1).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Screening not performed by qualified medical professional.
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Whether the youth has ever attempted or considered suicide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Whether the youth is or has been treated for mental health or emotional problems.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in screening.
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in screening.
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Whether the youth is thinking of hurting or killing himself or herself.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in screening.
i. Whether the youth’s physical appearance suggests a risk of suicide, such as evidence of self-injury, crying, or rocking.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in screening.
3. Staff conduct a standardized mental health screening (such as the MAYSI-2) that is validated for the population being screened to identify youth who may need prompt mental health services. Staff conduct the mental health screening in a confidential setting upon the youth’s admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. It was also recommended by evaluators that a copy of a suicide risk assessment be included in the medical file.
4. Youth who are limited English proficient receive screenings by qualified medical professionals and staff who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Staff from the adult side of NORCOR are utilized.
5. After screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately for and receive timely care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
b. Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The current policy states within 72 hours.
c. Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth’s health are immediately referred to a dentist and receive prompt dental care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The current policy states within 72 hours. Staff indicate that outside dental appointments are very rare.
d. Staff immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(F)(2).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Youth who are identified as requiring additional medical or mental health follow-up for reasons other than significant medical or mental health needs or suicide risk are immediately referred for and receive an assessment by a qualified medical or qualified mental health professional, as appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At first available opportunity.
f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours. [See also standard I(E)(2)(m).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services not currently provided.
6. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth’s treating physician and the parent and youth about the reasons that he or she believes that the medication may be inappropriate. Medication continuity decisions are made through a same-day evaluation by a physician or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist, or sooner if medically necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Staff say that if the youth is in detention for only a few days they may not receive their medication.
7. Staff document:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The date and time screenings are completed, and the signature and title of the person(s) completing the screening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
c. Any information provided to facility staff on the youth’s medical or mental health needs intended to inform housing, programming, or supervision decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. The facility develops and implements written policies, procedures, and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of their shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. Full Health Assessments			
1. All youth receive a full health assessment soon after admission, and in no case later than one week after admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Within 14 days.
2. A registered nurse, nurse practitioner, physician’s assistant, or physician performs the full health assessment, with physician co-signature as required by law. Female medical staff are present during a physical examination of a girl.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The full health assessment includes:	<input type="checkbox"/>	<input type="checkbox"/>	Evaluators recommended that specific mental health questions be added to health assessment forms.
a. Review of screening results and collection of additional data to complete medical, dental, and mental health histories.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in full medical exam.
e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).	<input type="checkbox"/>	<input type="checkbox"/>	Not clear whether or not this is happening.
f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical staff utilize ALERTiis

Standard	Conforms	Does Not Conform	Findings and Comments
g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above. [See also standard II(B)(3)(g).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical staff report there is no HIV testing, even upon request.
i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol, and unsafe sex practices.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of unsafe sex practices not included in health assessment.
j. History of services for intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment. Happens currently for Washington State youth only.
k. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment.
l. History of current and previous use of psychotropic medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. History of traumatic brain injury or seizures.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment. Current assessment asks about 6 months.
n. Inquiry about symptoms of post-traumatic stress.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment.
o. Inquiry about recent injuries or exposure to physical trauma.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current assessment only asks specifically about visible signs of injury or trauma.
p. Inquiry into current self-harming behavior and suicidal ideation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment.
q. Identification of medical needs related to a youth’s identification as transgender or intersex.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment.
r. Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not present in medical charts.
s. Contact with the youth’s qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not included in health assessment and not currently happening.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This does not necessarily happen within 24 hours. Staff are shared with adult NORCOR and is only a part time employee. Sometimes does not happen prior to discharge.
C. Medical Services			
1. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Qualified medical professionals develop service plans for youth with identified medical needs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
3. Youth have 24-hour access to emergency medical care, including transportation to those services, through on-site staff, by contract, or by way of other immediately available services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Local Emergency Room at hospital
4. Physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician’s assistant or advanced practice nurse who is overseen by a physician with special training in HIV. [See also standard II(C)(18)(g).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Youth have the opportunity to consult with a qualified medical professional every day.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not addressed in policies/procedures. Most days available.
b. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KITE form asks for reason why request is being made. Evaluator’s interviewed youth who believed they must disclose reason for request – not confidential.

Standard	Conforms	Does Not Conform	Findings and Comments
c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not always – sometimes youth are seen in common areas.
d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(G)(4).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It does not appear that there are adequate hours to meet the needs of the youth.
7. The facility has private areas for medical examinations and youth with special medical needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. The facility has designated areas and policies for separating youth from the general population for medical reasons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The facility does not use health care beds to handle overcrowding.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
10. Female health professionals are available for health services for detained girls, including transgender girls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Youth housed in a facility infirmary are admitted only by a qualified medical professional, and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures, and actual practices ensure that staff notify parents or guardians within one hour of the hospitalization.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not addressed in policies/procedures. Does not always happen – notification is not assigned.
13. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This does not always happen - depends on the situation and risk.
14. Youth receive comprehensive, evidence-based, medically accurate, and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It was unclear whether or not this was happening.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>15. Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the detention facility as the place of birth.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>16. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education, and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Services not currently provided.</p>
<p>17. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above. [See also standards II(B)(3)(g) and II(B)(3)(h).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Services not currently provided.</p>
<p>18. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not currently happening. Not addressed in policies/procedures.</p>
<p>b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not currently happening. Not addressed in policies/procedures.</p>
<p>c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>N/A</p>
<p>d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>N/A</p>
<p>e. Staff do not automatically segregate youth with HIV.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release. [See also standard II(C)(4).]	<input type="checkbox"/>	<input type="checkbox"/>	N/A
19. Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
21. The facility develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.

Standard	Conforms	Does Not Conform	Findings and Comments
22. The facility develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth’s medical record, and follows applicable mandatory reporting laws.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
23. Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consult with the youth’s medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth’s provider and accepted professional standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
D. Mental Health Services			
1. Qualified mental health professionals provide services for significant mental health needs discovered during the screening and assessment of youth and for youth with significant mental health needs that arise after admission. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
2. Youth who may have significant mental health needs (<i>e.g.</i> , youth who have been identified as needing further evaluation by the facility’s mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
a. Identification of the mental health needs to be addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
b. Any medication or medical course of action to be pursued.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.

Standard	Conforms	Does Not Conform	Findings and Comments
d. A description of any behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
e. A description of any counseling or psychotherapy to be provided.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
f. A determination of whether the type or level of services can be provided in the detention center, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
g. A plan for monitoring the course of services, including consultation with the youth’s family members about the youth’s progress.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
h. Any necessary modifications to the standard use of force, restraint, and room confinement procedures (<i>e.g.</i> , a youth who has been sexually abused or experienced other trauma may need to be restrained differently than other youth).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Room confinement mostly used. Not addressed in policies/procedures.
3. Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Service hours not sufficient to meet youth’s needs. Shared staff.
5. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma, and suicide risk among adolescents and age-appropriate interventions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Qualified mental health professionals develop individual mental health treatment plans for youth with significant mental health needs who are under the care of a mental health provider prior to their admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
7. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (<i>e.g.</i> , screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at V(C)(10).]	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Standard	Conforms	Does Not Conform	Findings and Comments
8. Qualified mental health professionals work with direct care staff and other non-clinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness, or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dental Services			
1. Youth receive a full dental examination within 30 days of admission by a licensed dentist (and every six months thereafter) unless the facility obtains information that the youth received a dental examination within the previous six months. The examination includes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
a. Taking or reviewing the dental history.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Charting teeth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Examining hard and soft tissue in the dental cavity with a mouth mirror and explorer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Taking X-rays needed for diagnostic purposes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Documenting the exam in a uniform dental record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The facility provides youth with a full range of services that in the dentist’s judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The facility has sufficient service hours of dental services to timely meet the needs of youth in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Youth have 24-hour access to medical care for emergency dental conditions and transportation to those services, through on-site staff, by contract, or by way of other immediately available services. Services include prompt pain control and immediate referral to a dentist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Youth transported into community.

Standard	Conforms	Does Not Conform	Findings and Comments
6. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
Suicide Prevention and Response			
1. The facility conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(A)(2).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Whether the youth has ever attempted or considered suicide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Whether the youth is or has been treated for mental health or emotional problems.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Whether the youth is thinking of hurting or killing himself or herself.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
2. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(A)(5)(d).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
3. Staff refer all incidents of self-harm or attempted self-harm (e.g., cutting) to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, qualified mental health professionals prepare a detailed care and support plan for the youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Staff investigate all incidents of actual and attempted self-harm and institute remedial measures to prevent similar occurrences in the future.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Staff encourage youth who are at risk of self-harm to participate in activities and programs unless staff cannot manage their behavior safely.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>	
a. All staff working with youth receive pre-service and annual training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at V(C)(4)(g)(3).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Staff training does not conform to this standard.
b. The admissions screening addresses suicide risk through interview questions and observation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Qualified mental health professionals evaluate suicide risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals, including a determination of whether hospitalization is necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Staff document contemporaneously the monitoring of youth on suicide precautions in a suicide precaution log or some other centralized record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Staff place actively suicidal youth on constant observation or transfer youth to a mental health facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Staff place youth on close observation if they are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), if the youth has a recent prior history of self-destructive behavior, or if a youth denies suicidal ideation or does not threaten suicide but demonstrates other concerning behaviors indicating the potential for self-injury.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for close or constant observation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Staff engage youth at risk of suicide in social interaction and do not place them in room confinement. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
k. Youth on suicide precautions are not clothed or housed in degrading, embarrassing, or uncomfortable garments or environments, or left naked. Youth are not clothed in garments that identify the youth as being on suicide precautions when they are outside of their rooms. Qualified mental health professionals make individualized determinations about the appropriate circumstances for youth on suicide precautions, including any use of special clothing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. Only a qualified mental health professional releases a youth from suicide precautions or lowers a youth’s level of precautions. Mental health professionals return youth to normal activity as soon as it is possible and safe to do so.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n. Youth released from suicide precautions have an individualized plan of care developed by a qualified mental health professional that is followed by qualified mental health professionals and all staff who come into contact with the youth. Staff provide enhanced or heightened supervision required by the plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
o. Staff notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Local Juvenile Departments are notified. It is unclear whether or not they notify parents/guardians or attorneys.
p. Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
7. Rescue tools are available on each living unit. Staff can quickly access the rescue tool and are trained in its use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There have been no suicides in NORCOR Juvenile. Not addressed in policies/procedures.
Administration of Prescription Medications			
1. Qualified medical or mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
3. Staff administer medications under circumstances that protect the youth’s medical confidentiality (<i>i.e.</i> , not in a public space).	☒	☐	
4. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(C)(5)(d).]	☒	☐	
5. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The facility develops and implements written policies, procedures, and actual practices to cover:	☒	☐	
a. Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.	☒	☐	
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.	☒	☐	
c. Maintenance of records needed to ensure control of and accountability for medications.	☒	☐	
d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.	☒	☐	
e. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.	☒	☐	
f. Requirement of an order by an authorized professional for administration of medication.	☒	☐	
g. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.	☒	☐	
h. Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician (<i>e.g.</i> , for emergency management of a condition).	☒	☐	
i. Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.	☒	☐	
j. Continuity of medication when youth enter and leave the facility.	☒	☐	
6. Psychiatrists evaluate youth who are prescribed psychotropic medications shortly after admission, after any change in psychotropic medications, and at least every 30 days. Psychiatrists advise other service providers within the facility, as appropriate.	☒	☐	
7. Staff store medications in proper environmental conditions (<i>e.g.</i> , temperature, light, moisture, ventilation), with attention to safety (separation of medications for external versus internal use) and security. Staff store medications requiring refrigeration in a refrigerator dedicated solely to medication.	☒	☐	

Standard	Conforms	Does Not Conform	Findings and Comments
8. Qualified medical professionals maintain an adequate supply of easily accessible emergency medications (<i>e.g.</i> , autoepinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies (<i>e.g.</i> , the phone number of poison control).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Informed Consent			
1. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth’s health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(A)(3)(a)(9).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Medical and mental health examination and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Qualified medical and qualified mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
c. Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (<i>e.g.</i> , reproductive health services).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Professional interviewed was not aware of legal age of consent.
e. Staff document the youth and parents’ or guardians’ consent or refusal, and counseling with respect to treatment, in youth’s medical records.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (<i>e.g.</i> , having the youth’s attorney seek judicial permission to proceed without parental consent).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Confidentiality			

Standard	Conforms	Does Not Conform	Findings and Comments
<p>1. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures, and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services, and continuity of care for youth. If the facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA’s laws and regulations. [See also standard I(F)(7).]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>2. Staff record medical, mental health, substance abuse, and dental information in individual health and mental health records. Staff treat such information as confidential.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>3. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not currently happening. Not addressed in policies/procedures.</p>
<p>4. Staff keep medical, mental health, substance abuse, and dental records separately from confinement records. Medical, mental health, substance abuse records are not used for the purposes of making a finding of delinquency under any circumstances. Such records are only used for determining an appropriate disposition with the consent of the youth and his or her parent after the youth has the opportunity to consult with his or her attorney.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Suicide risk screens are maintained in case files.</p>
<p>5. Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>6. The facility has a written policy that it will inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth’s medical or mental health records prior to disclosing the records in response to the subpoena or court order.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not addressed in policies/procedures.</p>
<p>7. The facility provides youth and parents or guardians with access to a youth’s health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not addressed in policies/procedures.</p>
<p>Health and Mental Health Administration</p>			

Standard	Conforms	Does Not Conform	Findings and Comments
1. There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility’s mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care to ensure compliance with federal and state law and generally accepted professional practices, as well as to resolve any barriers at the facility that may impede access to care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The policies/procedures have not been updated in many years. They are out of date and do not reflect the standard at this time.
3. There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Written job descriptions define the duties and responsibilities of personnel providing health and mental health services in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Job descriptions do not conform to standard.
5. Qualified medical and qualified mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes. The health authority develops corrective action plans to address any identified deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
7. Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
8. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
9. All newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member’s functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
<p>10. Within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not addressed in policies/procedures. Employment and training files indicate training does not conform to standard.</p>
<p>11. All qualified medical and qualified mental health professionals who provide services at the detention facility receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Employment and training files indicate training does not conform to standard. Training may be happening but it is not documented in files.</p>
<p>12. All full- and part-time medical and mental health professionals have been trained in:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>a. How to detect and assess signs of sexual abuse and sexual harassment.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Employment and training files indicate training does not conform to standard. Training may be happening but it is not documented in files.</p>
<p>b. How to preserve physical evidence of sexual abuse.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Employment and training files indicate training does not conform to standard. Training may be happening but it is not documented in files.</p>
<p>c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment, and sex trafficking.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Employment and training files indicate training does not conform to standard. Training may be happening but it is not documented in files.</p>
<p>d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
13. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at V(C)(11).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment and training files indicate training does not conform to standard. Training may be happening but it is not documented in files.
14. To the extent that the facility’s medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § 115.335.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment and training files indicate training does not conform to standard. Training may be happening but it is not documented in files.
16. The facility offers medical and mental health services to youth free of charge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. The facility does not employ or contract with medical or mental health providers that attempt to change a youth’s sexual orientation or gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. The facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Discharge Planning			
1. Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Not addressed in policies/procedures.
2. Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth’s release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is minimal follow-up with parents/guardians. Not addressed in policies/procedures.

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

3. Access

a. Introduction.

Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance. Standards also ensure that administrators and staff value the input and participation of families. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Policies and procedures for mail, telephone, visitation, contact with attorneys and public officials and interactions with family
- Orientation materials
- Visitation schedule
- Log books for mail
- Log books for visits
- Written materials for family (English/Spanish)
- Logs related to JDAI standards

Interviews.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Access Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Mail:

- Mail is not forwarded to youth who have been released.

Telephone:

- Telephone call length and frequency do not conform with current standard.

Visitation:

- Visitation is limited to 15 minutes.
- Visits are at times denied for disciplinary reasons.

Family Engagement:

- Parents/guardians do not receive orientation materials.
- Forums for family members to express concerns and offer suggestions do not occur

d. Assessment Standards.

Checklists – Access

Standard	Conforms	Does Not Conform	Findings and Comments
A. Mail			
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The written policy states no, however upon further inquiry the Director will assess request on an individual basis.
5. If staff withhold mail for any reason, staff inform the youth, log the date, time, and reason for the action, place the mail in the youth’s private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mail is not forwarded. It is returned to sender with note saying youth is no longer at facility.
9. Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
B. Telephone			
1. Facility staff provide youth with reasonable access to telephones, and staff do not listen in on or record youth’s conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility’s positive behavior management system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility does not meet this standard.
3. Calls are available free of charge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Phone and in-person visits only. Skype and email are being considered. Facility does not have means at this time but will explore.
7. Youth who are deaf, hard of hearing, or who have speech disabilities, and youth who wish to communicate with parents or guardians who have such disabilities, have access to a relay service, text telephone (TTY device), or other comparable equipment. Telephones with volume control are available for youth who are hard of hearing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Youth are able to speak with family members via phone even if staff members at the facility do not speak the family member’s language.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Visitation			
1. Staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth’s child, mentors, community-based service providers, educators, and clergy members, and other supportive adults. Written policies clearly describe the approval procedure for visitation, and staff communicate visitation policies to family members. Staff encourage visitation with youth’s own children through visitation in child-friendly visiting spaces, telephone, and mail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visits by minors are prohibited unless prearranged with Director.

Standard	Conforms	Does Not Conform	Findings and Comments
2. Written policies, procedures, and actual practices provide for a process to approve visitation from individuals not listed above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff treat all visitors in a professional manner and with respect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives, or friends.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Family visiting occurs on several days of the week, including both weekends and weekdays, and is not limited to normal business hours. Youth have the opportunity to have visits from family members at least twice per week. Staff post a schedule of visiting hours and rules in English and other appropriate languages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility informs family members that they may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visits are usually 15 minutes in length, unless prearranged with Director.
9. Staff do not deprive youth on disciplinary status of visits as a punishment. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visits are sometimes denied as disciplinary measure.
10. The facility does not deny family members visitation solely on the basis of previous incarceration or a criminal record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Staff supervise the visiting area but do not listen in on conversations absent reasonable suspicion that a crime, escape, or threat to safety or security is likely to occur.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. If staff conduct searches of youth following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice. [See also standard VI(H)(2)(b).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
13. The facility develops and implements written policies, procedures, and actual practices to ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies in English and other appropriate languages so visitors are aware of the rules.	☒	<input type="checkbox"/>	
14. Entrances, visitation areas, and restrooms used by the public are accessible by individuals with limited mobility.	☒	<input type="checkbox"/>	
D. Access to Counsel, the Courts, and Public Officials			
1. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.	☒	<input type="checkbox"/>	
2. Staff allow visits from attorneys, paralegals, and other legal support staff such as investigators, experts, and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (e.g., laptops, legal files).	☒	<input type="checkbox"/>	
3. Staff allow attorneys to meet with their clients without delay.	☒	<input type="checkbox"/>	
4. Attorneys other than the youth’s delinquency attorney may visit with the consent of the youth. Staff allow youth to access legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	☒	<input type="checkbox"/>	
5. The facility provides a private room or area that allows for confidential attorney visits.	☒	<input type="checkbox"/>	
6. Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.	☒	<input type="checkbox"/>	
7. Written policies, procedures, and actual practices outline protocols for interviews of youth by law enforcement and prosecutors, and the protocols incorporate youth’s right to counsel.	☒	<input type="checkbox"/>	
8. The facility provides records to a youth’s attorney upon written consent of the youth or a court order appointing the attorney as the youth’s counsel.	☒	<input type="checkbox"/>	
E. Family Engagement			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility offers parents and guardians a verbal, written, audio-visual, or group orientation within seven days of a youth’s admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No information provided as to what orientation materials parents/guardians receive upon youth’s admission. Evaluators felt staff do a good job of giving verbal information, however parent/guardian must ask.
2. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Materials not provided.
3. Facility administrators provide a way for parents and guardians, including individuals who are limited English proficient, to ask questions about the facility and its programs and ensure that those questions are answered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Materials not provided.
5. Facility staff encourage contact between youth and family members through mail, telephone, visitation, and other means.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This can be limited as to who is on youth’s contact list. List is created and controlled by local juvenile departments.
6. Staff make efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth’s discharge, when feasible.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local juvenile departments engage the parents.
7. The facility does not bill the youth or his or her family for days in detention or services provided at the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Parents, guardians, and other family members are able to register complaints about the treatment of youth. Facility administrators promptly reply to such complaints. The facility makes appropriate arrangements to receive complaints from parents or guardians who are limited English proficient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. There are regular forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening. Evaluator felt a phone call would be sufficient. <u>Facilitator recommends a Parent Forum to solicit information from families.</u>

Standard	Conforms	Does Not Conform	Findings and Comments
10. Administrators help family members arrange for transportation to and from the facility if the facility is not otherwise accessible via public transportation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. The facility involves family members when revising policies that relate to family members' access to the facility, including policies on grievances, visitation, and access to telephone and mail.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

4. Programming

a. Introduction.

Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in the same kinds of age appropriate, healthy, educational activities youth would experience in the community. This section outlines the requirement that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities, and have the opportunity to practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Staff handbooks, student and parent handbooks
- School rules
- Behavior management plans
- Curriculum guides
- Documents describing educational policies and programs
- Evaluations, audits, school accreditation reports, school accountability report cards, local, state or federal compliance reports, etc.
- Enrollment data to include:
 - Date of enrollment
 - First attendance
 - Grade level
 - Age, gender, race/ethnicity, language status
 - Special education status
- Education screening forms
- Documentation of school records requests and transfers
- Admissions roster and school records
- Special education files
- Unit and school schedules
- Teacher roster, credentials and attendance records
- List of youth suspended or expelled in past 6 months

Exercise, Recreation and Other Programming:

- Facility and individual living unit schedules
- Recreations schedules
- Unit and recreation log books
- Documentation related to positive behavior management system
- Policies and procedures related to youth with special needs

Interviews.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- NORCOR Education staff – North Wasco County School District
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Programming Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Education:

- Policies and procedures are out of compliance.
- Students are all placed in the same educational program.
- There is no evidence of an established assessment and placement process.
- There is a lack of materials dedicated for student use including limited technology, reading materials and art supplies.
- Additional staff are needed to conform with standards.
- The program relies on self-designation for LEP students.
- Adequate substitute teachers are not available.
- An annual quality assurance system is not in place.
- There is no evidence that an accreditation or oversight entity annually reviews and evaluates the facility's school.
- The facility school does not comply with federal special education law. Services are not distinguishable in the program. Not special education staff.
- Services required by IEP are not provided.
- No policies or procedures are in place to prevent staff from inappropriately disciplining students with behaviors that are manifestations of their disabilities. No plan is in place for addressing the behavior.
- 504 plans are not being implemented.
- Some students were observed to be working independently, with no contact from the teacher.
- Policies and procedures related to suspensions do not exist.
- There is no evidence that notifications and progress reports are provided to parents/guardians.
- There is no evidence that parents/guardians have access to educational records.

Exercise, Recreation and Other Programming:

- No schedule for activities is posted.
- There is no specific staff assigned to organize and oversee activities.
- There are few choices for recreational activities provided and few materials available.
- Youth are not afforded the opportunity to express recommendations and requests for changes to activities.
- Youth are in their rooms for periods of time other than sleeping hours.
- The facility has limited outside recreation space.

Religion:

- Faith groups are limited to Christian. Youth report they receive additional points while attending these services and there is no opportunity to receive points if you choose not to attend. It appears staff are incentivizing participation in religious activities. It appears youth do not have other options.

Positive Behavior Interventions and Supports:

- The program utilizes a point and level system that is subjective in nature and relies on a central staff person to tabulate inmate data. The inmates are not provided with an ongoing record of their points/levels. When asked how inmates are informed of the rules it was explained that they are given a test after receiving a list of the rules. The inmates are not afforded any opportunity to use their points to “purchase” commissary, games, movies, and reinforcers. The current system is punitive and there is no evidence that inmates are given the opportunity to learn the skills they are deficit in.

Youth with Special Needs:

- Special accommodations for youth with disabilities were not evident.
- Youth do not have access to televisions or other audio visual equipment.
- It is unclear whether or not staff rely on youth interpreters for communication when bilingual staff are not available.

Recommendations.

- It is suggested that the program completely overhauls their behavioral modification system and implement PBIS. Although this requires a significant undertaking the research shows that this approach will greatly reduce disruptive behavior and will reinforce positive outcomes. Staff should be trained in Trauma Informed Care, Collaborative Problem Solving, Child /Brain development, and PBIS. Inmates reported a lack of relationship with staff, too much cell time, and a general feeling of disregard by the staff. Inmates that had been held in different institutions report the program to be unfriendly and unreasonably harsh. The reviewers are aware of the fact that the juveniles are in custody, but recognize a significant need to re-examine their approach to addressing inmate behavior using a positive approach.
- Program should access student records and ELPA scores.
- Substitute teaching staff should be trained
- Explore additional ways to meet student needs through computer assisted technology such as Oddeyware, On-line academics, etc.
- Minimize restrictive placements that deny student’s access to their education
- Clocks and schedules should be posted in facility
- Enrichment activities should be expanded

d. Assessment Standards.

Checklists – Programming

Standard	Conforms	Does Not Conform	Findings and Comments
A. Education			
1. School and facility administrators develop and implement written policies, procedures, and actual practices to facilitate communication and coordination between educators and detention staff to ensure that all youth in the facility have access to an appropriate educational program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The policies and procedures are out of compliance and need to be updated. Training will be necessary as these are completed. One concern was staff eating in front of students during school time as well as using cell phones during school.

Standard	Conforms	Does Not Conform	Findings and Comments
2. At the time of admission, youth receive a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, grades, and whether they have limited English proficiency or meet the definition of a migratory student. Staff use this information to inform initial placement in the facility’s educational program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Students are all placed in the same educational program.
3. Youth attend the facility school at the earliest possible time but no later than the next school day after admission to the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Students are attending school within the required timeframe.
4. Staff request a youth’s educational records from his or her prior school, including Individual Education Program (IEP) and 504 plans, within 24 hours of the youth’s admission or the next business day, whichever is later.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Records are requested but due to the transient nature of many of the students, records are often missing or delayed.
5. Within five days of admission to the facility, education staff complete a comprehensive assessment of youth’s general educational functioning to facilitate placement in an appropriate program. The assessment includes data from multiple sources, including standardized tests, informal measures, observations, student self-reports, parent reports, progress monitoring data, and educational records from the youth’s prior school.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no evidence of an established assessment and placement system.
6. The facility school complies with state and local education laws governing the minimum number of minutes in a school day and ensures that each student receives the required number of minutes of educational instruction. Detention staff ensure that procedures to move youth to and from their educational program do not interfere with the minimum number of minutes in a school day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility school operates twelve months a year with scheduled breaks. The facility provides additional elective and special activities for programming during breaks and school holidays.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Teacher dependent
8. School classes are held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This is a relative strength of the program as the room is dedicated for schooling and resembles a typical classroom.
9. The facility provides educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials, computers, and other education-related technology, except where security concerns make it unsafe to use those materials at the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is a significant lack of materials dedicated for student use including limited technology, reading material, and art supplies.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>10. The facility school has an adequate number of staff members to meet youth’s educational needs. Teacher-student ratios are at least 1:12 in the general education program and at least 1:8 in programs for students with intensive learning needs. Administrators timely replace teachers who retire or transfer. Instructional staff are qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for limited English proficient (LEP) youth.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional staff is needed to meet this requirement.
<p>11. The facility school has a procedure to identify LEP youth. Staff provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The program relies on self-designation, which is not a reliable source. It is suggested that the program access student records and ELPA scores.
<p>12. The facility has adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Staff do not deny youth school or class time based on the failure to provide a substitute teacher.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The program should train several substitute teachers to ensure adequate coverage is available when the teacher is absent.
<p>13. The agency operating the facility school has a quality assurance system in place to assess the quality of the school’s educational services, including special educational services, and to ensure compliance with state and federal education laws. School administrators review the findings of the assessments and address any deficiencies.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no evidence of this being completed. A semi-annual evaluation is suggested for the program.
<p>14. An accreditation or oversight entity such as a state board of education annually reviews and evaluates the facility’s school, and school administrators review the findings and address any deficiencies.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
<p>15. The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health, mathematics, fine arts, foreign language, and physical education), including preparation for any required state examinations.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The program does not provide a comprehensive program due to minimal staffing and model of direct instruction. Is is suggested to explore additional ways to meet student needs through computer assisted technology such as Odysseyware, On-line academies, etc.
<p>16. The facility school accepts and awards credit (including partial credit) for work completed. The facility school informs the youth’s receiving school of all credits earned upon the youth’s release.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
17. The facility school complies with federal special education law (e.g., the Individuals with Disabilities Education Act, or IDEA) and comparable state requirements for students with disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is an area that needs improvement and dedicated resources to meet this requirement.
a. The facility school has procedures to determine which youth have previously been identified as having disabilities and are in need of special education and related services, and to promptly obtain special education records for such students.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The special education services are not distinguishable in the program. Procedures for Child Find, evaluation, re-evaluation, and IEP implementation need to be established for the program.
b. The facility school has procedures in place to identify and assess youth who may have a disability, but who have not been previously identified, in conformity with state and federal requirements for special education, including the Child Find provisions of the IDEA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
c. A current IEP is in place for each student with identified disabilities. Students entering with an existing IEP receive services comparable to those described in the IEP until such time as the school adopts the IEP or develops and implements a new IEP that is consistent with federal and state law. Modifications to the IEP are based on the needs of the student, not on the convenience of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
d. The process for developing or modifying IEPs at the facility school is the same as that used in regular public school settings, including compliance with the parental notice and parental participation requirements under the IDEA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
e. The facility school provides special education students with a full continuum of general education classes, special classes, and supplementary services. Special education students participate in general education classes and programs to the maximum extent possible.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
f. Special education staff at the school are certified or credentialed by the state for the services they provide.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are no special education staff at the program
g. The facility school holds teachers accountable for teaching to a youth’s IEP goals and monitoring progress toward achieving those goals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence to support
h. The facility school provides related services required by the IEP, including such services as speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services, and school health.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The teacher stated that students do not receive related services at the program.

Standard	Conforms	Does Not Conform	Findings and Comments
i. The facility school provides transition services that facilitate a student’s movement from school to post-school activities as required by a youth’s IEP. Post-school activities include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education, and independent living.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
j. Parents or guardians receive required notices of and participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone, visual, or internet conferencing to facilitate parent or guardian involvement. School staff provide notices to parents or guardians that are understandable and in the parent or guardian’s primary language, unless it is not feasible to do so.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
k. The facility school secures parent surrogates when parents or guardians are unavailable to participate in special education decisions. Parent surrogates are not employees of the school or the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
l. The facility school complies with legally required timelines for assessment and IEP development and implementation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
m. The facility school complies with all IDEA requirements for notice and due process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
n. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities. Facility staff and school personnel follow disciplinary procedures that provide for manifestation determination reviews and functional behavioral assessments for youth with disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
18. Students entering with an existing 504 plan receive services that match the plan as closely as possible.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There was no evidence that the program was aware of or implementing students’ 504 plans.
19. The facility school encourages youth to work toward a high school diploma. The facility also provides General Education Development (GED) programs, preparation, and testing. If testing is not available on site, facility staff arrange for students to be transported off grounds to a local testing center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The school offers some students the opportunity to study for the GED exam.
20. All youth attend the regular facility school unless they pose a continuing danger to other youth or staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
21. School and facility staff follow the school’s disciplinary procedures and do not impose the facility’s disciplinary sanctions for behaviors that can be handled in class.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The teacher reports that he is in charge of student discipline while the students are in school.

Standard	Conforms	Does Not Conform	Findings and Comments
22. Staff develop behavior intervention plans for youth whose behavior interferes with their school attendance and progress.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There was no established procedure for addressing behavior that interferes with learning other than being removed from the educational setting. It is suggested that the program minimize any restrictive placements that deny student’s access to their education.
23. Youth who do not attend the regular facility school because of safety or medical reasons receive an education program comparable to youth in other units in the facility in the least restrictive environment possible. Dropped off packets of work without adequate instruction, follow-up, and grading are not sufficient to meet this standard.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Students were working on materials in separate rooms in the facility. It did not appear as though the teacher had any contact with them during the day.
24. Suspensions and expulsions from the facility school comply with all state and local requirements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
a. School officials and facility staff use alternative means of responding to disruptive behavior instead of imposing a suspension. School officials do not expel youth from the facility school.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
b. If staff suspend youth, they only do so for activity that takes place at school.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
c. In lieu of returning suspended students back to their units, staff accommodate students, whenever possible, in supervised suspension classrooms where students can complete all school work and assignments for the duration of the suspension.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
d. If staff suspend a student, they afford the student the opportunity to complete school work during the suspension. Youth have appropriate space to complete such assignments and school work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
e. The facility complies with all state and federal special education laws if a student with a disability is removed from the facility school.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
25. School and facility administrators develop and implement policies, procedures, and actual practices that assure that youth can complete any assigned homework.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Student access to educational materials other than books is limited to the time they are in the classroom.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>26. The facility offers educational activities and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education. Programs may include, but are not limited to, vocational and technical training, on-site job training, college preparatory classes, college credit classes, and English language development for LEP youth. The facility offers vocational programming to all eligible students equally, regardless of gender.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>27. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of the youth’s educational records, including credits and grades; assessment of any credit deficiencies in order to graduate; and other steps necessary to facilitate youth’s immediate enrollment in another appropriate educational placement upon release from the facility.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>28. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth’s IEP goals.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No evidence</p>
<p>29. The parents or guardians of detained youth have the same access to educational records and an explanation of those records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state, and local laws and policies regarding access to educational records.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No evidence</p>
<p>B. Exercise, Recreation and Other Programming</p>			
<p>1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities. Youth with physical disabilities have the opportunity to participate in recreational activities. [See also standard IV(E)(5).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>There is no publicly posted schedule in the facility. There are no publicly posted clocks in the facility. It is suggested that clocks and schedules be posted so inmates can clearly understand the established routines in the program.</p>
<p>2. Facilities that house 50 or more youth have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>There is no specific staff dedicated to organizing and overseeing the activities.</p>

Standard	Conforms	Does Not Conform	Findings and Comments
<p>3. The facility offers youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>There are few if any choices afforded to the inmates. According to the staff they inmates are requires to participate in a “drill” type of calisthenics and access to other activities is limited. There is no TV, Computers, Music, or Art integrated into the program. It is suggested that enrichment activities be expanded for inmates.</p>
<p>4. The facility maintains an adequate supply of games, cards, and writing and art materials for use during recreation time.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The materials for inmates are inadequate.</p>
<p>5. Staff, volunteers, contractors, and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic, and cultural groups within the facility. The facility provides opportunities for youth to provide input into the programming at the facility.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The garden was amazing and was a great way for youth to have the opportunity to be involved in a pro-social activity.</p>
<p>6. The facility offers a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based organizations that offer the opportunity for continuity once the youth is released.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No evidence</p>
<p>7. Equivalent gender-responsive programming exists for female and male youth in the facility. Facilities do not limit access to recreation and vocational opportunities on the basis of gender. “Equivalent” does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities, and recreational opportunities of comparable quality.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No evidence</p>
<p>8. The facility offers special programming for youth who are pregnant and youth who are parents.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>See D. PBIS</p>
<p>9. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every weekday and at least two hours of large muscle exercise each weekend day in a space outside of their own room. Large muscle exercise can be accomplished through the facility school’s physical education class so long as the one-hour minimum requirement is met.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>10. Staff take youth outside for their hour of exercise, weather permitting (e.g., not too hot or too cold).</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Limited outside space</p>

Standard	Conforms	Does Not Conform	Findings and Comments
11. Youth have the opportunity to express recommendations and requests for changes to the facility programming to the administrator in-person or through student councils, focus groups, or other meetings.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
12. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff provide youth with some unstructured free time as well.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
13. The facility has outdoor recreation areas large enough to permit youth to engage in large muscle exercise. Outdoor recreation spaces ensure that youth have access to fresh air and a view of the sky.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
14. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
15. The facility develops and implements written policies, procedures, and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
16. The facility has a library that contains reading materials that are geared to the diverse reading levels, interests, gender, sexual orientation, socio-economic, cultural, racial, and ethnic backgrounds, experiences, and primary languages of confined youth. Staff can also make appropriate reading material available for youth with disabilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Staff allow youth to keep reading materials in their rooms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Staff allow youth to access the library at least once per week.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Religion			

Standard	Conforms	Does Not Conform	Findings and Comments
<p>1. The facility permits youth to gather for religious services. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice. Staff do not confine youth who decide not to participate in religious services to their rooms during that time, but allow youth to engage in some alternative recreational activity.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Staff and inmates report that “Christian” faith groups are operated in the facility on a regular basis. Inmates report they receive additional points while attending these services and there is no opportunity to receive points if you choose to not attend the services. This suggests that the program is incentivizing participation in the religious activities and is cautioned against this practice. Inmates who do not participate are expected to stay in their cells.</p>
<p>2. Youth have the opportunity to meet with religious leaders of their choice.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Unknown – no evidence</p>
<p>3. Youth receive special diets to accommodate sincerely held religious beliefs.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Unknown – no evidence</p>
<p>4. Staff permit youth to have religious books and reading materials in their rooms.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>A bible is in each of the cells</p>
<p>5. Staff do not restrict religious practices and materials absent a compelling governmental interest.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Unknown – no evidence</p>
<p>D. Positive Behavior Interventions and Supports</p>			
<p>1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The program is not implementing any PBIS framework.</p>
<p>2. The facility’s system of positive behavior interventions and supports reflects the following principles:</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>See above</p>
<p>a. The system outlines expectations clearly and using specific examples of positive and negative behavior.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>See above</p>
<p>b. The system rewards youth for positive behavior with incentives that are meaningful enough to motivate youth.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>See above</p>
<p>c. Staff responses to positive behavior are immediate, fair, and proportionate to the behavior.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>See above</p>
<p>d. Staff model positive behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth’s sense of self-efficacy, self-concept, and self-esteem.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>See above</p>

Standard	Conforms	Does Not Conform	Findings and Comments
e. Staff responses to negative behaviors are immediate, fair, and proportionate to the behavior. Consequences related to negative behavior bear a relationship to the type of negative behavior demonstrated by the youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
f. Staff use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
g. Staff work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
3. Staff implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education, and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
4. Staff explain the behavior management system to youth upon admission, both verbally and in writing, at a level that staff reasonably expect youth to understand. [See also standard I(C)(6)(c).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
5. Staff are trained in the use of the behavior management system and implement it fairly and consistently.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
6. The facility has a mechanism for quality assurance and oversight of the facility’s behavior management system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
7. The culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
E. Youth with Special Needs			
1. The facility develops and implements written policies, procedures, and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspect of the facility’s programs, activities, and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	It was stated that all inmates are afforded the opportunity to participate in the program. Of special note was when a pregnant inmate gave birth and an entire plan was implemented to enable her to bond and breastfeed her baby.

Standard	Conforms	Does Not Conform	Findings and Comments
3. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It is unclear how accommodations are provided to inmates who cannot read or lack the ability to comprehend the written material. Spanish print materials are made available to inmates.
4. The facility has a designated staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
5. Youth with physical disabilities have the opportunity to participate in recreational activities. The facility makes modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility provides alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities. [See also standard IV(B)(1).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unknown – no evidence
6. The facility makes appropriate auxiliary aids and services available for youth who are deaf or hard of hearing in all areas of programming and services, including intake, medical and mental health services, educational and recreational programming, and discipline. The facility gives primary consideration to the youth’s request for particular types of auxiliary aids or services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unknown – no evidence
7. The facility provides qualified sign language interpreters for youth whose primary means of communicating is sign language and qualified oral interpreters for youth who rely primarily on lip reading. The facility maintains a current list of companies or organizations offering these services in the geographic area of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unknown – no evidence
8. Televisions or other audio-visual equipment for recreational or other purposes have the built-in capability to display captions, or staff make closed captioning decoders available to youth who are deaf or hard of hearing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The inmates do not have access to TV.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>9. The facility takes steps to ensure meaningful access to all aspects of the facility’s programs, activities, and services for limited English proficient youth. This includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. [See also standards I(C)(9)-(12).]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>10. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians of limited English proficient youth.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Several staff are bilingual and/or bicultural</p>
<p>11. Staff do not rely on youth interpreters to communicate with youth or family members except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth’s safety, the performance of first-response duties, or the investigation of a youth’s allegation of abuse.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Unknown</p>
<p>12. The facility does not charge for interpretation services.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

5. Training and Supervision of Employees

a. Introduction.

The quality of any facility rests heavily upon the people who work in it. This section requires that the facility hire properly qualified staff and provide the necessary pre-service and continuing training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well – through appropriate staffing ratios and proper administrative supervision. The section further requires that facility staff engage in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Written job descriptions and requirements for all positions
- Personnel files
- Training files
- Master training plans, files and training curricula
- Incident reports and grievances (will be cross referenced with specific staff personnel files)
- Staffing schedules
- Contingency staffing plans/rotation
- Overtime rosters
- Shift reports and/or unit log books (3 months)
- Reports of abuse, neglect and retaliation or violation of responsibilities
- Quality assurance data and plans

Interviews.

- Jeff Justesen – Detention Manager (Training Coordinator)
- James Weed – NORCOR Administrator
- Human Resources staff
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Training and Supervision Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Qualifications for Institutional Staff Positions:

- Documentation of staff having received physical examination for infectious and contagious diseases prior to job assignment was missing from files.
- The following documentation was missing from some staff employment files or was not current:
 - Criminal background checks
 - Child abuse registry check
 - Reference checks

Staffing:

- No annual staffing plan is in place.

Training for Institutional Staff:

- Many training records were incomplete or missing in the areas listed below. Trainings don't currently include proficiency testing and employee signatures for verification:
 - Basic rights of incarcerated youth
 - Background characteristics of youth
 - Adolescent development
 - Physical, sexual and emotional abuse
 - Trauma
 - Working with specific populations
 - Non-discrimination policy
 - Physical, intellectual and developmental disabilities
 - Mental illness
 - Language access policies
 - Racial and ethnic backgrounds
 - Gender specific needs
 - LGBTQI youth
 - Mental health and crisis intervention
 - Disclosures of victimization
 - Sexual abuse and harassment
 - Safety precautions and response to high risk bodily fluid spills
 - Suicide prevention/intervention
 - Medical emergency signs/symptoms
 - Chemical dependency
 - Procedures for referral for medical/mental health services
 - Fire procedures and extinguishers
 - Search techniques
 - Report writing
 - Contraband
 - Confidentiality
 - Internal investigations
- Recommendations from youth, parents/guardians, staff, management, audits and other sources are not included in training plans and curricula.
- Medical, Mental Health and volunteer staff are not adequately trained.

Supervision of Staff:

- Policies and procedures are out of date and not consistent with practice.
- The facility administrator does not schedule regular meetings with staff to provide them with the opportunity to propose and discuss new policies or issues.

Reports of Abuse, Neglect, Retaliation, and Violation of Responsibilities

- The grievance procedures are out of date and do not comply with PREA.

Quality Assurance:

- The facility does not have a designated committee for the purpose of setting annual performance goals or for developing quality assurance and improvement plans.

d. Assessment Standards.

Checklists – Training and Supervision of Employees

Standard	Conforms	Does Not Conform	Findings and Comments
A. Qualifications for Institutional Staff Positions			
1. The facility hires staff to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Written job descriptions and requirements exist for all positions in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The facility recruits and hires a diverse staff and administrators to meet the needs of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It was hard to tell from employee files if this was happening or not.
5. Before hiring new employees, the facility ensures that staff responsible for screening new hires:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some of these policies were recommended some time ago. Most of the employees have worked at the facility for quite some time.
a. Perform a criminal background records check.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	These should be updated periodically to ensure safety of youth.
b. Consult any child abuse registry maintained by the state or locality in which the employee has worked or would work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Consistent with federal, state, and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § 115.317(f)-(h).)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

6. Staff perform a criminal background records check and consult child abuse registries where the employees have worked or would work, before enlisting the services of any contractor who may have contact with youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Facility hiring staff conduct criminal background records checks of current employees and contractors who may have contact with youth at least every five years or have in place a system for otherwise capturing such information for current employees.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. The facility does not hire or promote anyone who may have contact with youth, and does not enlist the services of any contractor who may have contact with youth who:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Very little staff turnover. Policies and check points may need to be revisited.
a. Has engaged in sexual abuse.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; sexual abuse; child abuse; domestic violence; stalking; or elder abuse.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Has been civilly or administratively adjudicated to have engaged in the activity described above.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Facility hiring staff ask all applicants and employees who may have contact with youth directly about previous misconduct described in (8) above. Facility hiring staff do so in written applications and interviews for hiring or promotions, as well as any interviews or written self-evaluations conducted as part of reviews of current employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. The facility imposes a continuous affirmative duty upon employees to disclose any of the misconduct described in (8) above.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. The facility considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B. Staffing			
1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and access to school programming and other scheduled activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>2. There is at least a 1:8 ratio of direct care staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. The ratio is calculated based on the number of direct care staff supervising the general population. Direct care staff are stationed inside living units where they can directly see, hear, and speak with youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Often times the case.</p>
<p>3. There is at least a 1:16 ratio of direct care staff to youth during the hours that youth are asleep. In addition to the required number of direct care staff, there is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct care staff. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>4. The facility uses cameras or other video technology to monitor living units and other areas of the facility. Cameras and other video technology supplement, but do not replace, direct staff supervision.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>5. The facility has developed, implemented, and documented a staffing plan. The facility reviews the plan at least annually. The staffing plan includes a replacement factor that accurately accounts for staff training, foreseeable vacancies, staff vacation, family and medical leave, and other absences. The plan provides sufficient staff to avoid involuntary double-shifts and mandated overtime. If the facility routinely relies upon mandated overtime, administrators re-evaluate and revise the staffing plan to address the problem. (Additional detail on PREA compliance at 28 CFR §§ 115.313(a), (d).)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No plan in place.</p>
<p>6. The facility complies with its staffing plan except during limited and discrete exigent circumstances, and staff document any deviations from the plan during such circumstances.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No plan in place.</p>
<p>7. Staff do not sleep while on duty.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>8. Backup staff support is immediately available to respond to incidents or emergencies.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>9. At least one female staff member is on duty in living units housing girls, and at least one male staff member is always on duty in living units housing boys. Staffing levels of same-gendered staff are sufficient so that staff can avoid viewing youth of the opposite gender in a state of undress, except in exigent circumstances.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>10. The facility has adequate staff to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>11. The facility has adequate staff with the language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>C. Training for Institutional Staff</p>			
<p>1. Staff possess the information and skills necessary to carry out their duties.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>2. The facility develops and implements written policies, procedures, and actual practices to ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or “shadowing” types of training, while valuable, do not count toward the hours of required training.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>It was clear that training opportunities have significantly decreased over the past several years. The facility has a new training plan that should allow improvement without compromising the facility’s staffing needs.</p>
<p>3. The facility designates a person who is responsible for coordinating staff training activities at the facility. That person has skills in providing or procuring staff training.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>4. Facility staff, including but not limited to direct care staff, qualified medical professionals, and qualified mental health professionals receive training on policies and practices regarding:</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*The training records were very sparse. It was very difficult to tell what specific areas training was centered around. There was no evidence of training or policies/procedures to indicate compliance. The facility needs a policy for all areas.</p>
<p>a. Basic rights of incarcerated youth, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*see above</p>

b. Background characteristics of youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(1) Adolescent development for girls and boys, including sexual health and sexual development.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(2) The physical, sexual, and emotional abuse histories of youth and how to understand post-traumatic stress reactions and effectively interact with youth with those histories and trauma-related reactions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(3) The impact of traumatic events such as exposure to or witnessing severe violence, death, or life-threatening accidents or disasters, on youth development. This includes the impact of incarceration, and how to recognize and respond to youth whose behavior is affected by post-traumatic stress.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
c. Working with specific populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(1) The facility’s non-discrimination policy and working with youth in a respectful and non-discriminatory manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(2) Signs of physical, intellectual, and developmental disabilities, the needs of youth with such disabilities, and the ways to work and communicate effectively with youth with those disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(3) Signs of mental illness and the needs of and ways of working with youth with mental illness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(4) The facility’s language access policies and plans, including how to access language assistance services for limited English proficient youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(5) Information on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(6) Gender-specific needs of youth in custody, including special considerations for boys and girls who have experienced trauma, pregnant girls, and health protocols for both boys and girls.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(7) How to work and communicate with lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) youth, as well as how to recognize, prevent, and respond to harassment of LGBTQI youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
d. Positive behavior management, de-escalation techniques, and conflict management.	<input type="checkbox"/>	<input type="checkbox"/>	
(1) The facility’s positive behavior management system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Appropriate sanctions for negative behavior.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) How to communicate effectively and professionally with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(4) Conflict management, de-escalation techniques, and management of assaultive behavior. [Also listed at VII(A)(1)(a).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(5) Access to mental health and crisis intervention services for youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(6) Alternatives to and the appropriate use of physical force, mechanical restraints, and room confinement. [Also listed at VII(A)(1)(b).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Response to and reporting of child abuse, neglect, and violation of staff responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(1) Signs and symptoms of child abuse and neglect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Handling disclosures of victimization in a sensitive manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(3) How to comply with relevant laws related to mandatory reporting to outside authorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(4) The right of youth and staff to be free from retaliation for reporting abuse, neglect, and violation of staff responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Sexual abuse and sexual harassment prevention, detection and response. (Additional detail on PREA compliance at 28 CFR § 115.331(a).)	<input type="checkbox"/>	<input type="checkbox"/>	
(1) The facility’s policy prohibiting sexual abuse and sexual harassment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(3) Responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(4) How to distinguish between consensual sexual contact and sexual abuse between youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
g. Medical and mental health needs of youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(1) Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs). [Also listed at VI(E)(16).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Universal safety precautions and response to high-risk bodily fluid spills.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(3) Recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at II(F)(5)(a).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(4) Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above

(5) Signs and symptoms of mental illness and emotional disturbance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(6) Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(7) Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
h. Facility operations and facility emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Staff code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Facility operations, security procedures, and safety procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Action required in emergencies, including referral and evacuation policies and procedures. [Also listed at VI(E)(2).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(4) Fire procedures, including the use of fire extinguishers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(5) Facility rules on contraband and prohibited items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(6) Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(7) Effective report writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
(8) Confidentiality of records and limitations on disclosure of confidential information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
5. Training staff document, through employee signature or electronic verification, that employees received required training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
6. Trainings include proficiency testing to document that employees understand the training they have received.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
7. Where staff are expected to engage youth in skill building, discussion groups, recreational activities, and other structured programming, the facility provides the tools and training necessary for staff to perform these functions effectively.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above
8. The facility provides training to volunteers and contractors as necessary to prepare them for their roles and to prevent victimization of youth. (Additional detail on PREA compliance at 28 CFR § 115.332.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*see above

<p>9. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at VIII(D)(12).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*see above</p>
<p>10. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law, the responsible mental health authority for the facility approves such staff, and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at II(D)(7).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*see above</p>
<p>11. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at II(J)(13).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*see above</p>
<p>12. Training personnel incorporate recommendations and concerns from youth, parents or guardians, staff, management, and quality assurance personnel, as well as audits and other sources, into training plans and curricula.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*see above</p>
<p>D. Supervision of Staff</p>			
<p>1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The facility administrator seemed to be very involved in all aspects of day to day operations.</p>
<p>2. Supervisors conduct and document unannounced rounds on all shifts. Staff are prohibited from warning other staff members that supervisory rounds are occurring.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>3. Staff receive regular evaluations for performance, and facility administrators take action in appropriate circumstances either to address deficient performance or terminate employment. Facility administrators also recognize staff for exemplary performance and ingenuity in promoting a positive environment for youth.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>For the most part. Some were missing.</p>
<p>4. Administrators regularly review logbooks; special incident reports; records of use of physical force, restraints and room confinement; grievances; and recreation records. Administrators provide positive feedback to staff on exemplary performance. Administrators advise staff of any areas of concern and take appropriate action with respect to particular staff members, such as re-training.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>5. The facility administrator annually reviews all facility operating procedures and updates them as needed.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>It is critical that the policies be updated as soon as possible. The practices at the facilities seem to be far more current and conforming than the policies would suggest.</p>
<p>6. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>7. The facility develops and implements written policies, procedures, and actual practices to ensure that staff model social skills for youth and do not use profanity, threats, discriminatory comments, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth. Facility management addresses violations of standards of conduct through corrective action.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>8. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at VIII(D)(21).]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>9. Administrators develop and implement policies, procedures, and actual practices that establish a standard of fair and equitable treatment of all youth.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>E. Reports of Abuse, Neglect, Retaliation, and Violation of Responsibilities; Incident Reports; and Complaints</p>			
<p>1. The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities. [See also standards VIII(D).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The grievance procedures need to be revised.</p>
<p>2. The facility requires staff at the facility to report knowledge, suspicion, or information that they receive regarding child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities to appropriate child protective services and law enforcement agencies.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>3. Staff and youth do not experience retaliation for making complaints or reports of child abuse.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

<p>5. The facility administrator schedules and completes an audit for compliance with the Prison Rape Elimination Act standards for juvenile facilities at least once every three years and takes any corrective actions necessary to address findings of “does not meet standard.” (Additional detail on PREA compliance at 28 CFR §§ 115.401-404.)</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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6. Environment

a. Introduction.

Juvenile detention facilities should not look like or be operated as jails. This section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety codes, has properly functioning temperature controls, light, and ventilation, and offers youth appropriate living conditions. This section also encompasses quality of life issues – assuring that youth will have clean, properly-fitting clothing; pleasant, healthy eating experiences; permission to retain appropriate personal items; and some measure of privacy. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Diagram of facility
- Inspection reports from other agencies (fire safety, health and sanitation reports)
- Audits, inspections or accreditation reports of inspections (previous two years)
- Repair logs and work orders
- Pest control reports
- Janitorial staffing plans and schedules
- Food service records, including menus and dietary guidelines
- Fire and emergency preparedness plans
- Logbooks (fire drills)
- Policies and procedures related to search
- Grievances filed by youth or staff (6 months)

Interviews.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- Janitorial/Maintenance staff
- Kitchen staff
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Environment Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Positive Institutional Atmosphere:

- Youth are not allowed to personalize their living space. Youth are allowed only one book and a bible/religious book. No decorations, except in classroom.
- Little recognition of holidays, birthdays and other dates of significance to youth.
- Environment does not acknowledge diverse population and interest of youth.

Sanitation:

- No annual written sanitation plan provided.
- There is no individual staff person responsible for conducting and documenting weekly sanitation inspections.
- Training related to sanitation and standard hygiene practices was missing.
- Youth disinfect mattress covers. Some mattresses were cracked and in need of replacing.
- Some clothing is stained or old. Underwear is washed and reused.

Food:

- Youth expressed that food is not appetizing.
- Youth expressed not having enough food (always hungry) – no seconds.
- Only one hot meal a day – more than 12 hours between dinner and breakfast.
- No input for menu and no cultural reflection.
- Not all meals are in a cafeteria or common room. Youth eat breakfast in their room.

Temperature, Ventilation and Noise:

- Facility seemed cold. Youth are not allowed extra blankets.

Emergency Preparedness and Fire Safety:

- The facility does not have an emergency preparedness plan that includes the following:
 - Key personnel and specific responsibilities during an emergency
 - Agreements with other agencies, to include medical and mental health
 - Transportation plans and evacuation sites
 - Transportation of essentials – medication, food, water, first-aid supplies, flashlights, etc.
 - Communication protocols
 - Notification of families
 - Meeting the needs of youth with medical and mental health or physical, intellectual or developmental disabilities
 - Meeting the needs of limited English proficient youth
 - Release of youth from locked areas in cases of an emergency, to include who will unlock the doors.
 - Documentation that the local fire authority has reviewed the evacuation plan
 - Documentation that staff have been trained in the emergency plan.
- Training related to the use of fire extinguishers is not documented.
- Evacuation plans are not posted.
- Fire drills with the following are not documented:
 - Monthly drills on a rotating basis
 - Documentation of how long it takes to unlock doors and complete drill
 - Documentation of practicing different scenarios
 - Documentation of staff identification of emergency keys to unlock doors
 - Documentation practice clearing youth from the building at least annually
- The local fire authority does not attend drills.

Clothing and Personal Items:

- Youth are given clean, but used underwear and bras. Elasticity is worn. Underwear are washed and redistributed.
- Youth do not have access to outerwear and do not go outside.
- Youth are not allowed personal items in their room.

- The facility does not provide youth access to culturally appropriate hair and skin care products.

Searches:

- Policies and procedures related to justification for cross gender, strip and visual body cavity searches are not in place and are not documented.
- Staff expressed discomfort with searching transgender/intersex youth and requested training.
- Staff entrance does not provide screening measures. There is no posting in the employee areas that describe what is allowed/not allowed.

Cross-Gender Viewing and Privacy:

- Shower facilities have a slide window that is accessible to anyone walking by.
- Youth expressed that not all staff announce their presence prior to entering.

d. Assessment Standards.

Checklists – Environment

Standard	Conforms	Does Not Conform	Findings and Comments
A. Positive Institutional Atmosphere			
1. All persons in the facility are treated with respect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The facility develops and implements written policies, procedures, and actual practices to prohibit use of slurs, name-calling, and other disrespectful behavior by youth and staff. Implementation includes enforcement of these policies by administrators.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff demonstrate a consistent level of tolerance of normal adolescent behavior in their day-to-day work with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Most staff were referred to with respect by the youth, however there is one staff they are wary of.
4. Furnishings and other decorations reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth are allowed only one book and a bible/religious book and bed roll. Sparse living area. No decorations in the facility other than the classroom. The environment is dark, bleak, penal and similar to jail.
5. The buildings and grounds are well maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Staff allow youth to decorate and personalize their own living space.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decorations and/or personalization is not allowed in individual living space.

Standard	Conforms	Does Not Conform	Findings and Comments
7. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This could be improved upon as resources become more available or more partnerships are developed. Only major holidays are recognized. Staff mentioned ordering pizza for Christmas, but no other celebratory days were honored.
8. The décor and programming acknowledge and value the diverse population and interests of youth in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The sterile and undecorated environment does not express value for diversification.
9. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The facility does not shave youth’s hair off or require youth to adopt a particular hairstyle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. Sanitation			
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staff give youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The facility has and implements sanitation plans to maintain a clean, sanitary environment. The facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No written plan documented
a. A schedule for cleaning common areas, bathrooms, and showers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Use of antimicrobial treatment agents to clean areas where bacteria may grow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Implementation and documentation of training of staff and youth on the use of standard hygienic practices, such as hand washing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No training or documentation evident

Standard	Conforms	Does Not Conform	Findings and Comments
4. Rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Areas are cleaned, but due to the age of the facility there is mold in tile.
5. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in “dry” rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth request).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every six youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Showers are pushbutton and the temperature was ok.
12. Youth have adequate time to conduct appropriate hygiene practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. The facility is free of insect and rodent infestation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff reported that small ants can be an issue at certain times of the year.
14. Staff allow youth to take showers every day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Staff allow youth to brush their teeth after breakfast and dinner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Youth and staff wash their hands before meals and after activities that may cause the spread of germs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
17. Staff provide youth with the opportunity to groom themselves before court and other important events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week. Staff wash clothes at temperatures and for lengths of time that allow for disinfection of clothing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some of the clothes have stains. Underwear and bras are old with loss of elasticity on band areas.
19. Staff provide youth with clean bed linens at least once weekly, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort. Staff provide youth with clean towels daily. Staff do not remove these items as a form of discipline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Youth are given option for another blanket if cold.
20. Staff disinfect mattress covers before a new youth uses the mattress. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth disinfect mattress covers. In the currently unoccupied rooms there were mattresses with cracks.
21. Staff sanitize storage spaces that hold youth’s personal and court clothes, including garment bags, after each use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laundry bins hold used clothing.
22. Furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Food			
1. The facility’s food services comply with applicable local, state and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Youth receive at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth expressed not having enough food. There are no seconds or additional food. One hot meal, more than 12 hours between dinner and breakfast.
3. Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. Youth have an opportunity to provide input into the menu and, where possible, food reflects the cultural backgrounds of youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food is adequate, marginally appetizing. No input for menu, no cultural reflection. Youth stated they are always hungry.
4. If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. The facility provides meals stored and served at safe temperatures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
6. The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility adheres to youth’s religious dietary laws and special timing of meals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No record of such request or allotments.
8. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Youth may obtain second servings of food.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No second servings or sharing food
10. Youth eat meals in a cafeteria or common area.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breakfast is in youth’s room
11. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Youth may talk during meals absent immediate and temporary safety or security reasons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Temperature, Ventilation, and Noise			
1. Temperatures in indoor areas are appropriate to summer and winter comfort zones, with no unhealthy extremes. Staff provide additional blankets or clothing to youth who are cold.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Temperature seemed a little cold. No extra blankets are allowed. Only one blanket per youth.
2. There is adequate ventilation in indoor areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Noise levels in the facility are comfortable and appropriate at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Emergency Preparedness and Fire Safety			
1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security emergencies, and medical emergencies. The plan covers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written emergency protocols.
a. A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
b. The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It is assumed the Director would be in charge, however nothing is documented and no protocol exists.
c. Agreements with other agencies or departments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
d. Means of transportation to pre-determined evacuation sites and evacuation routes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
e. Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
f. Communication protocols among staff, as well as with outside agencies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
g. Agreements with outside agencies that can provide medical and mental health services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
h. Notification to families.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
i. Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
j. Meeting the needs of limited English proficient youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
k. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written protocol.
l. Documentation that the local fire authority has reviewed the evacuation procedures.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The fire department has been on site, but policies/protocols are not clear or documented.
2. The facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training. [Also listed at V(C)(4)(h)(3).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. All occupied areas of the facility have at least two means of egress.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The facility has identification and lighting of all exits, including during emergencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. The facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
7. The facility has smoke alarms in appropriate locations and in working condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. The facility has a sprinkler system in appropriate locations and in working condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Staff are trained to use fire extinguishers and have documentation of such training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No documentation of training
11. The facility has an evacuation plan that staff conspicuously post in each area of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plan not posted
12. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No documentation
a. Documentation of how long it takes to unlock doors and complete the drill process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No documentation
b. Practice with different scenarios so that each drill is not the same (e.g., a kitchen fire, a fire on a unit, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No documentation
c. Staff identification of emergency keys to unlock doors by touch and by sight.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No documentation
d. Practice clearing youth from the building at least one time per year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No documentation
13. The administrator requests that the local fire marshal or fire authority attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. The administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. First aid kits are immediately available and fully stocked with non-expired items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Expired items in first-aid kits.
16. The facility has an automated external defibrillator (AED) on site and staff trained to use it. [Also listed at V(C)(4)(g)(1).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. The facility has a plan for handling exposure to high-risk bodily fluids.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Staff properly store and secure potentially hazardous or flammable items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
F. Lighting			
1. Individual rooms have adequate lighting, sufficient for reading.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
2. The lights in youth’s rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for individual security, health, or mental health reasons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Dayroom and common areas used for recreation are adequately lit for activities conducted in the area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
G. Clothing and Personal Items			
1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth are given clean, but used underwear and bras. Elasticity is loose on bras. Underwear are washed and redistributed to youth.
3. The facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Youth receive outerwear that is appropriate to the season.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No outerwear. Youth don’t go outside if the weather is cold.
5. Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth’s personal items absent specific safety or security concerns.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No personal items.
6. The facility housing units have lockers or other storage for youth’s clothing and personal items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility provides adequate and culturally appropriate hair and skin care products, services, and supplies for youth. Rules about hair and skin care are gender and culturally sensitive (e.g., youth are not required to shampoo their hair at a frequency that is damaging to their hair).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not culturally appropriate
8. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., common toothpaste tube, tub of deodorant).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
H. Searches			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting areas. [See also standard VIII(C)(1).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Written procedures address each of the following:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Intake searches include pat-downs, metal detector, or clothing searches. If the facility permits strip searches upon intake or visual body cavity searches, staff conduct them in accordance with applicable law.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. When staff search youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously supervised, they do so by a pat-down, metal detector, or clothing search. Staff conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. [See also standard III(C)(12).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Staff conducting pat-down searches and clothing searches are of the same gender as the individual being searched except in exigent circumstances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Staff conducting strip searches, visual body cavity searches, or collecting urine samples are of the same gender as the youth being searched except when such searches are performed by medical practitioners.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Staff conducting strip searches, visual body cavity searches, or collecting urine samples perform such searches in a private setting and only search one youth at a time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Staff document and provide written justification for all cross-gender searches.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No written policy
h. Staff document all strip and visual body cavity searches and supervisors review the rationale for appropriate basis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No written policy

Standard	Conforms	Does Not Conform	Findings and Comments
i. Staff do not search or physically examine transgender or intersex youth for the sole purpose of determining the youth’s genital status. (Additional detail on PREA compliance at 28 CFR § 115.315(e).)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff expressed discomfort and need for training in dealing with transgender/intersex youth.
3. Staff demonstrate appropriate pat-down and clothing searches for youth during orientation. [Also listed at I(C)(6)(s).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth’s personal property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Staff search visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Staff do not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility provides staff with lockers away from the living units for staff to store their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The entrance for staff does not include any screening measures. There is no posting in the employee locker/entry area that describes items not allowed.
I. Cross-Gender Viewing and Privacy			
1. The facility enables youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes to all except showering. The slide window to the shower is controlled from outside the shower room. Anyone walking by could slide open the window to view.
2. Staff of the opposite gender of the youth living there announce their presence when entering housing units.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth described that not all staff announce their presence.
3. Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All youth shower separately.
4. Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions, or changing clothing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No special accommodations.
5. The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth’s safety (e.g., a curtain that allows the staff member to view a youth’s head and feet but nothing in between).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
J. Overcrowding and Adequate Living Space			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The total population of the facility and the population per unit do not exceed maximum rated capacity.	☒	☐	
2. Living units are primarily designed for single occupancy sleeping rooms. If the facility has multiple occupancy rooms, those multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.	☒	☐	
3. Rooms are not occupied by more youth than the rated capacity allows.	☒	☐	
4. The dayroom and common areas have sufficient chairs and tables to accommodate recreational activities conducted in those rooms.	☒	☐	
5. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.	☒	☐	
6. Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation, and other activities occur.	☒	☐	
7. Visual alarms are provided in addition to audible alarms.	☒	☐	
8. The facility has toilets, sinks, and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. These accommodations include:	☒	☐	
a. Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto them.	☒	☐	Several ADA compliant rooms.
b. Adequate floor space to permit access to the toilet.	☒	☐	
c. Flush valves and faucets that are operable without tight grasping, pinching, or twisting.	☒	☐	
d. Shower spray units with a hose that can be used as a hand-held shower or a fixed shower head mounted lower to the floor.	☒	☐	One shower is ADA compliant.
e. Sinks with sufficient space for use by a youth in a wheelchair.	☒	☐	
9. The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:	☐	☐	
a. Doorways that are wide enough to permit entry by youth in a wheelchair.	☒	☐	
b. Floor space that permits movement about the sleeping room and access to each of the room's features.	☒	☐	
c. A desk with space for use by a youth in a wheelchair	☒	☐	

Standard	Conforms	Does Not Conform	Findings and Comments
d. A bed of a height that facilitates transfers to and from wheelchairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

7. Restraints, Room Confinement, Due Process and Grievances

a. Introduction.

Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions; staff are well-trained to help prevent and de-escalate crises; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient. This section includes the facility's rules for restraint, use of physical force, room confinement, discipline, provisions for due process, and disciplinary sanctions. This section also addresses the facility response to concerns and complaints by youth through an effective grievance process. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)

Restraints, Room Confinement:

- Policies and procedures on use of physical force, restraints, chemical agents, room confinement and voluntary time outs
- Special incident reports for the past year (or the last 50 reports)
- Reports on use of physical force, restraints, chemical agents, room confinement, voluntary time-out and room confinement used as a form of discipline
- Unit logs that detail special incidents involving the above
- Records of injury to youth and staff (6 months)
- Logs of periodic checks of youth in restraints or room confinement
- Records of monitoring of youth in restraints or room confinement by medical or mental health staff
- Discipline and due process reports for individual youth pertaining to incidents of use of physical force, restraints or room confinement
- Orientation handbook
- Staff training records (12 months)

Due Process, Discipline and Corporal Punishment:

- Policies and procedures regarding rules, sanctions, and disciplinary due process
- Orientation materials for youth
- Incident reports and records of disciplinary action (past 6 months)
- Living unit logbooks related to discipline
- Room confinement documentation

Grievances:

- Policies and procedures regarding grievances
- Materials posted on grievances and how to file them
- Orientation materials
- Posters and other signs in living units and visitation areas
- Grievances (6 months)

Interviews.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Restraints, Room Confinement, Due Process, and Grievances Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Use of Physical Force, Restraints, and Chemical Agents:

- Regular training in the following areas does not occur or is not documented. In addition, policies, procedures, and/or protocol related to the following were not evident.
 - Conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, minimizing trauma involved in use of physical force and mechanical restraints.
 - Facilities continuum of methods of control.
 - Use of physical force or mechanical restraints – methods, appropriate techniques and guidance to staff on level of force.
 - Mechanical restraints, appropriateness of use and documentation of use.
 - Medical or Mental health referrals or follow-up after use of physical force or mechanical restraints.
 - Debriefing staff and youth following use of force or restraints by supervisor and/or mental health professional.
 - Notification of parents/guardians, youth’s attorney and other professionals where appropriate, following use of force or restraints.
- Regular review of use of force or restraint incidents is not reviewed by a restraint committee.
- Mechanical restraints are not limited to handcuffs.
- Mental health providers do not review incidents of discipline and room confinement.

Room Confinement:

- Policies and procedures related to room confinement do not include the following:
 - Protocol for utilizing room confinement.
 - Documentation related to room confinement.
 - Programming during room confinement.
 - Alternatives to room confinement.
 - Notification of supervisor, parent/guardian, attorney and other professionals as appropriate during room confinement.
 - Review of room confinement by Administrator

Voluntary Time Outs:

- Policies and procedures do not exist for use of voluntary time outs.

Due Process and Discipline:

- Policies and procedures do not exist for due process related to discipline.

Grievances and Reporting Procedures:

- Youth are not provided with at least one way to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not a part of the agency operating the facility.
- Youth are not provided the ability to report abuse verbally, in writing, anonymously or by third party.

- Youth are not provided with a grievance procedure that offers opportunity for a fair consideration and resolution of complaints.
- The grievance system is not accessible to youth with limited literacy, limited English or youth with intellectual or developmental disabilities.
- The facility does not have locked grievance boxes in accessible areas.
- The facility does not have a designed Grievance Coordinator who has exclusive access to the youth’s grievances.
- Grievances are not investigated by an individual who can independently investigate the issues raised and recommend corrective action.
- Youth must at times submit a grievance form to the staff who is the subject of the complaint.
- No emergency grievance procedures are in place for imminent harm situations.
- Policies and procedures are not in place to prevent reprisals or staff from disciplining youth filing a grievance.
- Third parties grievance policies and procedures are not in place.
- Policies and procedures are not in place to ensure the thorough investigation of grievances.
- Youth do not receive prompt written notice of the results of the investigation within three business days.
- Policies and procedures are not in place detailing appropriate action in the event a grievance is found to be valid.
- Grievances are not regularly reviewed by the facility administrator.

Recommendations.

- Following a careful examination of the information provided through documentation, written materials and interviews. The Safety Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

d. Assessment Standards.

Checklists – Restraints, Room Confinement, Due Process and Grievances

Standard	Conforms	Does Not Conform	Findings and Comments
A. Use of Physical Force, Restraints, and Chemical Agents			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical force and mechanical restraints, and the facility’s continuum of methods of control. [Also listed at V(C)(4)(d)(3).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for use of physical force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary. [Also listed at V(C)(4)(d)(6).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.

Standard	Conforms	Does Not Conform	Findings and Comments
c. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using physical force or restraints, and permit only the least restrictive measures in order to prevent physical harm to the youth or others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Only staff specifically trained in the use of physical force and mechanical restraints are permitted to use such techniques or devices. Staff only use approved techniques or devices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Written policies and procedures in the facility set forth the principles below for use of physical force and mechanical restraints:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Staff only use approved physical force techniques when a youth’s behavior threatens imminent harm to the youth or others. Staff may use approved physical force techniques when a youth is engaging in property destruction that involves an imminent threat to the youth’s safety or the safety of others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The only mechanical restraints that staff may use in the facility are handcuffs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other restraints are currently in use.
c. Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No evidence in training or policies/procedures.
e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No evidence in training or policies/procedures.
f. Staff never leave youth who are sleeping in restraints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Staff never leave youth who are in restraints alone.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The facility develops and implements written policies, procedures, and actual practices to prohibit:	<input type="checkbox"/>	<input type="checkbox"/>	
a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Restraint chair utilized

Standard	Conforms	Does Not Conform	Findings and Comments
b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Use of chemical agents, including pepper spray, tear gas, and mace.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Use of chemical or medical restraints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Use of pressure point control and pain compliance techniques at the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Hitting youth with a closed fist, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Use of four- or five-point restraints, straightjackets, or restraint chairs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Restraint chair
h. Hogtying youth or placing youth in restraints in other uncomfortable positions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
i. Restraining youth to fixed objects, including beds or walls.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
j. Restraining youth in a prone position and putting pressure on the youth's back, or restraining youth in a position that may restrict their airway.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
k. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Use of belly belts/chains or leg shackles on pregnant girls.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
4. Facility staff document all use of physical force or restraint incidents, including:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Name of youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Date and time physical force or restraints were used on youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Date and time youth were released from restraints.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not documented.
d. The person authorizing placement of the youth in restraints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. A description of the circumstances leading up to the use of physical force or restraints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. The staff involved in the incident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Any youth or staff witnesses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
i. The type of physical force or restraints used and a description of how they were applied.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
5. Staff ensure that all youth who are the subject of a use of physical force or restraint incident see a qualified medical professional within one hour of the use of physical force or restraint.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
6. Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
7. Staff and youth involved in use of physical force or restraint incidents undergo a debriefing process with supervisory staff and qualified mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
8. Staff notify the youth’s parents or guardians and the youth’s attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.
9. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(B)(11).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. A restraint review committee, which includes the facility administrator or designee, training staff, qualified mental health professionals, and line staff, regularly reviews all use of force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently happening.

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

Standard	Conforms	Does Not Conform	Findings and Comments
(4) Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No protocol
(5) Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No protocol
g. Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth’s behavior requires that he or she be transported to a mental health facility. [See also standard VII(B)(2).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
h. If at any time during room confinement, qualified medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
i. Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
2. Staff develop special individualized programming for youth with persistent behavior problems that threaten the safety of youth or staff or the security of the facility. Staff do not use room confinement as a substitute for special individualized programming. Special individualized programming includes the following:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
a. Development of an individualized plan to improve the youth’s behavior, created in consultation with the youth, mental health staff, and the youth’s family members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
b. The plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
c. In-person supervision by and interaction with staff members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
d. In-person provision of educational services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
e. Involvement of the youth in other aspects of the facility’s programming unless such involvement threatens the safety of youth or staff or the security of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
f. A guarantee that the youth will not be denied any of his or her basic rights. [See also standard VII(E)(6).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Daily review with the youth of his or her progress toward the goals outlined in his or her plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Staff keep designated areas used for room confinement clean, appropriately ventilated, and at comfortable temperatures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
4. Designated areas used for room confinement are suicide-resistant and protrusion-free.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Facility staff document all incidents in which a youth is placed in room confinement, including:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Name of the youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
b. Date and time the youth was placed in room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
c. Name and position of the person authorizing placement of the youth in room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
d. The staff involved in the incident leading to the use of room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
e. Documentation of required checks of youth at regular but staggered intervals, including the youth’s behavior and temperament at each interval.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
f. Date and time the youth was released from room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
g. Description of the circumstances leading to the use of room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
i. The incident reports describing the incident that led to the period of room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not currently documented
6. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth’s release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
7. Staff provide notice to parents or guardians and the youth’s attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice

Standard	Conforms	Does Not Conform	Findings and Comments
8. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
9. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
10. The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
11. The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(A)(9).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
12. The facility administrator, in conjunction with qualified mental health professionals, reviews all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
C. Voluntary Time Outs			
1. Staff allow youth to have a voluntary time out under staff supervision for a short period of time at the youth’s request. Youth are not locked in their room or another room when taking a voluntary time out.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
2. Staff document voluntary time outs in the unit log and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth’s safety and welfare at least every 10 minutes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
D. Due Process and Discipline			
1. Staff post the rules of the institution in all living units.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
2. Staff have a graduated array of options to respond to negative behaviors, including the loss of points or incentives as part of the facility’s positive behavior management system. [See also standards IV(D).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Staff provide youth with due process protections before any of the following occur. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decision maker who was not directly involved in the incident or issue, and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.	<input type="checkbox"/>	<input type="checkbox"/>	
a. Significant loss of privileges, such as temporarily suspending a youth’s ability to advance to a higher level in the facility’s behavior management program or limiting his or her ability to enjoy certain privileges for a period of time.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
b. Transfer of a youth to a unit that imposes greater restrictions on programming or privileges.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
c. Use of room confinement for discipline, if it has not yet been abolished.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
4. Staff consider whether a youth’s disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility’s rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
5. Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
6. Under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include: [See also standard VII(B)(2)(f).]	<input type="checkbox"/>	<input type="checkbox"/>	
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Full meals and evening snacks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. A full complement of clean clothes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Visits with approved visitors and the youth’s attorney.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Personal hygiene items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Daily opportunity for exercise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
g. Telephone contacts with approved individuals and the youth's attorney.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. The right to receive and send mail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. A regular daily education program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Access to medical and mental health services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k. An opportunity for a daily shower and access to toilet and drinking water as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
m. Clean and sanitary living conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n. Access to reading materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Staff do not use group punishment as a sanction for the negative behavior of individual youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures. Interview with youth seemed to suggest that facility is out of compliance.
E. Corporal Punishment			
1. Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
F. Grievances and Reporting Procedures			
1. The facility provides more than one way to report abuse, neglect, harassment, and retaliation by other youth or staff within the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. The agency provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. The facility's opportunities for reporting abuse, neglect, harassment, and retaliation include ways to report verbally, in writing, anonymously, and by third parties.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
5. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No evidence in training or policies/procedures.
6. The facility’s grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:	<input type="checkbox"/>	<input type="checkbox"/>	Grievance procedures need to be updated.
a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence
b. Grievance forms use easy-to-understand language and are simple in their design.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Youth are able to report grievances verbally and in writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms, and the cafeteria. Only the grievance coordinator and his or her designee have access to the contents of the locked boxes, which the grievance coordinator or his or her designee check each business day.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. The facility does not include time limits on when youth can file grievances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the complaint.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence in training or policies/procedures.
12. The facility permits third parties, including family members, attorneys, and outside advocates, to file grievances on behalf of youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
13. The facility provides information to third parties on how to submit grievances on behalf of youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not current practice
14. The facility permits youth to request staff assistance to complete the grievance form if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

8. Safety

a. Introduction.

Although safety is the last section of this assessment tool, physical and emotional safety for youth and staff is the overarching principle underlying all of the other sections. This section identifies the facility's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims, and investigate allegations of misconduct. (JDAI Juvenile Detention Facility Standards 2014)

b. Documentation and Interviews.

Materials Reviewed.

- Current annual budget
- Diagram of facility
- General policies and procedures
- Audits, inspections or accreditation reports of inspections (previous two years)
- Policies and procedures related to safety (training, investigations, administrative review and response)
- Incident reports (6 months)
- Grievances (6 months)
- Workers compensation claims (6 months)
- Child abuse reports (6 months)
- Citizen complaints (6 months)
- Data regarding reports of alleged or actual incidents of (6 months):
 - Sexual abuse
 - Harassment
 - Violence
 - Use of physical force, restraints, chemical agents
 - Use of room confinement
- Medical records of injuries to youth or staff
- Protocols for allegations of sexual abuse and sexual harassment
- Records of investigations of reports of abuse, neglect, retaliation and violation of responsibilities

Interviews.

- Jeff Justesen – Detention Manager
- James Weed – NORCOR Administrator
- Detention staff
- Youth in care

c. Findings.

Following a careful examination of the information provided through documentation, written materials and interviews. The Safety Team determined that NORCOR Juvenile Detention did not conform to the JDAI standards for detention facilities in the following areas:

Youth Safety:

- Written policies, procedures and protocol for the review of major incidents within the facility by team are not in place.
- Written policies, procedures and protocol for reporting incidents requiring mandatory reporting and steps to protect the victim and notify medical/mental health professionals are not in place.

- The facility is not yet in compliance with PREA and does not have a compliance manager with sufficient time and authority to coordinate efforts to comply.
- Youth reported feeling fearful of night staff. Youth expressed reservation to share or complain, for fear of retaliation. You reported incident where male staff made a sexually harassing comment.
- Youth do not have access to outside victim advocates.
- Room checks are done hourly, not every 15 minutes.
- Staff do not survey the youth regarding their perception of safety within the facility.

Staff Safety:

- Administrators do not survey staff regarding their perception of safety for themselves, other staff and youth.

Weapons and Contraband:

- Safety measures are in place to keep youth and visitors from bringing contraband into the facility, however there are no screening/security measures in place to keep staff from bringing items into the facility.

Investigations:

- Written policies and procedures are not in place to ensure that an investigation is completed for all allegations of abuse, neglect, retaliation and violation of responsibilities by staff.
- NORCOR Juvenile is not yet in compliance with PREA guidelines related to the allegations of sexual abuse.

d. Assessment Standards.

Checklists – Safety

Standard	Conforms	Does Not Conform	Findings and Comments
A. Youth Safety			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators conduct a review at the conclusion of major incidents at the facility. The review is conducted by a team comprised of upper-level management, line staff, medical and mental health staff, and investigators, as appropriate. (Additional detail on PREA compliance at § 115.386.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written policies or procedures evident.
2. All staff, including qualified medical professionals, qualified mental health professionals, contractors, and volunteers report information about suspected or actual abuse, neglect, and maltreatment according to relevant mandatory reporting laws and agency policy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Informal compliance.
3. If no qualified medical or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No written policies or procedures evident. In asking staff, this was inferred, but now written.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Prohibits any contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Written policies, procedures, and actual practices prohibit all forms of sexual abuse and sexual harassment. The facility has a written policy that outlines the facility’s approach to preventing, detecting, and responding to such conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The facility has a compliance manager who has sufficient time and authority to coordinate the facility’s efforts to comply with the Prison Rape Elimination Act standards for juvenile facilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not yet in compliance with PREA. Working towards.
7. Youth feel safe from victimization by staff and youth, including abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment, and assault.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interviewed youth who expressed fear of nighttime staff. Youth expressed reservation to share or complain due to retaliation. Youth shared incident of sexually harassing comment from male staff.
8. Youth can report incidents of threats or harm by staff and youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility’s policies regarding investigations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth expressed strong reservation to reporting incidents of threats or harm.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>9. The facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Did not see any of this.</p>
<p>10. Staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No information.</p>
<p>11. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual abuse/harassment (including medical reports).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>12. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes, including at times when youth are asleep or have requested a time out. Staff conduct room checks more frequently when required to do so (e.g., for youth on suicide precautions).</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Room checks done hourly.</p>
<p>13. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth’s individual behavior management plan.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>14. Staff regularly survey youth regarding their perception of safety of themselves and other youth within the facility and provide youth with opportunities to provide input on how the facility can be made safer.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Not record of regular survey.</p>
<p>15. Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>B. Staff Safety</p>			
<p>1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, worker’s compensation claims, child abuse reports, and other indicia of physical or sexual abuse (including medical reports), by youth on staff.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Standard	Conforms	Does Not Conform	Findings and Comments
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The facility provides training and other employee assistance resources to help staff anticipate and respond to trauma and job stress in a healthy way.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. The facility offers support services to staff who have been injured on the job.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Administrators regularly survey staff members regarding their perception of safety of themselves, other staff members, and youth within the facility. Administrators provide staff members with opportunities to provide input on how the facility can be made safer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No record of this.
C. Weapons and Contraband			
1. The facility has adequate security measures to ensure that youth, staff, and visitors cannot bring weapons or contraband into the facility. [See also standards VI(H).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Youth and visitors, yes. Staff can bring anything into the facility as there are not screening measures at staff entry and lockers.
2. Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Investigations			
1. The facility’s written policies, procedures, and actual practices ensure that an administrative or criminal investigation is completed for all allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities. [See also standards V(E).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Written policies and procedures need to be updated.
2. Staff notify parents or guardians and the youth’s attorney of any investigations into abuse, neglect, retaliation, and neglect or violation of responsibilities that involves their child, as well as any investigations into their child’s behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth’s caseworker within 24 hours of learning of the information. Staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

Standard	Conforms	Does Not Conform	Findings and Comments
10. Facility investigators do not terminate an investigation solely because the source of the allegation recants the allegation or because the alleged abuser or victim departs from the employment or control of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
11. When an allegation involves alleged criminal activity, facility investigators conduct compelled interviews of staff only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
12. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at V(C)(9).]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
13. Facility investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the person’s status as youth or staff. Investigators do not require youth to submit to a polygraph examination or other similar examination as a condition for proceeding with the investigation of such an allegation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
14. Investigations include an effort to determine whether staff actions or failures to act contributed to abuse, neglect, retaliation, or neglect or violation of responsibilities. This includes a failure to report observed misconduct involving these situations by coworkers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
15. Facility investigators document findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
16. When outside agencies investigate sexual abuse, staff cooperate with outside investigators, and administrators remain informed about the progress of the investigation.	<input type="checkbox"/>	<input type="checkbox"/>	*See above
17. The agency does not impose a higher standard than a preponderance of the evidence in determining whether allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities are substantiated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above
18. A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff to promote youth and employee safety, provide a structured process for staff to communicate among themselves about the incident, and to communicate with youth about the facts and the steps taken to prevent future incidents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*See above

Standard	Conforms	Does Not Conform	Findings and Comments
<p>19. Following an investigation, staff inform the youth and the individual who filed the complaint (if not the youth himself or herself) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within 24 hours of learning of the information. If the individuals listed above are not at the facility, staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*See above</p>
<p>20. Following a youth’s allegation that a staff member has committed sexual abuse against the youth, staff inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) the staff member is no longer posted within the youth’s unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*See above</p>
<p>21. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at V(D)(8).]</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*See above</p>
<p>22. Following a youth’s allegation that he or she has been sexually abused by another youth, staff inform the youth complainant (unless the agency has determined that the allegation is unfounded) whenever: (1) the agency learns that the youth has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns that the youth has been convicted on a charge related to sexual abuse within the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>*See above</p>

Standard	Conforms	Does Not Conform	Findings and Comments
<p>23. The facility has written policies, procedures, and actual practices that protect from retaliation all youth and staff who report abuse, neglect, retaliation, and neglect or violation of responsibilities or who cooperate with investigations. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.367.)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No written policies or procedures.</p>
<p>24. The facility has a quality assurance process for its investigations and a system of continuous quality improvement.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*See above</p>