

JUVENILE DETENTION CENTERS' ASSOCIATION  
OF PENNSYLVANIA

# Juvenile Detention Program Standards

November, 1993

This document was prepared by the Juvenile Detention Centers' Association of Pennsylvania and was supported by subgrant # 92-J-01-4049 from the Pennsylvania Commission on Crime and Delinquency.

# CONTENTS

FOREWORD.. . . . .	v
ACKNOWLEDGEMENTS . . . . .	vii
INTRODUCTION . . . . .	ix
ADVISORY BOARD . . . . .	xi
SAFETY, SECURITY AND CONTROL	
Population Management . . . . .	3
Controlled Entry and Exit . . . . .	5
Resident Supervision . . . . .	6
Body Searches . . . . .	7
Behavior Management . . . . .	9
Use of Physical Force . . . . .	13
Acts of Abuse . . . . .	14
Isolation . . . . .	15
Mechanical Restraint . . . . .	18
Firearms and Offensive Weapons . . . . .	20
Fire Safety and Emergency Procedures . . . . .	21
Documentation.. . . . .	23
HEALTH SERVICES	
Health Services Authority . . . . .	27
Health Screening . . . . .	28
Medical Examination . . . . .	31
Medical Care and Treatment . . . . .	32
Suicide Prevention and Intervention . . . . .	37
Notification and Consent . . . . .	40
Health Education . . . . .	40
Medical Summary and Transfer of Medical Records . . . . .	41

EDUCATION	
Educational Screening . . . . .	45
Educational Plan . . . . .	46
Program Structure . . . . .	47
Educational Assessments . . . . .	49
Educational Summary . . . . .	50
Transfer of Educational Records . . . . .	50
RECREATION	
Program Structure . . . . .	55
Resident and Staff Participation . . . . .	56
FAMILY SUPPORT AND INTERACTION	
Visitation . . . . .	61
Mail . . . . .	63
Telephone . . . . .	64
FOOD SERVICES	
Food Service Management . . . . .	67
Menu Planning . . . . .	68
Food Storage . . . . .	69
Food Preparation . . . . .	70
Dishwashing Practices . . . . .	72
Nutritional Education . . . . .	73
THERAPEUTIC SERVICES	
Detention Service Plan . . . . .	77
Development and Structure . . . . .	78
Therapeutic Needs Screening . . . . .	80
Therapeutic Crisis Intervention . . . . .	82
Therapeutic Services Summary and Transfer of Information . . . . .	82
DIAGNOSTIC SERVICES	
Development . . . . .	87
Components of the Diagnostic Services . . . . .	90
Provision of Services . . . . .	95
STAFF DEVELOPMENT	
Structure . . . . .	99
Content and Delivery . . . . .	100
REFERENCES . . . . .	111

## FOREWORD

On behalf of the Juvenile Detention Centers' Association of Pennsylvania (JDCAP), I am pleased to present *the Juvenile Detention Program Standards*. This effort represents a significant step in JDCAP's continuing efforts to advance knowledge and promote sound policies and standards in juvenile detention practice.

The *Program Standards* reflect JDCAP's commitment to quality and continuous improvement in the programs and services provided by juvenile detention facilities. Therefore, this document should be viewed as ever evolving and changing, while remaining focused upon our mission to provide safe and secure custody and promote the physical, intellectual, social and emotional development of youth entrusted to the care of juvenile detention.

JDCAP firmly believes that quality care afforded to youth admitted to detention significantly aids in the juvenile justice system's ability to affect long-term, positive change in youthful offenders. Rather than settling for bare minimum standards, JDCAP sought to aim high and establish lofty standards of care. We recognize that the *Juvenile Detention Program Standards* are very ambitious and will be difficult to achieve; however, given the importance of our responsibility, it is a challenge we must all undertake.

I would like to take this opportunity to thank all of the individuals that supported this effort. It was truly a gratifying experience to witness the depth of commitment and dedication to the youth and community which we serve.

Donald W. DeVore

President, JDCAP

## ACKNOWLEDGEMENTS

There are many individuals and groups that have contributed greatly to the development of the *Juvenile Detention Program Standards*. These contributions have had a cumulative effect over time, and have enabled the Juvenile Detention Centers' Association of Pennsylvania (JDCAP) to have a positive effect upon the manner and method in which juvenile detention services are provided within Pennsylvania.

The *Juvenile Detention Program Standards Project* can trace its origin to the efforts of the Pennsylvania Juvenile Justice Task Force. Through the Task Force's report, Beyond the Year 2000: A Blueprint for Excellence, the belief that detention is an integral component of the juvenile justice system, and the quality of programs and services it provides significantly affects the system's ability to rehabilitate youthful offenders, was affirmed.

Recognition of the influence of national standards of care for youth admitted to secure detention facilities is also warranted. The work of several major national groups served as a starting point from which the program standards for juvenile detention facilities in Pennsylvania were developed. These groups include the American Bar Association's Institute of Judicial Administration, the American Correctional Association, and the National Commission on Correctional Health Care.

The Juvenile Detention Centers' Association of Pennsylvania is grateful for the funding support provided to the project by the Pennsylvania Commission on Crime and Delinquency. It is clear that the Pennsylvania Commission on Crime and Delinquency has an exceptional history of providing critical support for many progressive and innovative changes in the Commonwealth's juvenile justice system.

An enormous debt of gratitude is owed to the Advisory Board of the *Juvenile Detention Program Standards Project* for their guidance and leadership. Their extensive, varied experiences and perspectives strengthened the project. The collective wisdom of this group provided for informed, balanced discussion of issues tackled by the project.

Finally, and most importantly, sincere gratitude and appreciation is expressed to all of the detention professionals, including direct care, supervisory, support, educational, and administrative personnel, for the many ideas and recommendations provided over the years. Without their sustained support and encouragement this effort would not be possible.

Alan P. Tezak

Project Coordinator

## INTRODUCTION

*The Juvenile Detention Program Standards* were developed through a project of the Juvenile Detention Centers' Association of Pennsylvania and was supported by a subgrant from the Pennsylvania Commission on Crime and Delinquency.

The project grew out of the findings and recommendations of two (2) state-wide task forces on detention and the juvenile justice system, as well as a national study on the conditions of confinement in juvenile detention and correctional facilities. The reports issued by the task forces were entitled, The Commonwealth of Pennsylvania Juvenile Detention Task Force 1989, and Toward the Year 2000: A Blueprint for Excellence - The Report of the Pennsylvania Juvenile Justice Task Force: October 1, 1993. Both reports identified the need to develop and implement standards to encourage quality programming in juvenile detention centers. In its study for the Office of Juvenile Justice and Delinquency Prevention, entitled, Conditions of Confinement: A Study to Evaluate the Conditions in Juvenile Detention and Correctional Facilities, Abt Associates, Inc. concluded that high levels of conformance with nationally recognized standards for the care of youth in detention did not result in improved conditions of confinement. This information pointed to a need for the development of standards designed to improve the quality of programs and services provided by Pennsylvania's juvenile detention system. Consequently, the *Juvenile Detention Program Standards Project* was developed.

The project assembled an Advisory Board consisting of national, state and local juvenile justice officials, researchers and practitioners to direct and guide the project. During 1992-93, the Advisory Board and project staff researched, developed, tested and revised the Juvenile Detention Program Standards. The result is this document.

As the Juvenile Detention Centers' Association of Pennsylvania recognizes the importance of continuous quality improvement, the *Juvenile Detention Program Standards* will be an ever evolving, changing document that encourages the provision of quality programs and services in juvenile detention facilities.

Users of this document should understand that the *Juvenile Detention Program Standards* did not seek to identify what level of programs and services were minimally acceptable, but rather sought to envision what levels were possible. Interestingly, most programming and services recommended by the *Program Standards* exist in some form in Pennsylvania's juvenile detention facilities.

It is hoped that detention practitioners will use the *Juvenile Detention Program Standards* as a guide to developing or improving the programs and services their facilities provide. The *Program Standards* are divided into nine (9) areas. These areas include:

- Safety, Security and Control
- Health Services
- Education
- Recreation
- Family Support and Interaction
- Food Services
- Therapeutic Services
- Diagnostic Services
- Staff Development

The standards are identified as basic or enhanced. This indicates that should facilities elect to implement a standard that is identified as basic it is considered to be a primary area. Standards identified as enhanced are considered to be heightened levels of care. It is recognized that facilities may not be interested in providing types of services identified as enhanced (e.g., Diagnostic Services), but may be interested in providing other programs and services addressed in the *Program Standards*.

The Juvenile Detention Centers' Association of Pennsylvania is confident that detention practitioners will find the *Juvenile Detention Program Standards* a useful tool as they advocate for the improvement of programs and services provided by Pennsylvania's juvenile detention system.

# JUVENILE DETENTION PROGRAM STANDARDS PROJECT

## ADVISORY BOARD

Ms. Barbara Allen-Hagen  
Research Division  
Office of Juvenile Justice and Delinquency Prevention  
633 Indiana Avenue  
Washington, DC 20531  
(202) 307-5929

Mr. James E. Anderson  
Executive Director  
Juvenile Court Judges' Commission  
P.O. Box 3222  
Harrisburg, PA 17105-3222  
(717) 787-6910  
FAX: (717) 783-6266

Mr. Thomas P. Antolik  
President  
Pennsylvania Council of Chief Juvenile Probation Officers  
Erie County Juvenile Probation Services  
Erie County Courthouse  
140 West 6th Street  
Erie, PA 16501  
(814) 451-6220  
FAX: (814) 451-6223

Mr. James Bell, Esquire  
Youth Law Center  
114 Sansome Street  
Suite 950  
San Francisco, CA 94104-3820  
(415) 543-3379  
FAX: (415) 956-9022

Mr. Paul DeMuro  
Consultant  
82 Essex Avenue  
Montclair, NJ 07042  
(201) 746-9525

Mr. Donald W. DeVore  
Executive Director  
Montgomery County Youth Center  
540 Port Indian Road  
Norristown, PA 19403  
(215) 631-1893  
FAX: (215) 631-5394

Mr. Daniel P. Elby  
Executive Director  
Alternative Rehabilitative Communities, Inc.  
2743 North Front Street  
Harrisburg, PA 17105  
(717) 238-7101

Mr. Jerry W. Freidman  
Director  
Bureau of State Children and Youth Programs  
4th Floor, Bertolino Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
(717) 787-9532  
FAX: (717) 787-7753

Ms. Pauline George  
Training Director  
Juvenile Detention Centers' Association of Pennsylvania  
1104 Forest Edge Court  
Wexford, PA 15090  
(412) 934-2837  
FAX: (412) 934-2838

Dr. I.A. Grignano  
Consultant  
6674 Woodwell Street  
Pittsburgh, PA 15217  
(412) 422-3499  
FAX: (412) 422-3499

Mr. Ronald Heinlen  
Executive Director  
Pennsylvania Association of Children and Youth Administrators  
17 North Front Street  
Harrisburg, PA 17101  
(717) 232-7554  
FAX: (717) 232-2162

Mr. Albert R. Hooke, Jr.  
Chairman  
Training, Education and Research Committee  
Juvenile Detention Centers' Association of Pennsylvania  
451 Mall Road  
Harrisburg, PA 17111  
(717) 558-1 150  
FAX: (717) 558-1062

Mr. Bart Lubow  
Senior Research Associate  
Annie E. Casey Foundation  
1 Lafayette Place  
Greenwich, CT 06830  
(203) 66 1-2773

Mr. Lloyd W. Mixdorf  
Director of Juvenile Programs and Projects  
American Correctional Association  
8025 Laurel Lakes Court  
Laurel, MD 20707  
(301) 206-5045  
FAX: (301) 206-2113

Mr. Corby A. Myers  
Executive Director  
York County Youth Development Center  
3564 Heindel Road  
York, PA 17402  
(717) 771-9570

Mr. Dale G. Parent  
Senior Analyst  
Abt Associates  
55 Wheeler Street  
Cambridge, MA 02138-1 168  
(617) 492-7100

Mr. Ira M. Schwartz  
Dean  
School of Social Work  
University of Pennsylvania  
3701 Locust Street  
Philadelphia, PA 19 104-62 14  
(215) 898-5511

Ms. Ruth R. Williams  
Juvenile Justice Program Manager  
Pennsylvania Commission on Crime and Delinquency  
P.O. Box 1167  
Federal Square Station  
Harrisburg, PA 17108-1 167  
(717) 787-8559

Ms. Vanessa Williams-Cain  
Operations Director  
Philadelphia Youth Study Center  
2020 Pennsylvania Avenue  
Philadelphia, PA 19130  
(215) 686-4800  
FAX: (215) 563-2437

Mr. Alexander Wilson  
Director  
Shuman Center  
7 150 Highland Drive  
Pittsburgh, PA 15206  
(412) 661-6806

**Project Coordinators**

Dr. Ronald E. Sharp  
2743 North Front Street  
Harrisburg, PA  
(717) 238-7101  
FAX: (717) 238-6392

Mr. Alan P. Tezak  
7729 Farmdale Avenue  
Harrisburg, PA 17112  
(717) 558-1150 (main office)  
(717) 657-4720 (home office)  
FAX: (717) 558-1062

# JUVENILE DETENTION CENTER PROGRAM STANDARDS PROJECT

## ADVISORY BOARD

**JANUARY 1, 1996**

Ms. Barbara Allen-Hagen  
Research Division  
Office of Juvenile Justice and Delinquency Prevention  
633 Indiana Avenue  
Washington, DC 2053 1  
(202) 307-5929

Mr. James E. Anderson  
Executive Director  
Juvenile Judges' Commission  
Room 40 1, Finance Building  
Harrisburg, PA 17 120-00 18  
(717) 787-6910  
FAX: (717) 783-6266

Mr. Thomas P. Antolik  
Pennsylvania Council of Chief Juvenile Probation Officers  
Erie County Juvenile Probation Services  
Erie County Courthouse  
140 West 6th Street  
Erie, PA 16501  
(8 14) 45 1-6220  
FAX: (8 14) 45 1-6223

Mr. James Bell, Esquire  
Youth Law Center  
114 Sansome Street  
Suite 950  
San Francisco, CA 94104-3379  
(415) 543-3379  
FAX: (415) 956-9022

Mr. Paul DeMuro  
Consultant  
82 Essex Avenue  
Montclair, NJ 07042  
(201) 746-9525

Mr. Donald W. DeVore  
Division Administrator for Criminal Justice  
Montgomery County  
540 Port Indian Road  
Norristown, PA 17105  
(215) 631-1893  
FAX: (215) 631-5394

Mr. Daniel P. Elby  
Executive Director  
Alternative Rehabilitation Communities, Inc.  
2743 North Front Street  
Harrisburg, PA 17105  
(717) 238-7101

Ms. Pauline George  
Training Director  
Juvenile Detention Centers' Association of Pennsylvania  
1104 Forest Edge Court  
Wexford, PA 15090  
(412) 934-2837  
FAX: (412) 934-2838

Rick Gohn  
Assistant Director  
York County Youth Development Center  
3564 Heindel Road  
York, PA 17402  
(717) 840-7570  
FAX: (717) 840-7199

Dr. I.A. Grignano  
Consultant  
6674 **Woodwell** Street  
Pittsburgh, PA 15217  
(412) 422-3499  
FAX: (412) 422-3499

Mr. Ronald Heinlen  
Executive Director  
Pennsylvania Association of Children and Youth Administrators  
17 North Front Street  
Harrisburg, PA 17101  
(717) 232-7554  
FAX: (717) 232-2162

Mr. Albert R. Hooke, Jr.  
Director  
Herbert A. **Schaffner** Youth Center  
911 Gibson Boulevard  
Steelton, PA 17113  
(717) 558-1150  
FAX: (717) 558-1062

Launa Kowalcyk  
Supervisor/Trainer  
Central Counties Youth Center  
148 Paradise Road  
Bellefonte, PA 16823  
(814) 355-0650  
FAX: (814) 355-0894

Mr. Bart Lubow  
Senior Research Associate  
Annie E. Casey Foundation  
701 St. Paul Street  
Baltimore, MD 21202  
(410) 223-2960  
FAX: 410-223-2960

Mr. Lloyd W. Mixdorf  
Senior Vice-President  
Quality Assurance  
Youth Services International  
2054 East Hale Street  
Mesa, AZ 85213

Mr. Dale Parent  
Senior Analyst  
Abt Associates  
55 Wheeler Street  
Cambridge, MA 02138-1 168  
(617) 492-7100

Mr. Ira Schwartz  
Dean  
School of Social Work  
University of Pennsylvania  
3701 Locust Street  
Philadelphia, PA 19104-6214  
(215) 898-55 11

Dr. Ronald E. Sharp  
Director of Psychological Services  
Alternative Rehabilitation Communities, Inc.  
2743 North Front Street  
Harrisburg, PA 17105  
(717) 238-7101

Ms. Ruth Williams  
Juvenile Justice Program Manager  
Pennsylvania Commission on Crime and Delinquency  
P.O. Box 1167  
Federal Square Station  
Harrisburg, PA 17108-1 167  
(717) 787-8559

Ms. Vanessa Williams-Cain  
Operations Director  
Philadelphia Youth Study Center  
2020 Pennsylvania Avenue  
Philadelphia, PA 19130  
(215) 686-4800  
FAX: (215) 563-2437

Mr. Alexander Wilson  
Director  
Shuman Center  
7150 Highland Drive  
Pittsburgh, PA 15206  
(412) 661-6806  
FAX: (412) 363-7654

**Project Coordinator**

Alan P. Tezak  
1755 Tenby Drive  
Hershey, PA 17033  
(717) 520-1204

# **SAFETY, SECURITY AND CONTROL**

## SAFETY, SECURITY AND CONTROL

The juvenile detention facility shall be operated in a safe and secure manner that provides for the protection of the community and preserves individual rights and dignity of residents. It shall employ appropriate means of control that emphasize incentives for positive behaviors, yet provide well-defined means of accountability for negative behaviors.

### 1. Population Management

*The objective of this standard is to ensure that all residents are safely supervised and that the facility operates in a safe and secure manner. Population management shall have the goal to minimize instances in which the facility's licensed capacity is exceeded.*

- 1.1 The census of the facility shall be conducted by program staff at the beginning of each shift or a minimum of three, evenly-spaced times during a 24 hour period. **(basic)**
- 1.2 Whenever the census of the facility exceeds its licensed capacity, the director of the facility shall notify and consult with the chief juvenile probation officer or his/her designee within 24 hours or the next Court business day to identify resident(s) whose condition(s) may permit transfer to a less secure alternative to detention or other secure detention facility. Such notification and consultation shall be documented and distributed to the Court, county executive officers and the Department of Public Welfare. **(basic)**
  - 1.2(a) In the event that the facility's census is not returned to its licensed capacity within five (5) calendar days, the director of the facility shall request in writing an in-person meeting with the juvenile court judge and chief juvenile probation officer to determine immediate solutions to return the facility to its licensed capacity. **(basic)**
    - 1.2(a)(i) If the facility's census is not returned to its licensed capacity within fifteen (15) calendar days, the director of the facility shall request in writing an inspection by the local fire marshal, local health code enforcement officer and the Pennsylvania Department of Labor of Industry to determine the facility's adherence to fire, health and occupancy requirements. The findings of such inspections shall be distributed to the Court, the county executive officers, the chief juvenile probation officer and the Department of Public Welfare. **(basic)**

- 1.3** If the facility exceeds its licensed capacity on 25% of the calendar days during a six (6) month period, the director of the facility should request in writing the formation of local/regional task force consisting of all appropriate officials and agencies to explore ways to reduce the reliance on detention and assure that the facility's licensed capacity is not exceeded. This request should be made to the facility's governing body. **(enhanced)**
- 1.4** An admissions log shall be maintained by the director of the facility. Information contained in the log should include, but need not be limited, to the following: **(basic)**
- 1.4(a) the resident's name, date of birth, gender and race; **(basic)**
  - 1.4(b) date and time of admission and release; **(basic)**
  - 1.4(c) alleged or adjudicated delinquent offense(s); **(basic)**
  - 1.4(d) Juvenile Court Judges' Commission (JCJC) Detention Standard; **(basic)**
  - 1.4(e) admitting **county**; and **(basic)**
  - 1.4(f) release disposition. **(basic)**
- 1.5** A summary of the admission log shall submitted to the Juvenile Court Judges' Commission, the Department of Public Welfare, the juvenile court judge, chief juvenile probation officer and county executive officers on a quarterly basis. Information contained in the summary should include, but need not be limited to the following: **(basic)**
- 1.5(a) total admissions, including age, gender, race, delinquent offense(s), JCJC Detention Standard and admitting **county**; **(basic)**
  - 1.5(b) total detention days; **(basic)**
  - 1.5(c) average daily population; and **(basic)**
  - 1.5(d) the days the facility exceeded its licensed capacity. **(basic)**

## 2. Controlled Entry and Exit

*The objective of this standard is to ensure that residents are unable to exit the facility at will, and to protect residents and staff from entry of unauthorized individuals into the facility. The goal of controlled entry and exit is to create a safe and predictable environment within the facility.*

- 2.1 All means of entry to, and exit from, the facility shall be under the exclusive control of staff. Restrictive construction and procedures shall create an environment that instills a sense of safety and security for residents and staff. **(basic)**
- 2.1(a) Construction of the facility shall include secure external doors, windows or gates which prevent unauthorized entry to, or exit from, the facility. **(basic)**
- 2.1(b) Procedures shall be designed to only permit entry and exit of the facility of authorized individuals. These procedures shall include, but need not be limited to, the following: **(basic)**
- 2.1 (b)(i) positive identification of visitors (e.g., photo identification, confirmation by juvenile probation officials or confirmation by parents of minor children); **(basic)**
- 2.1 (b)(ii) the issuance of name tags or badges to visitors; **(enhanced)**
- 2.1 (b)(iii) limitation. to visitors on the resident's approved visitation list, excluding individuals conducting official Court business; and **(basic)**
- 2.1 (b)(iv) maintenance of a log that documents: (1) all visitors to the facility; (2) the purpose of their visit; (3) resident or staff visited; and (4) the date and time of arrival and departure. **(basic)**
- 2.2 Physically secure construction and staff positioning shall be designed to prevent resident or visitors access to unsupervised or unauthorized internal areas of the facility. **(basic)**

### 3. Resident Supervision

*The objective of this standard is to ensure that residents are closely supervised at all times, and in all places, within the facility. The goal of resident supervision is to promote the building of positive relationships between staff and residents and which shall serve as the primary means of behavioral control.*

**3.1** Intensive direct staff supervision and interaction that promotes positive relationships shall be the primary means of behavioral control of residents. Supervision requirements shall include, but need not be limited, to the following: **(basic)**

**3.1(a)** residents shall be supervised by program staff in all areas of the facility at all times; with **(basic)**

3.1 (a)(i) a minimum of two (2) program staff on duty at all times, **(basic)**

3.1(a)(ii) a minimum of one (1) program staff assigned for every six (6) residents during waking hours, **(basic)**

3.1(a)(iii) a minimum of one (1) program staff assigned for every twelve (12) residents during sleeping hours, including emergency situations and **(basic)**

3.1(a)(iv) if the director of the facility determines that the special needs of the residents cannot be met or that their health, safety and welfare cannot be guaranteed by these staff-to-resident ratios, the staff shall be increased; and **(basic)**

**3.1(b)** at least one (1) male and one (1) female staff shall be on-duty whenever both male and female residents are housed in the facility. **(basic)**

**3.1(c)** Resident movement or activities should occur in manageable groups of twelve (12) residents or less with minimum staff-to-resident ratios as specified in this section. **(enhanced)**

**3.2** Whenever a resident is in his/her room for any reasons he/she shall be directly observed by program staff at maximum intervals of fifteen (15) minutes. If a resident is at risk to act out or injure his/herself (e.g., assaultive, emotionally distressed) the frequency of direct observations shall be increased to intervals of four (4) minutes or less, ranging to continuous supervision, dependent upon the resident's assessed level of risk. **(basic)**

rev. 8/15/93

- 3.3 All areas of the facility occupied by residents shall be inspected daily by program staff to determine if any safety or security hazards exist. Such inspections shall be documented, and if a hazard is detected, immediate corrective action shall be taken and a written report shall be made to the director of the facility. **(basic)**

#### 4. Body Searches

*The objective of this standard is to provide guidelines under which body searches should be conducted to prevent abusive, arbitrary practices. The goal of body searches is to minimize the rate of searches consistent with the provision of a safe and secure environment.*

- 4.1 Pat-down body searches of residents shall be conducted to the minimum extent necessary to control contraband and to provide for the safety and security of residents and staff. **(basic)**
- 4.2 Strip searches and visual inspection of body cavities shall only be conducted when there is a belief that the resident maybe carrying contraband or prohibited materials, excluding strip searches conducted as part of routine procedure of the admission process or return from temporary release from the facility. The strip search and visual inspection of body cavities shall occur under the following conditions: **(basic)**
- 4.2(a) prior approval must be received from supervisory personnel; **(basic)**
  - 4.2(b) the procedure shall be conducted in private by a properly trained staff of the **same sex**; **(basic)**
  - 4.2(c) the purpose of the search and procedure to be used shall be explained to the resident; **(basic)**
  - 4.2(d) all efforts shall be taken to preserve the dignity of the resident to the extent possible while the procedure is conducted; and **(basic)**
  - 4.2(e) shall consist of the following procedures: **(basic)**
    - 4.2(e)(i) a thorough inspection of each article of the resident's clothing **as** he/she undresses, **(basic)**
    - 4.2(e)(ii) visual examination of **the** body, and **(basic)**

- 4.2(e)(iii) prohibition against staff having any physical contact with the resident to conduct the strip search while the resident is unclothed. **(basic)**
- 4.3 Digital or instrument inspection of body cavities of a resident shall be prohibited unless the juvenile's health may be at risk. If it is determined that the juvenile's health may be at risk, explicit authorization shall be provided by the director of the facility and the procedure shall be conducted by a health care professional. The reasons necessitating the digital or instrument inspection of body cavities and the results shall be documented in the resident's case record. **(basic)**
- 4.4 A log recording all instances of strip and body cavity searches shall be maintained by the director of the facility. Strip searches conducted as part of routine procedures of the admission process or return from temporary release from the facility shall be excluded. The log shall be submitted to the Department of Public Welfare, the juvenile court judge, the chief juvenile probation officer, and the county executive officers on a quarterly basis. Information contained in the log shall include, but need not be limited to, the following: **(basic)**
- 4.4(a) the name of the resident; **(basic)**
- 4.4(b) type of search conducted; **(basic)**
- 4.4(c) staff person who conducted the search; **(basic)**
- 4.4(d) staff person who authorized the search; **(basic)**
- 4.4(e) reason for **the** search; and **(basic)**
- 4.4(f) results of **the** search. **(basic)**
- 4.5 Recovery of any contraband shall be documented. The contraband shall follow a chain of custody procedures and be forwarded to the director of the facility for disposition. **(basic)**
- 4.5(a) The recovery of any contraband shall be reported to the resident's parent(s)/guardian(s) and juvenile probation officer. **(basic)**
- 4.6 Under no circumstances shall searches be used as a means of punishment or discipline. **(basic)**
- 4.7 Searches of visitors should only occur to the extent necessary to preserve the safety and security of the facility. **(basic)**

## 5. Behavior Management

*The objective of this standard is to encourage the development of a behavior management system that places emphasis upon recognition and reinforcement of positive behaviors. Proportional measures of accountability shall also be provided to deter negative behaviors. The goal of behavior management is to minimize the rate of misconduct of residents.*

**5.1** The director of the facility shall be responsible for establishing a system of behavior management. The system shall be designed to provide incentives for positive behaviors and afford proportional measures of accountability for negative behaviors. The system shall provide written guidelines and parameters that are readily definable and easily understood by residents and staff. A verbal and written explanation of the behavior management system shall be provided to all residents as part of a formal orientation conducted by program staff. The behavior management system shall include, but need not be limited to, the following: **(basic)**

5.1(a) a design that incorporates the principles of child and adolescent growth and development; **(basic)**

5.1(b) identification of positive behaviors that residents are encouraged to exhibit, which may include; **(basic)**

5.1 (b)(i) cooperation, **(basic)**

5.1 (b)(ii) relationships with peers, **(basic)**

5.1 (b)(iii) relationships with authority, **(basic)**

5.1 (b)(vi) management of conflict, **(basic)**

5.1 (b)(v) demonstration of accepted social values, **(basic)**

5.1 (b)(vi) personal hygiene habits, **(enhanced)**

5.1 (b)(vii) nutritional habits, **(enhanced)**

5.1(b)(viii) care of property, and **(enhanced)**

5.1 (b)(ix) use of time and resources; **(enhanced)**

- 5.1 (c) proportional incentives and rewards for residents who exhibit the identified positive behaviors, (e.g., including enhanced privileges such as special visits, phone calls, movies, music, snacks, events) **(basic)**
- 5.1(d) procedures to routinely evaluate, as well as provide feedback to, residents regarding their progress in the behavior management system; and **(basic)**
- 5.1(e) a system of disciplinary measures to hold residents proportionally accountable for negative behaviors, with prohibitions against **(basic)**
  - 5.1(e)(i) permitting a resident to administer discipline to another resident, **(basic)**
  - 5.1 (e)(ii) denying visitation, **(basic)**
  - 5.1(e)(iii) withholding or altering meals or snacks, **(basic)**
  - 5.1(e)(iv) the use of drugs, **(basic)**
  - 5.1 (e)(v) the use of corporal, degrading or abusive disciplinary measures, and **(basic)**
  - 5.1(e)(vi) the use of isolation or handcuffs. **(basic)**

**5.2** Room confinement is defined as placement of a resident in a locked room for disciplinary reasons. Room confinement is differentiated from isolation, as isolation is defined as placement in a locked room to control behaviors that present a clear and present danger. As soon as the resident has regained control of his behavior, he must be released from isolation. Room confinement may be used as a disciplinary measure for behaviors that are so severe that if they persist or reoccur the safety and welfare of the resident, other residents and/or staff is at risk (e.g., assault, riot, escape). **(basic)**

- 5.2(a) The behaviors that may warrant room confinement shall be specified in writing in the facility's disciplinary system. **(basic)**
  - 5.2(a)(i) The use of room confinement shall only be permitted for the most serious behaviors. (e.g. assault, riot, escape) **(basic)**
  - 5.2(a)(ii) The use of room confinement shall only be permitted after lesser disciplinary measures were tried and were

rev. 8/15/93

unsuccessful, or were deemed ineffective in controlling the behavior. **(basic)**

5.2(b) The use of room confinement shall be for the shortest period of time necessary to hold the youth accountable for the behavior(s). The maximum period of time in which a resident may be placed in room confinement as a disciplinary measure shall be eight (8) hours. If the behavior is extremely serious and room confinement beyond eight (8) hours may be indicated, a due process hearing must be held prior to the completion of eight (8) hours of room confinement. If a due process hearing is not held within the eight (8) hour time period the resident shall be immediately released from room confinement. Under no circumstances shall a resident remain in room confinement for more than 24 consecutive hours, unless a written court order is provided which specifically directs and states the reasons for such action. The due process hearing shall include, but need not be limited to, the following: **(basic)**

5.2(b)(i) the hearing conducted by supervisory personnel not involved in the incident that resulted in room confinement; **(basic)**

5.2(b)(ii) the opportunity for the resident to present evidence and call witnesses on his behalf; **(basic)**

5.2(b)(iii) the opportunity for staff involved in the incident to present evidence and call witnesses to support the need for continued room confinement; **(basic)**

5.2(b)(iv) a decision for release or a specified period of continued room confinement, not to exceed 24 hours; and **(basic)**

5.2(b)(v) an ability of the resident to appeal the decision through the facility's grievance procedure as provided in section 5.2. **(basic)**

**5.3** The following procedures and conditions shall be observed whenever a resident is placed in room confinement: **(basic)**

5.3(a) A staff person shall be assigned to sit in the room with the resident or immediately outside the room. The staff person shall have no other duties or responsibilities than the supervision of the resident. The staff and the resident shall have visual and audio contact at all times. **(basic)**

- 5.3(b) The following shall be available for a resident in room confinement: **(basic)**
- 5.3(b)(i) a clean, dry room of moderate temperature, equipped with light sufficient for reading during regular waking hours as defined in the facility's program description; **(basic)**
  - 5.3(b)(ii) sufficient clothing to meet seasonal needs; **(basic)**
  - 5.3(b)(iii) a bed, including blankets, sheets, pillow, pillow case and mattress; **(basic)**
  - 5.3(b)(iv) personal hygiene supplies, including soap, toothpaste, toothbrush, hairbrush, comb, towels and toilet paper; **(basic)**
  - 5.3(b)(v) minimum writing materials, including pencil, paper and envelopes; **(basic)**
  - 5.3(b)(vi) prescription eyeglasses, if needed; **(basic)**
  - 5.3(b)(vii) access to books, periodicals and other reading materials; **(basic)**
  - 5.3(b)(viii) adequate toilet and bathing facilities; and **(basic)**
  - 5.3(b)(ix) correspondence privileges applicable to all residents in the facility. **(basic)**
- 5.3(c) If staff determine that any of the items listed in section 5.3(b) presents a present danger to the resident or others and are denied to, or removed from the resident, the reasons shall be documented in the incident report. **(basic)**

**5.4** The director of the facility shall establish a grievance and appeals procedure for residents through which they may resolve issues and concerns relating to their care and treatment. An age and language appropriate written and verbal explanation of the procedures to be followed for grievances or appeals shall be provided to all residents as part of a formal orientation conducted by program staff. The grievance and appeals procedure shall have the following requirements: **(basic)**

- 5.4(a)** a written summary of the circumstances relating to the grievance and/or appeal provided by the resident, and **(basic)**

rev. 8/15/93

- 5.4(a)(i) for residents that have limited written communication skills, an non-involved staff person shall be provided to assist in the preparation of the grievance and/or appeal; **(basic)**
- 5.4(b) written responses to all grievances and appeals, including the reasons for the decision; **(basic)**
- 5.4(c) a response, which includes an explanation to the resident as to what has and will occur, within 24 hours, with special provisions for responding to emergencies; **(basic)**
- 5.4(d) supervisory review of grievances and appeals within 72 hours; **(basic)**
- 5.4(e) participation by staff and residents in the procedure's design and operation; **(basic)**
- 5.4(f) access by all juveniles, with guarantees against reprisals; **(basic)**
- 5.4(g) the ability of residents to raise a broad range of issues; and **(basic)**
- 5.4(h) means of resolving questions of jurisdictions. **(basic)**

## 6. Use of Physical Force

*The objective of this standard is to ensure that physical force is only used in circumstances in which it is absolutely necessary. Specific methods and techniques of physical intervention, which are recognized to minimize risk of injury to residents and staff, shall be used to physically control a resident. The goal of use of force is to minimize the rate, of incidents in which use of force is necessary.*

- 6.1 Staff shall only use physical force on a resident to control aggressive, threatening or disruptive behavior that is a clear and present danger to the resident, other residents, staff or the security of the facility. Physical force shall only be applied in the amount necessary to bring the situation under control. When using physical force, staff shall exercise maximum self-control and self discipline. Whenever physical force is used, staff shall be able to document in writing the following: **(basic)**
  - 6.1(a) the behavior of the resident and how the behavior presented a clear and present danger to the resident, other residents, staff or the security of the facility; **(basic)**

- 6.1(b) what alternative actions were attempted and were unsuccessful, or that alternative actions were not reasonably available under the circumstances; **(basic)**
  - 6.1(c) that the minimum amount of physical force necessary was used; and **(basic)**
  - 6.1(d) that proper restraint procedures were employed, such as Safe Physical Management, or similarly recognized technique to safely control physically acting-out behavior and minimize risk of injury to the resident and staff, and if such techniques were not employed, what was the justification for alternative actions. **(basic)**
- 6.2 Whenever physical force is used an incident report which documents all relevant information, including the information listed in section 6.1 shall be completed prior to the conclusion of the shift and entered into the resident's case record. **(basic)**
- 6.2(a) The resident's parent(s)/guardian(s) and juvenile probation officer shall be notified whenever physical force is used. **(basic)**

## 7. Acts of Abuse

*The objective of this standard is to ensure that residents are protected from acts of child abuse while in detention and incidents of suspected child abuse are reported by staff.*

- 7.1 All detention facilities are covered by the Child Protective Services Law (11 P.S. sub-sections 2201-2224), as implemented by Chapter 3490 (relating to child protective services-child abuse). Acts of abuse directed against residents are absolutely prohibited. **(basic)**
- 7.2 Any act which may cause or causes serious physical or emotional harm or injury constitutes abuse. Acts such as striking or kicking a resident, or restraining a resident improperly are strictly forbidden. Acts such as teasing, humiliation, degrading, or intentionally ignoring a resident may constitute abuse. Nonaction which results in serious emotional or physical injury may also constitute abuse. Staff interaction with residents shall have the legitimate goal of promoting the proper and humane care of the resident. **(basic)**
- 7.3 All staff shall have the primary duty to respect the rights of all residents, to treat them with dignity and to prevent others from violating their rights as well. Any

rev. 8/15/93

staff witnessing or having knowledge of an act which may constitute abuse, including acts allegedly committed while the resident is in detention, by the resident's care giver, or while the resident was in official custody prior to admission, is required to report such abuse to the director, his/her designee or to the toll-free ChildLine. Failure to report incidents of suspected child abuse shall be considered a serious violation of the staff person's responsibility in the care of residents and may subject the staff person to criminal liability under the Child Protective Services Law, as well as administrative action by the facility. **(basic)**

- 7.4 The director of the facility shall inform all staff, in writing, of their responsibilities relating to the Child Protective Services Law. These responsibilities include the following: **(basic)**
- 7.4(a) caregiver designation of staff; **(basic)**
  - 7.4(b) mandated reporting requirements; **(basic)**
  - 7.4(c) reporting procedures for the facility; **(basic)**
  - 7.4(d) immunity from criminal and civil liabilities when making a report of suspect child abuse in good faith; and **(basic)**
  - 7.4(e) criminal penalties for failure to report suspected child abuse. **(basic)**

## **8. Isolation**

*The objective of this standard is to ensure that isolation is used only in circumstances when it is absolutely necessary and that specific procedures are observed to ensure the resident's safety whenever isolation is required. The goal is to minimize the rate of isolation of residents.*

- 8.1** Isolation is defined as the placement of a resident in a locked room to control aggressive, disruptive or threatening behavior that is a clear and present danger to the resident, other residents, staff and/or the security of the facility. Locking residents in rooms during the normal sleeping period as articulated in the facility's program description is not considered isolation. Isolation shall not be used unless appropriate lesser means of intervention have failed to prevent or control the behavior. **(basic)**
- 8.2** Residents requiring isolation shall not be denied food, subjected to corporal punishment, or abusive or degrading treatment. **(basic)**

- 8.3 Isolation shall not be used for punishment, for the convenience of staff, or as a substitute for programming. **(basic)**
- 8.4 Whenever isolation is used, an incident report which documents all relevant information shall be entered into the resident's case record. The information contained in the incident shall include, but need not be limited to, the following: **(basic)**
- 8.4(a) the specific behavior(s) that necessitated isolation; **(basic)**
  - 8.4(b) alternative interventions that were unsuccessful in controlling the behavior; **(basic)**
  - 8.4(c) authorization by the director or his/her designee; **(basic)**
  - 8.4(d) the time and date that isolation began and ended; and **(basic)**
  - 8.4(e)** monitoring reports, with observations and notations regarding the residents physical and emotional condition, at no greater than 15-minute intervals. **(basic)**
- 8.5 Isolation used to control behavior that presents a clear and present danger may only be imposed for a maximum of four (4) hours. All efforts shall be made by staff to assist the resident in regaining control of his/her behavior, so that isolation may be lifted at the earliest possible time. The following authorization requirements and time periods shall be observed whenever isolation of a resident is requested: **(basic)**
- 8.5(a) Prior authorization shall be provided by the director of the facility or his/her designee for the placement of a resident in isolation. The director or his/her designee shall review and assess the resident's behavior to determine if isolation is required or if a lesser form of intervention may be indicated. Written authorization with the date and time shall be provided whenever a resident is placed in isolation. **(basic)**
  - 8.5(b) If a resident's behavior remains out of control beyond four (4) consecutive hours and continued isolation may be indicated, the resident should be referred for an assessment by a qualified mental health professional. **(basic)**
  - 8.5(c) Isolation to control behavior shall not exceed four (4) hours without a written court order. When requesting a court order for continuing

isolation beyond four (4) hours, the director shall give notice to the resident, and the resident's attorney of record or the public defender's office. Court authorization and any other documentation shall be included in the resident's case record. **(basic)**

**8.6** The following procedures and conditions shall be observed whenever a resident is placed in isolation: **(basic)**

8.6(a) All potentially dangerous articles shall be removed from the resident. Other articles of clothing shall also be removed if there is belief that such clothing constitutes a threat to the health or safety of the resident. In no case shall all clothing be removed. **(basic)**

8.6(b) A staff person shall be assigned to sit in the room with the resident or immediately outside the room. The staff person shall have no other duties or responsibilities than the supervision of the resident. The staff and the resident shall have visual and audio contact at all times. **(basic)**

8.6(c) The following shall be available for a resident in isolation: **(basic)**

8.6(c)(i) a clean, dry room of moderate temperature, equipped with light sufficient for reading during regular waking hours as defined in the facility's program description; **(basic)**

8.6(c)(ii) sufficient clothing to meet seasonal needs; **(basic)**

8.6(c)(iii) a bed, including blankets, sheets, pillow, pillow case and mattress; **(basic)**

8.6(c)(iv) personal hygiene supplies, including soap, toothpaste, toothbrush, hairbrush, comb, towels and toilet paper; **(basic)**

8.6(c)(v) minimum writing materials, including pencil, paper and envelopes; **(basic)**

8.6(c)(vi) prescription eyeglasses, if needed; **(basic)**

8.6(c)(vii) access to books, periodicals and other reading materials; **(basic)**

8.6(c)(viii) adequate toilet and bathing facilities; and **(basic)**

8.6(c)(ix) correspondence privileges applicable to all residents in the facility. **(basic)**

8.6(d) If staff determines that any of the items listed in section 5.3(c) presents a present danger to the resident or others and are denied to, or removed from the resident the reasons shall be documented in the incident report. **(basic)**

8.7 The resident's parent(s)/guardian(s) and juvenile probation officer shall be notified whenever isolation is used. **(basic)**

8.8 A log recording all incidents where isolation was used shall be maintained by the director of the facility. The log shall be submitted to the Department of Public Welfare, the juvenile court judge, the chief juvenile probation officer and the county executive officers on a quarterly basis. Information contained in the log shall include, but need not be limited to, the following: **(basic)**

8.8(a) the resident's name; **(basic)**

8.8(b) date and time period over which isolation was used; **(basic)**

8.8(c) staff who used isolation; **(basic)**

8.8(d) staff who authorized isolation; and **(basic)**

8.8(e) a brief description of the behavior that necessitated the use of isolation. **(basic)**

## 9. Mechanical Restraint

*The objective of this standard is to ensure that mechanical restraint is used only in circumstances when absolutely necessary and that **specific** procedures are observed to ensure the resident's safety whenever the use of mechanical restraint is required. The goal is to minimize the rate of incidents in which **handcuffs** are used.*

9.1 The only approved means of mechanical restraint is the use of handcuffs. The use of handcuffs shall only be permitted to control aggressive or assaultive behavior that is a clear and present danger to the resident, other residents, staff or the security of the facility. **(basic)**

9.2 Residents requiring the use of handcuffs shall not be denied food, subjected to corporal punishment, or abusive or degrading treatment. **(basic)**

rev. 8/15/93

- 9.3** Handcuffs shall not be used for punishment, for the convenience of staff, or as a substitute for program. **(basic)**
- 9.4** Whenever handcuffs are used, an incident report which documents all relevant information shall be entered into the resident's case record. The information contained in the incident shall include, but need not be limited to, the following: **(basic)**
- 9.4(a) the specific behavior(s) that necessitated the use of handcuffs; **(basic)**
  - 9.4(b) alternative interventions that were unsuccessful in controlling the behavior; **(basic)**
  - 9.4(c) authorization by the director or his/her designed; **(basic)**
  - 9.4(d) the time and date that the use of handcuffs began and ended; and **(basic)**
  - 9.4(e) monitoring reports, with observations and notations regarding the residents physical and emotional condition, at no greater than 15-minute intervals. **(basic)**
- 9.5** The following conditions and procedures shall be observed whenever the use of handcuffs on a resident is requested: **(basic)**
- 9.5(a) Prior authorization for the use of handcuffs shall be provided by the director of the facility or his/her designee. **(basic)**
  - 9.5(b) The use of handcuffs shall be for the minimum period of time necessary to enable the resident to gain control of his behavior, but shall under no circumstances exceed one (1) hour. **(basic)**
  - 9.5(c) A staff person shall remain in the resident's room and have no duties or responsibilities other than the supervision of the resident. **(basic)**
    - 9.5(c)(i) The staff person shall ensure that the physical needs of the resident are met promptly. **(basic)**
    - 9.5(c)(ii) The handcuffs shall be applied behind the back in a manner to minimize the risk of injury to the resident or the staff person responsible for supervising the resident. **(basic)**

9.5(c)(iii) The handcuffing of a resident to a stationary object shall be prohibited. **(basic)**

9.6 The resident's parent(s)/guardian(s) and juvenile probation officer shall be notified whenever handcuffs **are** used. **(basic)**

9.7 A log recording all incidents where handcuffs were used shall be maintained by the director of the facility. The log shall be submitted to the Department of Public Welfare, the juvenile court judge, the chief juvenile probation officer and the county executive officers on a quarterly basis. Information contained in the log shall include, but need not be limited to, the following: **(basic)**

9.7(a) the resident's name; **(basic)**

9.7(b) date and time period over which handcuffs were used; **(basic)**

**9.7(c)** staff who used handcuffs; **(basic)**

9.7(d) staff who authorized the use of handcuffs; and **(basic)**

**9.7(e)** a brief description of the behavior that necessitated the use of handcuffs. **(basic)**

9.8 The use of handcuffs and restraining belts during the transportation of residents outside the facility is permitted. The handcuffs and restraining belts should be applied so as to minimize the discomfort of such devices. Lap and shoulder restraints shall be worn at all times during transportation. **(basic)**

## **10. Firearms and Offensive Weapons**

*The objective of this standard is to prevent accidental resident access to offensive weapons that may result in misuse.*

**10.1** The possession of firearms or offensive weapons shall not be permitted by any person, including staff and law enforcement officials, while in the living or program areas of the facility. **(basic)**

**10.2** The facility shall have a secure, certified firearms/weapons box in which individuals can temporarily store their firearms/weapons while visiting the facility. **(enhanced)**

## 11. Fire Safety and Emergency Procedures

*The objective of this standard is to ensure the safety and security of the residents, staff and facility in the event of an emergency.*

**11.1** The director of the facility shall be responsible to establish a fire safety plan. This plan shall include, but need not be limited to, the following areas: **(basic)**

11.1 (a) fire prevention techniques, including **(basic)**

11.1 (a)(i) the handling and storage of flammable, toxic and caustic materials in accordance with local fire and building codes, as well as regulatory requirements of the Pennsylvania Department of Environmental Resources, **(basic)**

11.1 (a)(ii) the use of flame resistant furnishings and other materials, **(basic)**

11.1 (a)(iii) daily inspections by program staff of all areas of the facility occupied by residents to detect the existence of fire hazards and obstacles to evacuations (e.g., blocked fire exits), **(basic)**

11.1 (a)(iv) weekly inspections of all other areas of the facility by appropriate administrative, supervisory and support staff to detect the existence of fire hazards, and **(basic)**

11.1 (a)(v) the prohibition of smoking in any area of the facility, except by staff in designated staff smoking areas, and **(basic)**

11.1 (b) fire response procedures, including **(basic)**

11.1 (b)(i) monthly fire drills held at a minimum of once each month with at least 25% of the drills being held during resident sleeping periods, including the testing of fire/smoke alarms and emergency lighting, **(basic)**

11.1 (b)(ii) an explanation to residents of fire drill procedures during orientation by program staff, **(basic)**

1 1.1(b)(iii) posting of fire drill assembly locations in a conspicuous area of the resident living units, **(basic)**

1 1.1(b)(iv) posting of fire evacuation routes and location of fire extinguisher in staff areas, and **(basic)**

11.1(b)(v) procedures to notify fire emergency personnel in the event of a fire, **(basic)**

11.1(b)(vi) procedures to account for all residents and staff, **(basic)**

1 1.1(b)(vii) training of staff in all aspects of the fire prevention and response plans, including the use of fire extinguishers, and **(basic)**

11.1 (b)(viii) annual inspection and review by local fire officials of the facility's fire prevention and response plan; and **(basic)**

**11.2** The director of the facility shall establish emergency response plans for various types of incidents. These incidents should include, but need not be limited to, the following: **(basic)**

11.2(a) riot or major disturbance; **(basic)**

11.2(b) escape; **(basic)**

11.2(c) bomb threat; **(basic)**

11.2(d) hostage situation; **(basic)**

11.2(e) evacuation due to natural or man-made disaster, equipment failure or structural damage; and **(basic)**

11.2(f) work stoppage. **(basic)**

**11.3** In the event of an emergency, the director of the facility or his designee shall be responsible to provide appropriate information to the following: **(basic)**

11.3(a) county executive officers; **(basic)**

11.3(b) the **Court**; **(basic)**

11.3(c) the Department of Public Welfare; **(basic)**

11.3(d) juvenile probation officials; **(basic)**

11.3(e) parents of residents; and **(basic)**

rev. 8/15/93

11.3(f) local police departments. **(basic)**

**11.4** Following the occurrence of an emergency situation, a review should be conducted by the director of the facility to determine factual information regarding the event, the adherence to emergency procedures and recommendations to improve response procedures or preventive measures. Written findings of the review should be provided to the facility's governing body within ten (10) days. **(basic)**

## **12. Documentation**

*The objective of this standard is to ensure that all significant information and incidents are documented. Such documentation shall serve as an official record of occurrences within the facility and enable the review and reconstruction of activities and events.*

**12.1** A permanent log shall be maintained by program staff in each living unit of the facility. The log shall serve as an official document that records all activities of the unit. Program staff reporting for duty shall be required to review information recorded in the log for at least the previous 24 hours. Information entered into the log shall include, but need not be limited to, the following: **(basic)**

12.1(a) routine information (e.g., shift changes, resident wake-up and bedtime, security checks, searches, serving of meals and unit activities); **(basic)**

12.1(b) individual and group movement in and out of the unit, and for what purpose; **(basic)**

12.1(c) internal and external visitors to the unit; **(basic)**

12.1(d) minor and major resident disciplinary restrictions; **(basic)**

12.1(e) any unusual incidents; and **(basic)**

12.1 (f) emergency situations. **(basic)**

**12.2** Any unusual incident involving a resident shall be documented in a written incident report and retained in the resident's case file. The incident report should clearly describe the resident's involvement and behavior, as well as record staff actions (e.g., verbal and physical interventions) resulting from the incident. The incident shall be reviewed by the director of the facility or an appropriate

designee prior to the conclusion of the shift. Unusual incidents include, but need not be limited to, the following: **(basic)**

12.2(a) aggressive behavior (e.g., threats, fights and assaults); **(basic)**

12.2(b) attempted and completed escapes; **(basic)**

12.2(c) suicidal threats and attempts; **(basic)**

12.2(d) any incident involving use of physical force by staff; and **(basic)**

12.2(e) the use of isolation or handcuffs. **(basic)**

# **HEALTH SERVICES**

## HEALTH SERVICES

Comprehensive health services shall be provided to every juvenile admitted to detention. Health services shall include routine medical screening and examination, diagnosis and treatment of medical conditions, dental examination and treatment, mental health services, and health education.

### 1. Health Services Authority

*The objective of this standard is to establish responsibility for health services and affirm the importance of medical decisions regarding residents.*

- 1.1 A licensed physician, shall be designated as the facility's health services authority. The health services authority shall be responsible for the design and provision of health services, including final medical judgements regarding residents. A written agreement, contract or job description shall **define** the duties and responsibilities of the health services authority. **(basic)**
- 1.2 The director of the facility shall meet monthly with the health services authority or his/her designee to review and assess the quality of medical care provided to residents. This review and assessment should include, but need not be limited to the following: **(basic)**
  - 1.2(a) the adequacy of treatment plans initiated by medical staff; **(basic)**
  - 1.2(b) the extent to which physicians' and dentists' orders have been carried out; **(basic)**
  - 1.2(c) the completeness and legibility of the health records; **(basic)**
  - 1.2(d) the sufficiency of pharmaceutical matters (e.g., the types of medication ordered and notations regarding their administration); and **(basic)**
  - 1.2(e) the appropriate implementation and signing of standing orders, when utilized. **(basic)**
- 1.3 Medical staff should be available on-site for facilities with a licensed capacity of 50 or more residents with the following staffing levels: **(basic)**
  - 1.3(a) a licensed physician available on-site at a minimum of three (3) times per week; and **(basic)**

- 1.3(b) qualified health care staff available on-site during resident waking hours five (5) days per week with on-call responsibilities during the remaining periods of time. **(basic)**

## 2. Health Screening

*The objective of this standard is to ensure the identification and treatment of health conditions in need of immediate medical care.*

- 2.1 Any juvenile presented for admission to detention and in need of emergency medical care due to serious injury, intoxication from alcohol or other drugs, or in need of mental health intervention shall not be admitted to detention. The staff person responsible for admissions to the facility shall refer the person delivering the juvenile to detention to a local community hospital to have the juvenile evaluated and treated. Subsequent admission of the juvenile to detention shall not occur unless written medical clearance is provided by a licensed physician or qualified mental health professional. **(basic)**
- 2.2 All residents shall be assessed at admission to determine their need for detoxification services for alcohol and other drugs. Interview questions and observations on the health screen should be designed to detect such issues. Residents in need of detoxification services at admission shall be referred to a local hospital. Residents who are subsequently medically cleared for admission shall be closely monitored by program staff, including frequent direct observations with intervals of four (4) minutes to continuous supervision. **(basic)**
- 2.2(a) Immediately upon return to detention program staff shall refer the resident to a qualified health care professional and a plan of treatment shall be instituted based upon the information contained in the medical clearance materials. **(basic)**
- 2.2(b) Residents reporting significant use of alcohol or other drugs, but not requiring a referral to a local community hospital, shall be closely monitored by program staff and referred to the health services authority, if indicated. **(basic)**
- 2.3 As soon as possible, but no later than one (1) hour of admission, a health screening shall be conducted with every resident by program staff trained by a qualified health care professional in the collection of health related information. The health screening should consist of structured interview and observations. Information obtained through the health screen should include, but need not be limited to, the following: **(basic)**

- 2.3(a) mental health problems, including diagnosis, therapist and hospitalizations; **(basic)**
- 2.3(b) level of risk to gesture or attempt suicide as determined by a suicide risk assessment instrument; **(basic)**
- 2.3(c) current illness and health problems, including tuberculosis, sexually transmitted diseases and other infectious diseases; and **(basic)**
  - 2.3(c)(i) questions structured to identify behaviors that place the resident at high risk for contracting AIDS and an informed consent procedure to request that the resident agree to be tested for HIV; and **(basic)**
- 2.3(d) current use of medication, including type, dosage, diagnosis and prescribing physician; **(basic)**
- 2.3(e) dental problems; **(basic)**
- 2.3(f) vision problems; **(basic)**
- 2.3(g) use of alcohol or other drugs, including types, amounts, frequency of use, last period of use and any problems experienced after discontinuing use; **(basic)**
- 2.3(h) for females, last menstrual period, any gynecological problems and pregnancies; **(basic)**
- 2.3(i) behavioral observations, including state of consciousness, mental status, appearance, conduct, tremors and sweating; **(basic)**
- 2.3(j) body deformities and ease of movement; **(basic)**
- 2.3(k) conditions of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, needle marks or other indications of drug use; **(basic)**
- 2.3(l) allergies; and **(basic)**
- 2.3(m) health history, including hospitalizations and chronic disease(s). **(basic)**

- 2.4 Evidence of abuse, provided through observation or inquiry, shall be reported by program staff in accordance with the Child Protective Service Law of Pennsylvania. **(basic)**
- 2.5 Significant findings provided through the health screen shall result in an immediate referral by program staff to the health services authority. Any interim health care instructions provided by the health services authority shall be documented and followed by program staff. **(basic)**
- 2.6 Identification of any medical conditions for which the resident is currently being, or was recently, treated shall result in the immediate request by program staff for medical records from the identified source of treatment. These medical conditions should include, but need not be limited to, the following: **(basic)**
- 2.6(a) mental health disorders, including hospitalization and/or the administration of psychotropic medication; **(basic)**
- 2.6(b) injuries or illnesses requiring hospitalization; **(basic)**
- 2.6(c) communicable diseases, including tuberculosis and sexually transmitted diseases (STDs); and **(basic)**
- 2.6(d) for female residents, gynecological problems or pregnancy. **(basic)**
- 2.7 Immunization records for every resident shall be requested by program staff from the parents/guardians, family physician, school or other available source. The immunization record shall be reviewed by a qualified medical professional within 24 hours of receipt. **(basic)**
- 2.8 Whenever possible, the health screen should be conducted by qualified health care professional (e.g., licensed practical nurse, registered nurse, physician's assistant or licensed physician). **(enhanced)**
- 2.9 A drug and alcohol urinalysis should be conducted on every resident to assist in the identification of those resident at risk of chemical withdrawal and in need of possible treatment. **(enhanced)**
- 2.10 Every resident shall be advised orally, and in writing, by the individual conducting the health screening of the procedures to access medical services while in detention. **(basic)**
- 2.10(a) The procedures should be written in a manner in which they are easily understood by juveniles. **(basic)**

- 2.10(b) The procedures to access medical services should also be provided, in writing, in the language(s) of non-English speaking juveniles that are frequently admitted to the facility (e.g., Spanish). **(basic)**

### 3. Medical Examination

*The objective of this standard is to ensure that a comprehensive physical examination is conducted in a timely manner by a licensed physician to diagnose health problems and begin medical treatment.*

- 3.1 Every resident shall have a complete medical examination conducted by a licensed physician within 48 hours of admission. The medical examination shall include, but need not be limited to, the following: **(basic)**
  - 3.1(a) review of information obtained through the health screen; **(basic)**
  - 3.1 (b) additional information to complete medical, dental and mental health histories (e.g., drug, alcohol and tobacco use, and sexual history including reproduction); **(basic)**
  - 3.1(c) laboratory and/or diagnostic tests to detect communicable diseases as recommended by the Pennsylvania Department of Public Health, including, **(basic)**
    - 3.1(c)(i) tuberculosis, **(basic)**
    - 3.1(c)(ii) AIDS, if an informed consent is obtained, **(basic)**
    - 3.1 (c)(ii) syphilis, gonorrhea, chlamydia and other sexually transmitted diseases, **(basic)**
    - 3.1 (c)(iii) other diseases as recommended by the Pennsylvania Department of Health and/or as medically indicated; **(basic)**
  - 3.1(d) recording of height, weight, pulse, blood pressure and temperature; **(basic)**
  - 3.1(e) other tests and examinations as medically indicated; **(basic)**
  - 3.1(f) medical examination, including **(basic)**
    - 3.1(f)(i) eyes, ears and throat, **(basic)**

- 3.1(f)(ii) abdomen, **(basic)**
- 3.1 (f)(iii) genitals, with instruction regarding self breast examination and self testicular examination, **(basic)**
- 3.1 (f)(iv) gynecological assessment of females, and **(basic)**
- 3.1(f)(v) comments about the mental and dental status; and **(basic)**
- 3.1(g) review of the results of the medical examination and tests, and identification of problems by a licensed physician; and **(basic)**
- 3.1(h) initiation of treatment when indicated. **(basic)**
- 3.2 Whenever possible, the physical examination and initiation of treatment should be conducted by a licensed physician specializing in pediatrics, with training specifically for adolescents. **(enhanced)**
- 3.3 All residents shall have a dental examination by a licensed dentist within thirty (30) days of admission and dental treatment when indicated.(basic)

#### 4. Medical Care and Treatment

*The purpose of this standard is to promote the provision of quality health care and ensure that medical services are provided by personnel properly qualified and trained to provide such services. Several specific health care issues are **identified** as they are commonly associated with at-risk youth.*

- 4.1 Sick call shall be conducted daily by program staff to identify residents in need of medical services due to non-emergency injury or illness while in detention. Every resident shall have access to sick call. All requests shall be handled in a confidential manner and be forwarded to the health services authority for evaluation and a determination of the level of medical care required. **(basic)**
  - 4.1(a) Sick call documentation should be maintained that indicates the resident's name, nature of request, program staff who received request and disposition. **(basic)**
    - 4.1 (a)(i) If a resident reports for sick call more than twice with the same complaint, he/she should be scheduled to see a physician within 24 hours. **(enhanced)**

rev. 8/15/93

- 4.1 (b) Whenever possible, sick call should be conducted by a qualified health care professional (e.g., licensed practical nurse, registered nurse, physician's assistant or licensed physician). **(enhanced)**
- 4.2 All medical treatments and prescription medication shall be administered according to direct orders or under the supervision of a licensed physician, dentist or psychiatrist. All orders shall be documented in the resident's medical record and signed by the ordering physician. **(basic)**
- 4.3 Licensed practical nurses, registered nurses and physician's assistants may provide health services to the extent that state and federal law and regulation permit. **(basic)**
- 4.3(a) All health services provided by nurse practitioners and physician's assistants shall adhere to written medical protocols established by the facility's health services authority. **(basic)**
- 4.4 Program staff shall provide direct health care services under clearly defined circumstances. Training and written procedures that govern these circumstances shall be provided by the health services authority in cooperation with the facility's administrator. Circumstances under which program staff may provide direct health care services include, but need not be limited to, the following: **(basic)**
- 4.4(a) medical emergencies requiring the use of standard first aid and/or cardiopulmonary resuscitation (CPR), **(basic)**
- 4.4(b) minor medical treatments (e.g., treatments for mild colds, athlete's foot, minor cuts, abrasions, burns, common headaches, constipation and diarrhea) with specific written authorization and supervision of a qualified health care professional; and **(basic)**
- 4.4(c) health care education, in cooperation with, and under the supervision of the health care authority. **(basic)**
- 4.5 Written agreements should be established with hospitals and community-based health care for out-patient and in-patient medical care for residents. The following procedures should be observed whenever a resident is to be referred for out-patient or in-patient treatment on either an emergency or non-emergency basis: **(basic)**
- 4.5(a) authorization for the transport and/or transfer to the hospital by the health services authority and the facility's administrator or their designees; **(basic)**

- 4.5(b) notification of the residents parent(s)/guardian(s), probation officials and **the Court; (basic)**
- 4.5(c) transmittal of a referral form with all pertinent medical information regarding the juvenile to the hospital; **(basic)**
- 4.5(d) provision of appropriate security measures by the facility during transport to, and stay in, the hospital; and **(basic)**
- 4.5(e) upon discharge from the hospital, the provision of written medical clearance from the hospital to return to the juvenile to detention, a summary of treatment and instructions for continuing medical care. **(basic)**
  - 4.5(e)(i) Upon return to detention a qualified health care professional should institute a plan of treatment based upon the information contained in the discharge materials. **(basic)**
- 4.6 Pregnant residents shall be provided health care services by the health services authority that shall include, but need not be limited to, the following: **(basic)**
  - 4.6(a) ongoing medical supervision by a licensed physician, **(basic)**
    - 4.6(a)(i) whenever possible, a licensed physician specializing in obstetrics and gynecology; **(enhanced)**
  - 4.6(b) appropriate procedures to determine the estimated date of delivery, if necessary; **(basic)**
  - 4.6(c) weekly **health** care visits by a qualified health care professional; **(basic)**
  - 4.6(d) prenatal education, including pre-natal care, fetal development and nutrition; **(basic)**
  - 4.6(e) nutritional supplements, including pre-natal vitamins; **(basic)**
  - 4.6(f) mental health services, including counseling regarding all options and rape crisis counseling, if indicated; **(basic)**
  - 4.6(g) coordination of medical care for delivery at the hospital; **(basic)**
  - 4.6(h) post-natal care, including assistance in arranging custody and care of the infant; and **(basic)**

4.6(i) appropriate program modifications and accommodations. **(basic)**

**4.7** Medical isolation shall only be used if it is medically indicated that a resident is suspected or confirmed to have a communicable disease (e.g., tuberculosis). **(basic)** If a room other than the resident's assigned room is used for medical isolation, it shall be used exclusively for medical purposes and shall be near, and supervised by, medical staff. The conditions for medical isolation should include, but need not be limited to, the following: **(basic)**

4.7(a) an order signed by a licensed physician authorizing the medical isolation for as long as the resident is infectious must be provided; **(basic)**

4.7(b) the resident should be housed in a separate room with separate toilet, handwashing facility, soap dispenser and single service towels; **(basic)**

**4.7(c)** if the room is used to house individuals with air-borne disease (e.g., tuberculosis), it should be properly ventilated with a negative air flow, and if the facility is not equipped with such a medical isolation room, the resident shall be transferred to a medical facility; **(basic)**

4.7(d) procedural techniques to be used include hand washing upon entering and leaving, proper handling and disposal of infectious materials, proper isolation methods, oral and written instructions in each case to the resident and staff regarding modes of transmission and risk reduction, proper handling of food utensils and dishes, proper handling of patient care equipment and cleaning and disinfection of isolation accommodations. **(basic)**

4.7(e) Residents suspected or confirmed to have communicable, blood-borne disease (e.g., Hepatitis B and Acquired Immune Deficiency Syndrome) shall not be medically isolated unless indicated by a physician. Transfer to an acute care medical facility may be indicated if a residents exhibits clinical symptoms. **(basic)**

4.7(e)(i) Testing for communicable, blood-borne diseases shall only occur under informed consent conditions and/or by court order if; a.) clinical symptoms of the disease exist, b.) the resident requests to be tested, or c.) the resident exhibited high risk behavior in which there was an exchange of blood products, semen or vaginal fluid. **(basic)**

4.7(e)(ii) Residents testing positive for communicable blood-borne diseases should be maintained in the general population

unless clinical symptoms require medical treatment not available in the facility. **(basic)**

4.7(e)(iii) The facility should provide all necessary equipment to minimize risk of infection to staff and residents. The equipment recommended by the Center for Disease Control includes: gloves, gowns, masks, bleach, sponges, buckets, disposable bags, appropriate cardiopulmonary resuscitation (CPR) equipment, food handler gloves, individual shaving razors and disposable syringes. **(basic)**

4.7(e)(iv) Disclosure of medical information regarding residents testing positive for the communicable, blood-borne diseases shall be governed by state and federal law. **(basic)**

4.7(e)(v) Education and training shall be provided to all residents and staff regarding the transmission of communicable, blood-borne disease and means of prevention. **(basic)**

4.7(f) Universal precautions shall be used whenever staff or other residents come in contact with blood or body fluids of another person. **(basic)**

4.8 Pharmaceuticals shall be strictly controlled and monitored in accordance with state and federal law and regulation. All pharmaceuticals shall be properly stored in a doubled locked secure manner which prevents unauthorized individuals from gaining access. A record shall be maintained for any pharmaceutical that is administered to a resident and must include the type, dosage, rate, time, method of administration and the staff person administering the medication. **(basic)**

4.8(a) Prescription medication shall only be administered upon the written order of a licensed physician for a specific resident with a documented clinical need. **(basic)**

4.8(a)(i) Any prescription medication that enters the facility with a resident must be confirmed with the prescribing physician and approved by the attending physician prior to it being dispensed to the juvenile. **(basic)**

4.8(a)(ii) Prescription medication shall only be administered by program staff upon the specific written authorization of a licensed physician and under the direct supervision of a qualified health professional. Training in the administration of medication shall be provided by the health care authority

rev. 8/15/93

for all program staff responsible to administer medication.  
**(basic)**

4.8(a)(iii) All psychotropic medication should be ordered and supervised by a licensed psychiatrist. Administration of psychotropic medication should only be by a qualified health care professional. The administration of psychotropic medication should be closely monitored to insure that the medication is taken as ordered and is not being retained by the resident for future use and the risk of overdose. Whenever possible, the medication should be in liquid form.  
**(enhanced)**

4.8(a)(iv) Over-the-counter (OTC) medication should be dispensed by program staff only in accordance with written protocol procedures for minor ailments (e.g., common headaches, simple constipation and diarrhea). All information relative to the nature of the complaint, medication administered and staff administering the medication shall be documented. If the medical complaint or symptoms persist beyond 24 hours, the resident should be placed on sick call. **(basic)**

## 5. Suicide Prevention and Intervention

*The objective of this standard is to ensure that residents at risk to attempt suicide are appropriately identified, managed and provided needed services.*

5.1 A written suicide prevention and intervention plan shall be provided by the facility's administrator and the responsible health authority. All staff responsible for supervision of residents shall be trained in the implementation of the plan. The plan shall include, but need not be limited to, the following: **(basic)**

5.1(a) identification of the potential risk of suicide of each resident, including **(basic)**

5.1(a)(i) administration of a suicide risk assessment instrument or observations and/or interview questions contained on the health screen conducted at admission, **(basic)**

5.1(a)(ii) information provided by the resident's parent(s)/guardian(s) and probation officer regarding any history of suicidal threats and/or gestures, **(basic)**

- 5.1(a)(iii) any suicidal threats or gestures made by the resident **(basic)**,
- 5.1 (a)(iv) observations or evidence of depression or social withdraw (e.g., acting out or talk of desperation or despair) by the resident, and **(basic)**
- 5.1(a)(v) upon identification of a resident potentially at risk of suicide, placement on continuous supervision; and **(basic)**
- 5.1(b) assessment by a qualified mental health professional to determine the resident's level of suicide risk, including **(basic)**
  - 5.1(b)(i) the need for emergency in-patient psychiatric hospitalization; and/or **(basic)**
- 5.1(c) supervision and monitoring by the facility's program and health care staff, including **(basic)**
  - 5.1 (c)(i) increased and expanded interaction with program and medical staff, and involvement in program activities to reduce feelings of isolation, **(basic)**
  - 5.1(c)(ii) continuation of normal activities with access to areas of the facility where potentially dangerous items are used (e.g., classroom, dining, gymnasium and arts and crafts areas) only under highly supervised conditions, **(basic)**
  - 5.1 (c)(iii) frequent direct observations, with intervals ranging from a maximum of four (4) minutes to continuous supervision dependent upon the level of suicide risk as determined by the qualified mental health professional which are documented and indicate all significant information, including the resident's mental and physical condition; and **(basic)**
- 5.1(d) strict prohibition from having the resident placed in his/her room unless continuous visual supervision is provided, and **(basic)**
  - 5.1(d)(i) if continuous supervision exceeds 48 continuous hours, the resident shall be re-evaluated by a qualified mental health professional regarding the for in-patient psychiatric hospitalization; **(basic)**

rev. 8/15/93

- 5.1(e) prohibition of the use of paper clothing or stripping the resident of his clothing; and **(basic)**
- 5.1(f) all significant information shall be communicated orally, and in writing, between medical and program staff, including **(basic)**
  - 5.1(f)(i) the identification of a potentially suicidal resident, **(basic)**
  - 5.1(f)(ii) the level of supervision and any restrictions ordered, and **(basic)**
  - 5.1(f)(iii) any suicidal gestures, threats or other significant behaviors, and **(basic)**
- 5.1(g) all significant information shall be properly documented and recorded in the residents' medical record, including **(basic)**
  - 5.1(g)(i) reason(s) resident was identified as suicidal risk, **(basic)**
  - 5.1(g)(ii) actions taken by facility (e.g., placement on increased supervision, provision of internal mental health services, referral to external mental health services), and **(basic)**
  - 5.1 (g)(iii) psychological/psychiatric consultations, evaluations and recommendations, and **(basic)**
- 5.1(h) all residents identified as suicidal risks shall be **reported** to his/her respective parent(s)/guardian(s) **and** juvenile probation officials, and **(basic)**
  - 5.1 (h)(i) all attempted suicides shall be reported to the resident's parent(s)/guardian(s), juvenile probation officials, and the **Court, (basic)**
  - 5.1(h)(ii) all completed suicides shall be reported to the resident's parent(s)/guardian(s), juvenile probation officer, the Court, local law enforcement agency and the coroner, and **(basic)**
  - 5.1(h)(iii) post-suicide response procedures shall include mental health counseling for residents and staff, and a review of the incident involving community mental health services, staff and administration of the facility. **(basic)**

- 5.1(i) information regarding any suicidal threats and/or attempts should be provided in the written medical summary provided to the Court at disposition. **(basic)**

## 6. Notification and Consent

*The objective of this standard is to ensure that the resident's parent(s)/guardian(s) and probation officials are properly notified of significant medical conditions and treatments and that the resident's right to confidentiality is protected.*

- 6.1 Consent is not required for routine medical evaluation of treatment administered in the case of an emergency. A minor may consent to medical treatment for conditions relating to drug and alcohol use, abortion, pregnancy, and sexually transmitted diseases, and under those circumstances specified under the act of February 13, 1970 (P.L. 19. No.10) (35 P.S. subsection 10101- 10105). When parental consent is necessary, the facility shall ensure either that written parental consent is obtained or that the court gives consent in loco parentis. **(basic)**
- 6.2 The resident's parent(s)/guardian(s), as well as probation officials, should be notified of any significant injury or illness that required treatment by a licensed physician, dentist or psychiatrist. **(basic)**
- 6.3 All medical information and records shall be maintained consistent with state and federal law. A separate medical record shall be maintained for each resident. Access shall be controlled by the health services authority. Release of medical information shall be upon written authorization of the resident or Order of Court. **(basic)**

## 7. Health Education

*The objective of this standard is to encourage health education and promote healthy lifestyles for residents. The health education program should provide information on preventative health care.*

- 7.1 In cooperation with the facility's health services authority, educational program, food services and program staff, a comprehensive health education program for residents should be provided. Information provided through the health education program should include, but need not be limited to, the following areas: **(basic)**
- 7.1(a) chemical dependency, including tobacco; **(basic)**

- 7.1(b) sexually transmitted diseases (STD); **(basic)**
  - 7.1(c) sexuality, including methods of birth control, **(basic)**
  - 7.1(d) pregnancy and parenting skills; **(basic)**
  - 7.1(e) nutrition; **(basic)**
  - 7.1(f) exercise; **(basic)**
  - 7.1(g) oral hygiene instruction and dental health; **(basic)**
  - 7.1(h) personal hygiene; and **(basic)**
  - 7.1(i) mental health. **(basic)**
- 7.2 The smoking of tobacco products shall be strictly prohibited in all areas of the facility. **(basic)**

## **8. Medical Summary and Transfer of Medical Records**

*The purpose of this standard is to encourage that medical information is provided to the Court and probation officials to aid in disposition and treatment, as well as to encourage the timely transfer of medical records to provide for the continuity of medical care of the resident.*

- 8.1** Significant medical information should be summarized and provided to the Court and juvenile probation officials prior to disposition for every resident. This summary should include, but need not be limited to, the following: **(basic)**
- 8.1(a) diagnosis and/or treatment of significant medical conditions, including **(basic)**
    - 8.1(a)(i) suicidal ideations and gestures, and/or evidence of other mental health problems, **(basic)**
  - 8.1(b) significant medical conditions requiring ongoing medical care; and **(basic)**
  - 8.1(c) recommendations for further medical evaluation and/or treatment. **(basic)**

- 8.2 Medical summaries or copies of the resident's medical record should be forwarded to the residential placement to which the resident is committed prior to, or at the time of discharge from detention. **(basic)**
- 8.3 Medical staff shall refer residents, whose medical treatment was initiated in detention and should continue beyond discharge to the community (e.g., pregnancy), to appropriate community-based medical services. The referral process shall include, but need not be limited to the following: **(basic)**
- 8.3(a) the identification of appropriate community-based medical services; **(basic)**
  - 8.3(b) education of the resident regarding the importance of continuing the medical treatment; **(basic)**
  - 8.3(c) notification of parent(s)/guardian(s) and juvenile probation officer; and **(basic)**
  - 8.3(d) transfer of medical records with proper consent to the identified community-based medical service provider. **(basic)**

# **EDUCATION**

## EDUCATION

A comprehensive educational program that addresses individual learning styles and special needs shall be provided to every resident admitted to detention. The educational program should closely approximate the educational services available in the public school system. The delivery and content of educational services should be culturally sensitive and reflect the racial and ethnic diversity of the community. The educational program must adhere to all applicable educational regulations as established by the Pennsylvania Department of Education.

### 1. Educational Screening

*The objective of this standard is to encourage the timely compilation of a complete educational history as possible. In addition to obtaining information to provide for the educational needs of the resident while in detention, a comprehensive information and records gathering process can significantly aid in decisions about disposition and treatment.*

- 1.1 Immediately upon admission, a structured interview shall be conducted by program staff with the resident to obtain educational information. Program staff shall contact the resident's parents/guardians or juvenile probation officer within 24 hours of admission to verify the information obtained through the interview. Such information shall be provided to the educational program. The information should include, but need not be limited to, the following:(basic)
  - 1.1(a) the most recent educational placement including the type of placement, school district, building and grade; **(basic)**
  - 1.1(b) any exceptionality (special education designation); **(basic)**
  - 1.1(c) any disability not covered under the special education law, but severe enough to impact learning; **(basic)**
  - 1.1(d) current performance, attendance and discipline problems; **(basic)**
  - 1.1(e) academic interests and vocational goals; **(basic)**
- 1.2 Within 24 hours of admission or the next scheduled school day an educational screening instrument shall be administered to the resident by educational staff to determine general academic functioning and enable placement at appropriate grade levels in various subject areas. **(basic)**

- 1.3** Within 24 hours following the completion of the president's detention hearing, a request for educational records from the home school district and/or prior residential placement should be made by education staff. This request should include, but need not be limited to, the following: **(basic)**
- 1.3(a) educational history, including most recent educational placement; **(basic)**
  - 1.3(b) any exceptionality: **(basic)**
  - 1.3(c) immunization records; **(basic)**
  - 1.3(d) progress, attendance and behavioral reports; **(basic)**
  - 1.3(e) Individual Educational Plans (IEPs); **(basic)**
  - 1.3(f) Multi-Disciplinary Evaluations (MDEs); and **(basic)**
  - 1.3(g) psychological evaluations; **(basic)**
- 1.4** All information and records shall be maintained in the resident's educational record at the facility consistent with state and federal law. **(basic)**

## **2. Educational Plan**

*The objective of this standard is to encourage the timely development of an educational plan to meet the individual needs of the resident that is meaningful and measurable. It also encourages that regular reviews be provided to ensure accountability on the part of the educational program, as well as the resident.*

- 2.1** A plan to meet the educational needs of each resident should be developed. The development of this written plan should occur within 24 hours or the next scheduled school day upon the completion educational screening. The educational plan should include, but need not be limited to, the following: **(basic)**
- 2.1(a) specific, measurable goals that are related to the resident's needs as indicated by his/her educational records and the assessment process; **(basic)**
  - 2.1(b) identification of the instructional methods and materials by which these goals will be achieved; **(basic)**

- 2.1(c) development of the educational plan to reflect short (1 to 10 days), moderate (10 to 30 days) and long-term (30 or more days) periods of detention that address the following needs during these respective periods: **(basic)**
    - 2.1(c)(i) diagnostic observations and administration of instruments during short-term periods; **(basic)**
    - 2.1 (c)(ii) remediation during moderate-term periods; and **(basic)**
    - 2.1 (c)(iii) general instruction during long-term periods; **(basic)**
  - 2.1(d) review the goals as educational needs emerge or additional information is received and make appropriate changes or modifications, if indicated; **(basic)**
  - 2.1(e) continuous feedback (weekly at a minimum) to the resident regarding his/her educational progress; **(basic)**
  - 2.1(f) bi-monthly feedback to the resident parents/guardians regarding the resident's educational progress; and **(enhanced)**
- 2.2 If a resident is identified as exceptional, state and federal law pertaining to special education shall be observed. **(basic)**

### 3. Program Structure

*The objective of this standard is to encourage the provision a quality educational experience for the resident immediately upon admission to detention. The educational program should closely approximate the educational services that would be available through the public school system, but also provide for the special needs of the resident.*

- 3.1 Within 24 hours of admission or the next scheduled school day each resident shall begin participation in the educational program. **(basic)**
- 3.2 Whenever educationally indicated, educational staff shall coordinate arrangements through the resident's school counselor to obtain assignments from the resident's home school district. Progress reports should be provided to the home school district to ensure that the resident receives credit for the work completed. **(enhanced)**

- 3.3** The content and curriculum design shall address the resident's educational needs as identified in the educational plan. It shall at a minimum include, but need not be limited to, the following: **(basic)**
- 3.3(a) core subject areas (e.g., mathematics and reading) **(basic)**
  - 3.3(b) student learning outcomes as established by the Pennsylvania Department of Education; **(basic)**
  - 3.3(c)** activities designed to maximize the learning styles and abilities of the resident; **(basic)**
  - 3.3(d) individual and small group learning activities; **(basic)**
  - 3.3(e) the use of multi-media educational materials; and **(basic)**
  - 3.3(f) activities designed to promote cultural awareness and understanding. **(basic)**
- 3.4** For residents who have earned their General Education Development (GED) certificate or whose age exceeds compulsory school attendance, should be provided a continuing education program. This continuing education program should include, but need not be limited to, the following: **(enhanced)**
- 3.4(a) academic mentoring of other residents; **(enhanced)**
  - 3.4(b) work and career education/exploration; and **(enhanced)**
  - 3.4(c)** life skills. **(enhanced)**
- 3.5** One (1) certified teacher should be assigned for every eight (8) residents. **(enhanced)**
- 3.6** The school day should consist of a minimum of 5.5 hours of instructional time, **(enhanced)**
- 3.6(a) Tutorial services should be provided for those residents who do not receive a full 5.5 hours of instruction per day due to official Court business (e.g. hearings and interviews). The tutorial services should be provided during non- traditional hours. **(enhanced)**

- 3.7 Educational staff in cooperation with program staff should provide a program of structured study hours and out-of-class assignments for evenings and weekends. Educational and/or specially trained program staff should provide tutorial services to resident during these periods. **(enhanced)**
- 3.8 The educational program should be in operation on a year round basis. A minimum of 220 days of educational programming should be provided. **(enhanced)**
- 3.9 The educational program shall be integrated into the facility's behavior management and security systems. Educational staff shall participate in resident staffings and evaluations. **(basic)**
- 3.10 Educational staff shall be included in all general staff meetings of the facility and consulted on administrative decisions that may affect educational programming for residents. **(basic)**

#### 4. Educational Assessments

*The objective of this standard is to encourage the timely completion of a comprehensive educational assessment. The educational assessment will aid in the development of an individualized plan to meet the educational needs of the juvenile while in detention and provide important diagnostic information to aid in disposition and treatment.*

- 4.1 Within 24 hours or the next scheduled school day following the completion of a resident's detention hearing an educational assessment shall be initiated by educational **staff. (basic)**
- 4.2 The assessment should focus upon the level of academic functioning. The assessment should include, but need not be limited to, the following: **(basic)**
  - 4.2(a) identification of academic strengths and weaknesses; **(basic)**
  - 4.2(b) identification of learning styles and abilities; in the areas of **(basic)**
  - 4.2(c) assessment of vocational interest and aptitude; and **(basic)**
  - 4.2(d) development of an educational intervention plan. **(basic)**

- 4.3 If the assessment process provides an indication of any exceptionality or if an Individual Education Plan (IEP) exists, requirements as provided by state and federal law shall be observed. **(basic)**
- 4.4 If the information described under this section is already available, the assessment process need not be re-administered. **(basic)**

## 5. Educational Summary

*The objective of this standard is to encourage the documentation, in an easily transferable format, of the identified educational needs and progress of a resident while in detention. The educational summary can provide important information to aid in decisions about disposition and treatment.*

- 5.1 An educational summary shall be prepared and submitted to the Court and the probation officer prior to disposition for every resident. This summary should include, but need not be limited to, the following: **(basic)**
  - 5.1(a) information obtained from the resident's educational records and assessment process; **(basic)**
  - 5.1(b) educational progress while in detention; **(basic)**
  - 5.1(c) behavioral observations in the classroom; **(basic)**
  - 5.1(d) attendance in the educational program; and **(basic)**
  - 5.1(e) a recommendation for an appropriate post-disposition educational placement. **(basic)**

## 6. Transfer of Educational Records

*The objective of this standard is to encourage the timely transfer of educational records to provide for the continuity of education of the resident.*

- 6.1 The Director of the facility and the educational program shall be responsible to establish written agreements to ensure the exchange of educational information and records between the facility and local school districts. **(basic)**
- 6.2 The educational record of the resident shall be forwarded to the school district or educational program of the residential placement to which the resident is

rev. 8/15/93

committed. This process should occur within five (5) court business days of the resident's discharge from detention. **(basic)**

- 6.3** If a juvenile is released from detention prior to disposition, a modified educational summary should be prepared and forwarded to the juvenile's home school district within 48 hours or two school days. This summary should address the areas as specified in section 5.1 of the Educational Summary. **(enhanced)**

# RECREATION

## RECREATION

A well defined and structured recreation program should be provided for each resident. The recreation program should provide a variety of activities that promote physical and mental health, and are appropriate to the ages and interests of the residents admitted to detention.

### 1. Program Structure

*The objective of this standard is to encourage the provision of a well developed and articulated recreational program whose purpose is understood by the program staff and residents.*

- 1.1 A specific staff person shall be designated as recreation coordinator and be responsible to design, organize and direct the recreation program. **(basic)**
  - 1.1(a) He/she should have education, training or experience in the development and implementation of recreational activities for juveniles. **(basic)**
- 1.2 The recreational program shall provide a variety of planned, structured large muscle and leisure activities. These activities should include, but need not be limited to, the following: **(basic)**
  - 1.2(a) organized co-educational sports and games that require large muscle activity and permit equal opportunity for participation (e.g., aerobics, volleyball and soccer); **(basic)**
  - 1.2(b) supervised small group leisure activities (e.g., card and board games); **(basic)**
  - 1.2(c) creative activities (e.g., arts and crafts); **(basic)**
  - 1.2(d) quiet individual leisure activities (e.g., reading and letter writing); and **(basic)**
  - 1.2(e) activities adapted for physically and developmentally challenged residents. **(basic)**
- 1.3 A minimum of one (1) hour of large muscle activity and one (1) hour of leisure time activity shall be provided daily. **(basic)**

- 1.3(a) The large muscle activity shall be conducted outdoors unless specific authorization is provided by the Director of the facility. The reason(s) for not conducting the activity outdoors and the authorization provided by the Director shall be clearly documented. **(basic)**
- 1.3(b) Extended periods of large muscle activity should be provided on weekends and holidays, **(enhanced)**
- 1.4 A description of the activities that the facility offers should be maintained. This description should be available to all program staff responsible for the supervision of activities. The description should include, but need not be limited to, the following information: **(basic)**
  - 1.4(a) a summary of the activity and explanation of the rules; and **(basic)**
  - 1.4(b) staff, space and equipment requirements; **(basic)**
  - 1.4(c) objectives of the activity (e.g., development of gross motor or fine motor skills, sportsmanship or relaxation); and **(basic)**
  - 1.4(d) alternative activities for residents that may be unable to participate in certain activities due to physical or developmental disabilities. **(basic)**
- 1.5 A weekly schedule of recreational activities should be posted in living areas of the residents. **(basic)**

## 2. Resident and Staff Participation

*The objective of this standard is to encourage the participation of residents in healthy developmental activities provided through the recreational program and foster interaction between program staff and residents.*

- 2.1 All residents shall have access to recreational opportunities unless documented medical, behavioral or security issues prohibit their participation in specific activities. **(basic)**
- 2.2 Program staff should encourage and counsel all residents to participate in recreational activities; however, juveniles should have an opportunity to choose not to participate in a particular activity without negative consequences as a result of their decision. **(basic)**

- 2.2(a) Incentives should be provided for juveniles who participate in recreational activities and exhibit cooperative behavior and good sportsmanship. **(basic)**
- 2.3 Recreational activities shall not be withheld as a means of group or individual punishment. **(basic)**
- 2.4 Adequate staff shall be provided to ensure proper supervision and enable participation of program staff in recreational activities with the residents. **(basic)**
  - 2.4(a) Volunteers should be encouraged to participate in recreational activities with residents under the supervision of program staff. **(enhanced)**
- 2.5 Each resident should have the opportunity to express his/her interests and preferences of recreational activities. **(basic)**
  - 2.5(a) Appropriate residents' interests and preferences should be incorporated into the recreational activities. **(enhanced)**

**FAMILY SUPPORT  
AND  
INTERACTION**

## FAMILY SUPPORT AND INTERACTION

Access to visitation, mail and telephone services shall be provide to every resident admitted to detention. Visitation, mail and telephone services shall be designed to promote appropriate support, interaction and involvement with family members and significant others. The maintenance of such relationships while in detention shall support the positive social and emotional adjustment of the resident.

### 1. Visitation

*The objective of this standard is to recognize the importance of contact with family and significant others and promote a system of visitation that balances the needs of the resident with the operational concerns of the facility,*

- 1.1 Every resident shall have access to visitation by parent(s)/guardian(s), other family members and significant others. **(basic)**
  - 1.1(a) Family members under the age of majority should be accompanied by a parent/guardian during visitation unless prior approval is provided by the director of the facility or his/her designee. **(basic)**
  - 1.1(b) Special visits by non-family members shall be permitted if it is determined by the director of the facility or his/her designee that the visit will have a therapeutic value for the resident. **(basic)**
    - 1.1 (b)(i) Special visits by non-family may be provided through the facility's behavior management system (*Safety, Security and Control: Behavior Management; section 5. I (c)*). **(basic)**
- 1.2 Visitation by parent(s)/guardian(s) and other family members shall not be restricted unless the following exists: **(basic)**
  - 1.2(a) an Order of Court restricting visitation by specific individuals; or **(basic)**
  - 1.2(b) the director of the facility determines that visitation by specific individuals will have an unquestionable and overwhelming damaging effect on the resident and the following procedures **are** observed: **(basic)**

- 1.2(b)(i) the reason(s) for the restriction of visitation and individual(s) involved are clearly documented in the resident's permanent record; **(basic)**
  - 1.2(b)(ii) prior written notice is provided to the resident and the individual(s) involved; **(basic)**
  - 1.2(b)(iii) the resident may appeal the decision through the facility's grievance procedure; **(basic)**
  - 1.2(b)(iv) if parental/guardian visitation is involved and the restriction is challenged, the matter will be forwarded within 24 hours or the next court business day to the Court to adjudicate the matter; and **(basic)**
  - 1.2(b)(v) all decisions to restrict visitation shall be outlined in detail and forwarded to the appropriate regional Office of Children, Youth and Families of the Department of Public Welfare. **(basic)**
- 1.3** Visitation shall not be withheld or restricted for disciplinary reasons for matters unrelated to visitation. **(basic)**
- 1.4** Regular periods for visitation shall be scheduled at least one (1) hour a day every day of the week. **(basic)**
- 1.4(a) Every resident shall have access to visitation by parent(s)/guardian(s) and other family members at least twice a week. **(basic)**
  - 1.4(b) Every resident shall have the opportunity for a special visit at least once a week. **(basic)**
  - 1.4(c) Alternative times shall be individually arranged for visitors who are legitimately unable to visit a resident during the facility's regularly scheduled visitation periods. **(basic)**
- 1.5** The visitation policies and hours shall be posted in the resident living area and conspicuous manner in the visitation area and explained to the resident, the **parent(s)/guardians** and other visitors. **(basic)**

- 1.6 Visitation shall be directly supervised by staff, and to the extent possible, visitation shall occur in an area of the facility in which the atmosphere is relaxed, some degree of privacy is provided and appropriate physical contact is permitted. **(basic)**
- 1.7 A record shall be maintained of all visitors a resident received while in detention. Information regarding visitation received by a resident shall be summarized and submitted to the Court and the juvenile probation officer. The information contained in the record shall include, but need not be limited to, the following: **(basic)**
- 1.7(a) name of the visitor and relationship to the resident; **(basic)**
- 1.7(b) date, time and duration of the visit; and **(basic)**
- 1.7(c) any significant observations. **(basic)**

## 2. Mail

*The objective of this standard is to ensure that mail sent or received by the resident remains private to the extent possible given the safety and security needs of the facility.*

- 2.1 Every resident shall be able to send and receive mail through the Postal Service. Materials such as paper, envelopes and postage shall be provided by the facility for residents without financial resources. **(basic)**
- 2.2 Outgoing mail should not be opened by staff. **(basic)**
- 2.3 Incoming mail should be distributed to residents as soon as possible, but no later than 24 hours after receipt by the facility. The following conditions and procedures shall apply to incoming mail for residents: **(basic)**
- 2.3(a) mail from elected or appointed federal, state or local officials shall not be opened by staff; **(basic)**
- 2.3(b) mail from other sources shall be opened by the resident in the presence of staff and searched for contraband, and **(basic)**
- 2.3(b)(i) any contraband shall be confiscated, follow an established chain of custody procedure and forwarded to the director of the facility for disposition; and **(basic)**

- 2.3(c) any incoming mail shall not be read by staff. **(basic)**
- 2.4 All mail shall be forwarded within 24 hours of receipt by the facility to residents that have been released or transferred to other facilities. If no forwarding address is known, the mail shall be returned to the sender. **(basic)**

### 3. Telephone

*The objective of this standard is to encourage the development of system of telephone use that balances the needs of the resident with the operational concerns of the facility*

- 3.1 Every resident shall have reasonable access to the telephone that accounts for the facility's schedule and activities. **(basic)**
  - 3.1(a) Upon admission, every resident shall be permitted to telephone his/her parent(s)/guardian(s). **(basic)**
  - 3.1(b) All residents shall be permitted at least two (2) telephone calls per week to parent(s)/guardian(s) or other family members. **(basic)**
  - 3.1(c) Special telephone calls to non-family members shall be permitted if it is determined by the director of the facility or his/her designee that such contact would be of therapeutic value to the resident. **(basic)**
    - 3.1(c)(i) Special telephone calls to non-family members may be provided through the facility's behavior management system (*Safety, Security and Control: Behavior Management; section 5.1(c)*) **(basic)**
  - 3.1(d) Residents shall have daily access to the telephone for purposes of contacting their juvenile probation officer and/or attorney. **(basic)**
- 3.2 The facility shall provide for the cost of all local telephone calls and long distance telephone calls to parent(s)/guardian(s). Long distance telephone calls to **non-family members, juvenile probation officers and attorneys shall be collect. (basic)**

**FOOD  
SERVICES**

## FOOD SERVICES

A nutritionally balanced diet shall be provided for every resident. Food services shall provide meals and snacks that are pleasant in appearance, taste and manner in which they are served. The food services should provide food choices that promote good eating habits and healthy lifestyles.

### 1. Food Service Management

*The objective of this standard is encourage the proper management and supervision of the food service system of the facility.*

- 1.1 A specific staff person shall be designated as food services coordinator and be responsible for the planning, preparation and/or delivery of food services. **(basic)**
  - 1.1(a) He/she should have education, training or experience in food service management. **(basic)**
  - 1.1 (b) If food services are provided by an outside food service vendor, the food service coordinator should be responsible to develop, maintain and monitor the food service contract. **(basic)**
- 1.2 Complete records should be maintained for budgeting, purchasing and accounting purposes. These records should include, but need not be limited to, the following: **(basic)**
  - 1.2(a) number of meals served to residents, staff and guests; **(basic)**
  - 1.2(b) cost per meal per resident; **(basic)**
  - 1.2(c) master menus and menu cycles; **(basic)**
  - 1.2(d) food service requirements, including equipment; **(basic)**
  - 1.2(e) purchase and use of supplies; **(basic)**
  - 1.2(f) refrigeration of food, with specific storage periods; and **(basic)**
  - 1.2(g) expressed and demonstrated food preferences of the residents as determined by surveys conducted at least four (4) times a **year.(basic)**

1.2(g)(i) Nutritionally sound food preferences expressed by residents shall be incorporated in the menu planning process. **(basic)**

1.3 Food service records shall be retained for, at least, a three (3) year period. **(basic)**

## 2. Menu Planning

*The objective of this standard is to encourage the provision of planned meals and snacks which are nutritionally balanced, attractive and pleasant tasting.*

2.1 Seasonal menus for meals shall be cyclical and planned at least one (1) month in advance. The menu schedule shall be substantially followed. **(basic)**

2.1(a) The menu shall consist of food groups and serving recommendations as provided in the Food Guide Pyramid published by the U.S. Department of Agriculture. **(basic)**

2.1(b) The menu should indicate the minimum serving size of the listed food items. **(basic)**

2.1(c) At least annually, the planned menus shall be reviewed by a registered **dietician** to ensure compliance with nationally recommended allowances as established by the U.S. Department of Agriculture's Food and Nutrition Service. **(basic)**

2.2 A minimum of three meals and one evening snack shall be provided at regularly scheduled times during a twenty four (24) hour period. **(basic)**

2.2(a) At least two (2) of the meals shall have a hot main entree a minimum of five (5) times a week. **(basic)**

2.2(a)(i) A choice of two (2) main entrees, with at least one (1) of the entrees being hot, should be provided at each meal. **(enhanced)**

2.2(a)(ii) A choice of, at least, two (2) items from each food group should be provided at each meal. **(enhanced)**

2.2(b) Snacks with nutritional value should be provided daily. **(basic)**

2.3 Menu substitutions shall be available for residents due to medical or religious dietary restrictions. **(basic)**

rev. 8/15/93

2.3(a) Documentation should be maintained in the resident's medical record regarding any menu substitutions. **(basic)**

2.4 Meals or snacks shall not be withheld or altered for disciplinary reasons. **(basic)**

### 3. Food Storage

*The objective of this standard is to ensure that all food items are stored in an appropriate manner to preserve their safety, wholesomeness and appeal.*

**3.1** The conditions under which food is stored food shall adhere to all applicable federal, state and local health codes. These conditions include, but need not be limited to, the following: **(basic)**

3.1(a) toxic materials shall be not stored near food items; **(basic)**

3.1(b) sufficient storage space shall provided; **(basic)**

3.1(c) staples shall be kept in designated dry storage areas; **(basic)**

3.1(d) perishable items shall be refrigerated promptly upon receipt; **(basic)**

3.1(e) frozen food items shall be placed into the freezer promptly upon receipt; **(basic)**

3.1(f) food items shall be rotated according to a first in-first out procedure; **(basic)**

3.1(g) food storage areas shall be cleaned at least once a week; **(basic)**

3.1(h) if food is removed from the container or package in which it was obtained, it shall be labeled and stored in clean, covered containers; **(basic)**

3.1(i) bulk foods such as cooking oil, salt, sugar or flour shall be stored in containers identifying **the** foods by common names; **(basic)**

3.1(j) staples shall be stored at temperatures not to exceed 70 Fahrenheit, perishable food items at 35 to 40 degrees Fahrenheit and frozen food items at 0 degrees Fahrenheit or below; and **(basic)**

3.1(k) Storage temperatures are checked and documented daily. **(basic)**

- 3.1(l) Foods shall be stored at least six (6) inches off of the floor to enable **easy** access for cleaning. **(basic)**

#### 4. Food Preparation

*The objective of this standard is to ensure that food is prepared in a safe and sanitary manner to prevent contamination which may result in food-borne bacterial poisoning.*

- 4.1 The conditions under which food is prepared shall adhere to all applicable federal, state and local health codes. These conditions include, but need not be limited to, the following: **(basic)**
- 4.1 (a) procedures to prevent contamination by staff, including; **(basic)**
- 4.1(a)(i) restrict from food handling operations, staff who are ill with symptoms as fever, diarrhea, sore throat or vomiting, **(basic)**
  - 4.1 (a)(ii) restrict from handling foods, staff with infections on hands, **arms**, and face, **(basic)**
  - 4.1 (a)(iii) require staff to wash their hands after using the toilet, smoking, eating, sneezing, handling raw foods, handling dirty dishes, before starting work, and as often as necessary to keep clean, and **(basic)**
  - 4.1 (a)(iv) require staff to wear appropriate hair covering and clean outer garments; **(basic)**
- 4.1(b) Any resident that assists in the preparation of food as part of home economics class, work/chore program and/or vocational program shall adhere to all sanitary practices as required of staff involved in food service. **(basic)**
- 4.1(c) procedures to ensure proper refrigeration practices, including; **(basic)**
- 4.1 (c)(i) cool and maintain all potentially hazardous foods (e.g., foods consisting in part or whole of milk or milk products, eggs, meat, poultry, fish, shellfish, edible **crustacea**, or other ingredient capable of supporting dangerous bacteria growth)

- to 45 degrees Fahrenheit or less within two (2) hours unless otherwise specified, **(basic)**
- 4.1 (c)(ii) cool total mass of large quantities of food such as soups, gravies and stews in shallow containers to 45 degrees or less within two (2) hours unless otherwise specified, **(basic)**
  - 4.1(c)(iii) prohibit the cooling of foods at room temperature before refrigerating, and **(basic)**
  - 4.1(c)(iv) prepare salad items to be served cold from cold ingredients; **(basic)**
- 4.1(d) procedures to ensure proper cooking practices, including, **(basic)**
- 4.1 (d)(i) cook all poultry and foods containing poultry to 165 degrees Fahrenheit or more, **(basic)**
  - 4.1 (d)(ii) cook all pork and foods containing pork to 150 degrees Fahrenheit or more, **(basic)**
  - 4.1 (d)(iii) cook all beef and foods containing beef to 155 degrees or more, and **(basic)**
  - 4.1 (d)(iv) cook all other potentially hazardous foods to 140 degrees Fahrenheit or more; **(basic)**
- 4.1(e) reheat previously cooked foods or leftovers from a previous meal to an internal temperature of 165 degrees Fahrenheit or more before serving or placing in a hot storage facility; **(basic)**
- 4.1(f) ensure proper hot holding practices, including, **(basic)**
- 4.1(f)(i) cook food to appropriate temperature, and **(basic)**
  - 4.1 (f)(ii) maintain at 140 degrees Fahrenheit or more. **(basic)**
- 4.1(g) ensure proper thawing practices, including **(basic)**
- 4.1(g)(i) prohibit thawing at room temperature, and **(basic)**
  - 4.1 (g)(ii) require thawing in refrigerator, as part of a cooking process, under cool running water or in a microwave oven. **(basic)**

- 4.1(h) An annual inspection should be conducted by the local health department to ensure the facility's adherence to all applicable health codes. **(basic)**
- 4.2 Foods should be prepared in a manner to preserve its flavor, texture and nutritional value. **(basic)**
- 4.3 Meals shall be served in an appealing fashion and in a relaxed, group dining atmosphere with a minimum of thirty (30) minutes provided for residents to eat their meals. **(basic)**
- 4.4 Program staff shall take their meals with residents. **(basic)**
- 4.5 Meals should be prepared on-site, with attention to residents' food preferences, and to preserve and enhance flavor, texture, temperature and appearance of the food. **(enhanced)**

## 5. Dishwashing Practices

*The objective of this standard is to ensure that dishes and utensils are washed and sanitized to prevent contamination which may result in food-borne bacterial poisoning.*

- 5.1 The conditions under which dishes and utensils are washed shall adhere to all applicable federal, state and local health codes. These conditions include, but need not be limited to, the following: **(basic)**
  - 5.1(a) prohibit the same person from handling both soiled and clean utensils unless the hands are washed thoroughly after handling soiled dishes; **(basic)**
  - 5.1(b) procedures in the use of mechanical dishwashing, including **(basic)**
    - 5.1(b)(i) proper maintenance of the machine by thorough daily cleaning of all trays and entire machine, **(basic)**
    - 5.1(b)(ii) scraping and pre-rinsing of all utensils, **(basic)**
    - 5.1(b)(iii) placement of utensils in racks according to size and shape, racking of glassware alone and prevent crowding of dishes when racking, **(basic)**

- 5.1(b)(iv) maintenance of the temperature in the pre-rinse, the rinse and final rinse tank according to information contained on the Machine Data plate, and **(basic)**
- 5.1(b)(v) air drying all dishes and utensils without toweling or excessive handling; and **(basic)**
- 5.1(c) procedures in the use of manual dishwashing with chemical sanitizing, including **(basic)**
  - 5.1(c)(i) the required use of a three-compartment **sink, (basic)**
  - 5.1(c)(ii) scraping and pre-rinsing soiled glassware, dishes or utensils, **(basic)**
  - 5.1 (c)(iii) washing in clean hot water using an effective detergent, in the first compartment of the sink, **(basic)**
  - 5.1 (c)(iv) rinsing in clean hot water in the second compartment, **(basic)**
  - 5.1(c)(v) sanitizing in clean water (not less than 75 degrees Fahrenheit) containing an effective chemical sanitizing agent of prescribed strength for the period of time required for that strength, in the third compartment, and **(basic)**
  - 5.1 (c)(vi) air drying all dishes and utensils without toweling or excessive handling. **(basic)**

## 6. Nutritional Education

*The objective of this standard is to encourage good nutritional habits and promote healthy lifestyles.*

- 6.1 In cooperation with the facility's food services, health services authority, educational program and program staff, a comprehensive nutritional education program should be provided for residents. Information provided through the nutritional education program should include, but need not be limited to, the following areas: **(basic)**
  - 6.1(a) information related to the Food Guide Pyramid and the Dietary Guidelines for Americans, including **(basic)**

- 6.1(a)(i) **the** need to eat a variety of foods; **(basic)**
  - 6.1(a)(ii) maintenance of a healthy body and weight; **(basic)**
  - 6.1(a)(iii) foods low in fat, saturated fats and cholesterol; **(basic)**
  - 6.1(a)(iv) the need for a diet with plenty of vegetables, fruits and grain products; **(basic)**
  - 6.1(a)(v) use of sugar only in moderation; **(basic)**
  - 6.1(a)(vi) use of salt and sodium only in moderation; and **(basic)**
  - 6.1(a)(vii) the promotion of an alcohol-, tobacco- and drug-free lifestyle; and **(basic)**
- 6.2** in cooperation with medical services, the nutritional needs of pregnant females. **(basic)**

# **THERAPUETIC SERVICES**

## THERAPEUTIC SERVICES

Access to appropriate therapeutic services should be provided to every resident. The therapeutic services should be designed to address the psychosocial needs of adolescent development, as well as dysfunctional behaviors, attitudes and beliefs presented by residents. The provision of therapeutic services should be consistent with the detention service plan developed for each resident and the broader goals of case management planning.

### 1. Detention Service Plan

*The objective of this standard is to encourage the timely development of an individual detention service plan to meet the therapeutic needs of the resident that is meaningful and measurable. The standard also encourages that the level of resident participation and progress in available therapeutic services is communicated to the Courts and juvenile probation officials.*

- 1.1 Based upon the basic needs of adolescent development and the identified therapeutic needs of the resident obtained through the therapeutic needs screening process a detention service plan shall be developed for each resident. The detention service plan shall document the services that the facility will provide the resident while he/she is detained. The detention service plan shall include, but need not be limited to, the following: **(basic)**
  - 1.1(a) the provision of a primary level of programming and services upon admission and consisting of: **(basic)**
    - 1.1 (a)(i) Health Services, **(basic)**
    - 1.1 (a)(ii) Education, **(basic)**
    - 1.1 (a)(iii) Recreation, **(basic)**
    - 1.1(a)(iv) Food Services, and **(basic)**
    - 1.1(a)(v) Safety, Security and Control (e.g., participation in the behavior management system); and **(basic)**
  - 1.1(b) a secondary level of programming and services based upon the identified therapeutic needs of the resident as indicated by the therapeutic needs screening process which may include, but need not be limited to **(enhanced)**

- 1.1 (b)(i) drug and alcohol awareness, **(enhanced)**
- 1.1 (b)(ii) mental health awareness, **(enhanced)**
- 1.1 (b)(iii) family support groups, **(enhanced)**
- 1.1 (b)(iv) adolescent sexuality awareness, **(enhanced)**
- 1.1 (b)(v) parenting skills; and **(enhanced)**
- 1.1 (b)(vi) violence prevention. **(enhanced)**

1.1(c) Information regarding any therapeutic needs of the resident should be obtained from the resident's parent(s)/guardian(s) to assist in the development of the detention service plan. **(enhanced)**

**1.2** Participation of residents in a secondary level of programming and services based upon identified therapeutic needs shall be voluntary. **(basic)**

**1.3** Significant information regarding the resident's detention service plan should be summarized and provided to the Court, juvenile probation officials and the resident's parent(s)/guardian(s) prior to disposition for every resident. This summary should include, but need not be limited to, the following: **(basic)**

1.3(a) identified therapeutic needs; **(basic)**

1.3(b) participation in the primary level of services and programs; **(basic)**

1.3(c) participation in therapeutic services; and **(basic)**

1.3(d) any observable behavioral **and/or** attitudinal progress. **(basic)**

## **2. Development and Structure**

*The objective of this standard is to encourage the development of appropriate services to meet the therapeutic needs of residents and establish responsibility for the development and implementation of these services.*

**2.1** Appropriate services and programming should be developed to address both group and individual therapeutic needs of residents. These therapeutic services include, but need not be limited to, the following areas: **(basic)**

- 2.1(a) mental health; **(basic)**
  - 2.1(b) substance abuse; **(basic)**
  - 2.1(c) adolescent growth and development; and **(basic)**
  - 2.1(d) spiritual/religious guidance. **(basic)**
- 2.2** A specific staff person should be designated as therapeutic services coordinator and be responsible for the design and delivery of therapeutic services. **(basic)**
- 2.2(a) He/she should have education, training or experience in the development and implementation of therapeutic services for juveniles. **(basic)**
  - 2.2(b) The responsibilities of the therapeutic services coordinator should include, but need not be limited to the following: **(basic)**
    - 2.2(b)(i) to conduct an annual assessment to determine the therapeutic needs of residents served by the facility; **(basic)**
    - 2.2(b)(ii) to develop, monitor and evaluate internal and external resources for the provision of therapeutic services; **(basic)**
    - 2.2(b)(iii) to develop and implement a screening process to identify the individual therapeutic needs of a resident; **(basic)**
    - 2.2(b)(iv) to ensure that the identified therapeutic needs of the resident are integrated into his/her detention service plan to the extent services are available through the facility; **(basic)**
    - 2.2(b)(v) to ensure that the resident's identified therapeutic needs and his/her acceptance of services are documented and communicated to the Court, juvenile probation and treatment officials; and **(basic)**
    - 2.2(b)(vi) to develop and monitor written service agreements/contracts with external resources. **(basic)**
- 2.3** A written description of the therapeutic services provided by the facility should be maintained. This description should be available to all program staff responsible for the supervision of residents. The description should include, but need not be limited to, the following information: **(basic)**

- 2.3(a) the type of service (e.g., drug and alcohol, mental health, adolescent sexuality, parenting skills, family support and religious activities/pastoral counseling); **(basic)**
- 2.3(b) the goals, objectives and methods of the service; **(basic)**
- 2.3(c) the identification process and referral criteria; **(basic)**
- 2.3(d) the schedule when services are provided; **(basic)**
- 2.3(e) the manner in which services are provided (e.g., in-house, contracted or interagency agreement); and **(basic)**
- 2.3(f) the procedures to access services. **(basic)**
- 2.4 Program staff shall provide support and encouragement for residents involved in therapeutic services. Information regarding a resident's therapeutic needs and progress shall be exchanged between program staff and the therapeutic services provider. Program staff should monitor the resident's participation and progress in the therapeutic services. **(basic)**
- 2.5 Under no circumstances shall a resident be committed to detention for the provision of therapeutic services as a final disposition. **(basic)**

### 3. Therapeutic Needs Screening

*The objective of this standard is to encourage the timely identification of the therapeutic needs of the resident. In addition to providing information regarding the therapeutic needs of the resident while in detention, a therapeutic needs screening process can aid in decisions about disposition and treatment.*

- 3.1 A screening process should be conducted by program staff with every juvenile within 24 hours following his/her detention hearing to identify therapeutic needs. This screening process should be structured to provide information related to, but need not be limited to, the following: **(basic)**
  - 3.1(a) mental health needs, including **(basic)**
    - 3.1 (a)(i) **anxiety, (basic)**
    - 3.1 (a)(ii) depression, **(basic)**

- 3.1 (a)(iii) suicide risk, **(basic)**
- 3.1(a)(iii) self-esteem, **(basic)**
- 3.1 (a)(iv) peer relationships, **(basic)**
- 3.1 (a)(v) family relationships, and **(basic)**
- 3.1 (a)(vi) other social/community relationships; and **(basic)**
- 3.1 (b) personal, peer and family alcohol and other drug use and/or abuse; **(basic)**
- 3.1(c) common issues of adolescence, including **(basic)**
  - 3.1(c)(i) family dynamics, **(basic)**
  - 3.1 (c)(ii) peer acceptance, **(basic)**
  - 3.1(c)(ii) sexual attitudes and feelings, and **(basic)**
  - 3.1 (c)(iii) academic/vocational concerns; and **(basic)**
- 3.1(d) social needs, including **(basic)**
  - 3.1(d)(i) values identification and clarification and **(basic)**
  - 3.1(d)(ii) community interaction, involvement and support. **(basic)**
- 3.2 The resident's parent(s)/guardian(s) and juvenile probation officer should be consulted to gain insight into the therapeutic needs of the resident. **(basic)**
- 3.3 Significant issues identified through the therapeutic needs screening process should result in the provision of available therapeutic services. **(basic)**
- 3.4 Program staff shall have the responsibility to refer residents to appropriate therapeutic services if significant needs emerge during the resident's period of detention. All referrals for therapeutic services and reasons for the referral shall be documented and entered into the resident's case record. **(basic)**
- 3.5 Participation of residents in any therapeutic service should be encouraged and supported by staff, but shall be voluntary. **(basic)**

#### 4. Therapeutic Crisis Intervention

*The objective of this standard is to ensure that appropriate therapeutic services are provided for residents that are suicidal and/or acting out.*

- 4.1 Any resident that exhibits suicidal threats and/or gestures, severe assaultive, aggressive behavior or other acting out behavior shall be provided therapeutic crisis intervention services. **(basic)**
  - 4.1 (a) Program staff shall implement the facility's suicide prevention and intervention plan for any resident that threatens and/or gestures suicide (*Health Services: section 5. Suicide Prevention and Intervention*). **(basic)**
  - 4.1 (b) Program staff shall implement the facility's procedures regarding behavior management for any resident that exhibits assaultive, aggressive behavior (*Safety, Security and Control: sections 5. Behavior Management; 6. Use of Physical Force; 7. Acts of Abuse; 8. Isolation; 9. Mechanical Restraint*). If the behaviors which necessitated the use of the behavior management techniques persist beyond the time restrictions for use of behavior management techniques, program staff shall continue to provide continuous supervision and refer the resident for emergency mental health services. **(basic)**

#### 5. Therapeutic Services Summary and Transfer of Information

*The purpose of this standard is to encourage that information regarding **identified** therapeutic needs of a resident is provided to the Court and juvenile probation officials to aid in disposition and treatment, as well as to encourage the timely transfer of information to enable continuation of therapeutic services beyond discharge from detention.*

- 5.1 Significant information regarding the identified therapeutic needs of a resident should be summarized and provided to the Court and juvenile probation officials and should include, but need not be limited to, the following: **(enhanced)**
  - 5.1(a) significant therapeutic needs as identified through the therapeutic needs screening process; and **(enhanced)**
  - 5.1(b) participation and progress in therapeutic services available through the detention facility. **(enhanced)**

rev. 8/15/93

- 5.2** The therapeutic services coordinator should refer resident with significant therapeutic needs identified while in detention, to appropriate community-based therapeutic services upon discharge to the community. The referral process should include, but need not be limited to, the following: **(enhanced)**
- 5.2(a) consultation and notification of parent(s)/guardian(s) and juvenile probation officer; **(enhanced)**
  - 5.2(b) identification of appropriate community-based therapeutic services; **(enhanced)**
  - 5.2(c)** education of the resident regarding the importance of continuing the therapeutic services; and **(enhanced)**
  - 5.2(d) transfer of information regarding the therapeutic needs of the resident to the identified community-based therapeutic services provider. **(enhanced)**

# **DIAGNOSTIC SERVICES**

## DIAGNOSTIC SERVICES

Detention-based diagnostic services may be provided to assist the Court and juvenile probation officials in the development of an appropriate disposition for a resident whose treatment needs are not readily apparent. The diagnostic services should be based on a multi-disciplinary assessment which utilizes detention center staff, interagency and/or contracted resources. The diagnostic services should build upon assessment processes routinely conducted by the facility, as well as provide enhanced and expanded assessment methods.

### 1. Development

*The objective of this standard is to encourage the development of diagnostic services that integrates the findings of several disciplines to assess the needs of the resident and recommend an appropriate plan of treatment. It also establishes responsibility for the development and coordination of the diagnostic services.*

**1.1** The diagnostic services should integrate several disciplines to provide an individualized, balanced, comprehensive assessment of the juvenile that identifies the treatment needs of the resident and provides specific recommendations to address those needs. These disciplines should include, but need not be limited to, the following: **(enhanced)**

1.1 (a) juvenile justice; **(enhanced)**

1.1 (b) education; **(enhanced)**

1.1(c) mental health; **(enhanced)**

1.1(d) health care; and **(enhanced)**

1.1(e) drug and alcohol services. **(enhanced)**

**1.2** A specific staff person, contract personnel or personnel from a cooperating agency should be designated as the diagnostic services coordinator and be responsible for the design and delivery of diagnostic services. **(enhanced)**

1.2(a) He/she should have education, training or experience in the development and implementation of diagnostic services. **(enhanced)**

- 1.2(a)(i) The diagnostic services coordinator should have a minimum of a Master's Degree in social work, sociology, psychology, education, health care or other related field. **(enhanced)**
- 1.2(a)(ii) The diagnostic services coordinator should have a minimum of two (2) years experience in juvenile justice or a related field. **(enhanced)**
- 1.2(b) The responsibilities of the diagnostic services coordinator should include, but need not be limited to the following: **(enhanced)**
  - 1.2(b)(i) to identify, recruit and develop a diagnostic team trained and skilled in conducting diagnostic assessments in their respective disciplines, which may include, **(enhanced)**
    - (A) the diagnostic services coordinator/home visitor, **(enhanced)**
    - (B) the resident's juvenile probation officer, **(enhanced)**
    - (C) detention worker, **(enhanced)**
    - (D) psychologist, **(enhanced)**
    - (E) psychiatrist, **(enhanced)**
    - (F) educator from the facility's school program, and **(enhanced)**
    - (G) health care professional of the facility; **(enhanced)**
  - 1.2(b)(ii) to develop criteria for admission of residents to the detention-based diagnostic services; **(enhanced)**
  - 1.2(b)(iii) to receive, review and evaluate all referrals for diagnostic services with members of the diagnostic team; **(enhanced)**
  - 1.2(b)(iv) to manage and coordinate all components of the diagnostic assessment service; **(enhanced)**
  - 1.2(b)(v) to identify various treatment options and resources available through the juvenile justice system and related systems; **(enhanced)**

rev. 8/15/93

- 1.2(b)(vi) to conduct a pre-dispositional planning conference involving all members of the diagnostic team, including the referring juvenile probation officer, to develop recommendations to address the appropriate treatment needs of the youth; **(enhanced)**
  - 1.2(b)(vii) to fully integrate the components of the diagnostic assessment and provide a summary of the findings to the Court and juvenile probation officials; **(enhanced)**
  - 1.2(b)(viii) to encourage the involvement of the parent(s)/guardian(s) in the development and implementation of a treatment plan appropriate to the needs of the resident. **(enhanced)**
- 1.3** Diagnostic services should be developed to appropriately and efficiently utilize the period of time a youth is detained to gather information and conduct the diagnostic assessment. The provision of diagnostic services should not substantially add to a resident's period of detention as prescribed by time requirements in the Pennsylvania Juvenile Act. **(enhanced)**
- 1.4** The referral of residents for diagnostic services should be the responsibility of the chief juvenile probation officer or his/her designee. **(enhanced)**
- 1.4(a) The director of the facility or his/her designee should advise the resident's juvenile probation officer of any unusual behaviors that are observed and may indicate the need for a diagnostic assessment. These unusual behaviors may include, but need not be limited to, the following: **(enhanced)**
    - 1.4(a)(i) depression, including self-destructive/suicidal thoughts and/or gestures not requiring emergency mental health services; **(enhanced)**
    - 1.4(a)(ii) signs of psychopathology (e.g., auditory or visual hallucinations and bizarre beliefs or behavior); **(enhanced)**
    - 1.4(a)(iii) inappropriate and/or aggressive sexual behaviors; **(enhanced)**
    - 1.4(a)(iv) significant anger and aggressive, assaultive behavior; or **(enhanced)**
    - 1.4(a)(v) impaired cognitive function. **(enhanced)**

## 2. Components of the Diagnostic Services

*The objective of this standard is to identify the primary components of the diagnostic services.*

2.1 The primary components of the diagnostic services should include, but need not be limited to, the following: **(enhanced)**

2.1(a) a referral process, including **(enhanced)**

2.1 (a)(i) reason(s) for requesting the diagnostic assessment, **(enhanced)**

2.1 (a)(ii) specific and detailed questions which the assessment should attempt to answer, **(enhanced)**

2.1 (a)(iii) background information regarding the resident, his/her family and agency involvement, **(enhanced)**

2.1 (a)(iv) prior placements and other agency involvement, and **(enhanced)**

2.1(a)(v) a screening process to determine whether the resident will be accepted for diagnostic services based upon pre-determined admission criteria, which may include, **(enhanced)**

(A) depression, including self-destructive/suicidal thoughts and/or gestures not requiring emergency mental health services, **(enhanced)**

(B) signs of psychopathology (e.g., auditory or visual hallucinations and bizarre beliefs or behavior), **(enhanced)**

(C) inappropriate and/or aggressive sexual behaviors, **(enhanced)**

(D) significant anger and aggressive, assaultive behavior; **(enhanced)**

(E) impaired cognitive function, **(enhanced)**

(F) the resident failed to adjust to a placement and diagnostic assessment is needed to identify appropriate treatment resources, or **(enhanced)**

(G) the resident is under 12 years of age and exhibits severe behavior problems or emotional problems, and **(enhanced)**

2.1(a)(vi) excluding residents in need of emergency mental health services; **(enhanced)**

2.1(b) family interview/observations and home assessment, including **(enhanced)**

2.1(b)(i) a home visit, **(enhanced)**

2.1 (b)(ii) a review of the physical environment and location of the home, **(enhanced)**

2.1(b)(iii) members of the household and their relationship to one another, **(enhanced)**

2.1 (b)(iv) family history, **(enhanced)**

2.1 (b)(v) parental and sibling relationships, **(enhanced)**

2.1 (b)(vi) disciplinary practices, **(enhanced)**

2.1(b)(vii) community activities and involvement, **(enhanced)**

2.1(b)(viii) assessment of family strengths, **(enhanced)**

2.1 (b)(ix) involvement with other social services agencies, and **(enhanced)**

2.1(b)(x) any other relevant psychosocial information, and **(enhanced)**

2.1(c) educational assessment, including **(enhanced)**

2.1(c)(i) a summary of the resident's educational history consisting of **(enhanced)**

- (A) the most recent educational placement, **(enhanced)**
- (B) any exceptionality, **(enhanced)**
- (C) immunization records, **(enhanced)**
- (D) progress, attendance and behavioral reports, **(enhanced)**
- (E) Individual Educational Plans (IEPs), **(enhanced)**
- (F) Multi-Disciplinary Evaluations (MDEs), and **(enhanced)**
- (G) school psychological evaluations, **(enhanced)**

2.1 (c)(ii) administration of standard educational assessment instruments which identify **(enhanced)**

- (A) academic strengths and **weaknesses, (enhanced)**
- (B) learning styles and abilities, and **(enhanced)**
- (C) vocational interest and aptitude, and **(enhanced)**

2.1 (c)(iii) classroom observations: **(enhanced)**

2.1(d) psychiatric assessment by a board certified child or adolescent psychiatrist consisting of **(enhanced)**

2.1(d)(i) a clinical interview, **(enhanced)**

2.1(d)(ii) appropriate testing based upon identified needs of the resident, and **(enhanced)**

2.1(d)(iii) full five axes diagnosis; **(enhanced)**

2.1(e) psychological assessment by a licensed psychologist consisting of **(enhanced)**

2.1(e)(i) a clinical interview, **(enhanced)**

- 2.1(e)(ii) appropriate testing to determine **(enhanced)**
  - (A) strengths and **weaknesses (enhanced)**
  - (B) behavioral, adjustment or academic problems, **(enhanced)**
  - (C) intelligence, **(enhanced)**
  - (D) organic dysfunction, and **(enhanced)**
  - (E) the existence of any mental illness; **(enhanced)**
- 2.1(e)(iii) diagnosis; **(enhanced)**
- 2.1(f) health assessment consisting of **(enhanced)**
  - 2.1(f)(i) a summary of the resident and family medical history, **(enhanced)**
  - 2.1(f)(ii) laboratory and/or diagnostic tests to detect communicable diseases, **(enhanced)**
  - 2.1(f)(iii) recording of height, weight, pulse, blood pressure and temperature, **(enhanced)**
  - 2.1(f)(iv) medical examination, **(enhanced)**
  - 2.1(f)(v) other tests and examinations as medically indicated, **(enhanced)**
  - 2.1(f)(vi) review of the results of the medical examination and tests, and identification of problems by a licensed physician specializing in pediatrics and having training in medical issues for adolescents, **(enhanced)**
  - 2.1(f)(vii) a summary of the medical treatment received while in detention, including medication prescribed, and **(enhanced)**
- 2.1(g) drug and alcohol assessment including **(enhanced)**
  - 2.1(g)(i) family history, **(enhanced)**

- 2.1 (g)(ii) support structure, **(enhanced)**
- 2.1(g)(iii) behavioral/disciplinary problems related to school and/or employment, **(enhanced)**
- 2.1(g)(iv) personal history of drug and alcohol use, **(enhanced)**
- 2.1 (g)(v) physical and/or sexual abuse **(enhanced)**
- 2.1 (g)(vi) physical and emotional condition, **(enhanced)**
- 2.1 (g)(vii) parental observations and verification, and **(enhanced)**
- 2.1(g)(viii) the results of any urinalysis for drugs and alcohol;  
**(enhanced)**
- 2.1(h) structured behavioral observation while in detention in the areas of  
**(enhanced)**
  - 2.1(h)(i) cooperation, **(enhanced)**
  - 2.1 (h)(ii) relationships with peers, **(enhanced)**
  - 2.1 (h)(iii) relationships with authority, **(enhanced)**
  - 2.1(h)(iv) management of conflict, **(enhanced)**
  - 2.1 (h)(v) demonstration of accepted social values, **(enhanced)**
  - 2.1 (h)(vi) personal hygiene habits, **(enhanced)**
  - 2.1(h)(vii) care of property, **(enhanced)**
  - 2.1(h)(viii) use of time and resources, **(enhanced)**
  - 2.1 (h)(ix) nutritional habits, **(enhanced)**
  - 2.1 (h)(x) family contact while in detention, including the frequency, nature and duration of visits and telephone calls; and  
**(enhanced)**

- 2.1 (i) a specific set of treatment recommendations based upon the needs of the resident and his/her family that identifies available services and resources. **(enhanced)**

### 3. Provision of Services

*The objective of this standard is to ensure that the resident's right to due process of law is not violated in the provision of diagnostic services.*

- 3.1 Diagnostic services shall be provided post-adjudication if the Court determines that a diagnostic assessment is required to ascertain the treatment needs of the resident. **(enhanced)**
  - 3.1(a) Diagnostic services may be initiated prior to adjudication upon the written request of the resident's attorney, or **(enhanced)**
  - 3.1(b) if the resident has admitted the delinquent offense(s) and the Court orders that a diagnostic assessment be conducted. **(enhanced)**
- 3.2 The provision of certain components of the diagnostic services should be integrated with routine assessment processes conducted pre-adjudication with all residents and should be initiated in accordance with time frames established in the related standards for Juvenile Detention Services. These components include: **(enhanced)**
  - 3.2(a) educational assessment (*Education: section 2. Educational Assessment*); **(enhanced)**
  - 3.2(b) health assessment (*Health Services: section 3. Medical Examination*); and **(enhanced)**
  - 3.2(c) structured behavioral observation (*Safety Security and Control: section 5. Behavior Management*). **(enhanced)**
- 3.3 The provision of certain components of the diagnostic services shall be ordered and approved by the Court after an adjudication hearing to preserve the resident's right to due process of law. These components include: **(enhanced)**
  - 3.3(a) family/home assessment; **(enhanced)**
  - 3.3(b) psychiatric assessment; **(enhanced)**

3.3(c) psychological assessment; and **(enhanced)**

3.3(d) drug and alcohol assessment. **(enhanced)**

**3.4** The diagnostic services should administer a process to measure behavioral and attitudinal change of the resident to determine the effectiveness of treatment efforts. The process should include a pre-treatment and post-treatment assessment. **(enhanced)**

**3.5** Under no circumstances shall a resident be committed to detention for the provision of diagnostic services as a final disposition. **(basic)**

**STAFF  
DEVELOPMENT**

## STAFF DEVELOPMENT

The juvenile detention facility shall provide a comprehensive program of staff development and training. Staff development and training shall be competency-based and designed to develop the knowledge and skills of staff. Staff training and development shall also provide for the general professional and personal growth of staff.

### 1. Structure

*The objective of this standard is to encourage the establishment of a well-defined program of staff development and training that develops the knowledge and skills of staff to enable them to competently fulfill their duties and responsibilities. It also establishes responsibility for the design, coordination and delivery of the training.*

- 1.1 A specific staff person shall be designated as training coordinator and shall be responsible for the design, coordination and delivery of the program of staff development and training. **(basic)**
  - 1.1(a) He/she should have education, training or experience in the design, coordination and monitoring of staff development and training. **(basic)**
    - 1.1(a)(i) The training coordinator should have training, education and/or experience in the principles and methods of Adult Basic Education. **(enhanced)**
  - 1.1(b) The director of the facility shall meet monthly with the training coordinator to assess the quality of the program of staff development and training. This assessment should include, but need not be limited to, the following: **(basic)**
    - 1.1(b)(i) identification of immediate and long-term training needs of the facility and individual staff; **(basic)**
    - 1.1 (b)(ii) identification of training resources and budgeting for their costs; **(basic)**
    - 1.1 (b)(iii) review of scheduled training; and **(basic)**
    - 1.1 (b)(iv) evaluation of completed training. **(basic)**

- 1.1(c) The responsibilities of the training coordinator should include, but need not be limited to, the following: **(basic)**
- 1.1 (c)(i) to conduct needs assessments to determine immediate and long-term staff development and training needs; **(basic)**
  - 1.1 (c)(ii) to design a program of staff development and training based upon the results of the needs assessment; **(basic)**
  - 1.1(c)(iii) to identify internal and external resources for staff development and training; **(basic)**
  - 1.1 (c)(iv) to coordinate, schedule and evaluate training sessions. **(basic)**
  - 1.1(c)(v) to maintain records of staff training including the topic, date, number of hours, staff who participated and brief summary of the purpose and objectives of the training; and **(basic)**
  - 1.1 (c)(vi) to evaluate the content and quality of the training provided. **(basic)**

## 2. Content and Delivery

*The objective of this standard is to identify the primary areas of staff development and training, dependent upon the responsibilities of the respective positions, and when such training should occur.*

- 2.1 All program, administrative and support staff of the facility shall receive training specific to their assigned responsibilities. As a result of training, all staff shall be able to identify, at a minimum, the following: **(basic)**
- 2.1(a) the specific responsibilities of their positions; **(basic)**
  - 2.1 (b) the general responsibilities of other positions of the facility; and **(basic)**
  - 2.1(c) the role and function of detention and other components of the juvenile justice system. **(basic)**
- 2.2 Prior to assuming full duties and responsibilities of their respective positions, but no later than 30 days from the initial date of employment, all program staff shall

rev. 8/15/93

receive training in the following areas and be able to identify, and demonstrate understanding and/or application: **(basic)**

- 2.2(a) an overview of the juvenile justice system, including, but not limited to **(basic)**
  - 2.2(a)(i) the philosophy and purpose of the Juvenile Court, **(basic)**
  - 2.2(b)(ii) major provisions of the Juvenile Act, **(basic)**
  - 2.2(b)(iii) the Juvenile Court Judges' Commission Standards governing the use of secure detention, **(basic)**
- 2.2(b) major provisions of the Department of Public Welfare Secure Detention Facility Regulations, including, but not limited to **(basic)**
  - 2.2(b)(i) admission criteria and requirements, **(basic)**
  - 2.2(b)(ii) continuing service requirements, **(basic)**
  - 2.2(b)(iii) staff health and training requirements, and **(basic)**
  - 2.2(b)(iv) limitations and requirements regarding the use of isolation and handcuffs; **(basic)**
- 2.2(c) the Child Protective Service Law, including, but not limited to **(basic)**
  - 2.2(c)(i) definitions, **(basic)**
  - 2.2(c)(ii) mandated reporting requirements, **(basic)**
  - 2.2(c)(iii) procedures regarding investigations of allegations of abuse, **(basic)**
  - 2.2(c)(iv) levels of findings, and **(basic)**
  - 2.2(c)(v) confidentiality requirements; **(basic)**
- 2.2(d) certification in Standard First Aid and Cardiopulmonary Resuscitation (CPR); **(basic)**
- 2.2(e) fire safety, including, but not limited to **(basic)**

- 2.2(e)(i) principles of prevention, and **(basic)**
- 2.2(e)(ii) evacuation procedures; **(basic)**
- 2.2(f) use of physical force, including, but not limited to **(basic)**
  - 2.2(f)(i) alternatives to the use of physical force, **(basic)**
  - 2.3(f)(ii) techniques of behavior modification/management, **(basic)**
  - 2.2(f)(iii) appropriate verbal management techniques, **(basic)**
  - 2.2(f)(iv) appropriate physical management techniques which minimize risk of injury to the resident and staff, **(basic)**
  - 2.2(f)(v) techniques to de-escalate the acting out behavior, and **(basic)**
  - 2.2(f)(vi) methods to process the acting out behavior with the resident; and **(basic)**
- 2.2(g) health screening, including, but not limited to **(basic)**
  - 2.2(g)(i) suicide risk assessment methods, **(basic)**
  - 2.2(g)(ii) recognition of signs and symptoms of mental health needs, **(basic)**
  - 2.2(g)(iii) recognition of signs and symptoms of drug an/or alcohol intoxication and/or dependency, **(basic)**
  - 2.2(g)(iv) recognition of signs, symptoms and high risk behaviors associated with tuberculosis, AIDS and other diseases, **(basic)**
  - 2.2(g)(v) signs and symptoms of suspected child abuse, and **(basic)**
  - 2.2(g)(vi) medical interview skills; **(basic)**
- 2.2(h) response procedures for medical emergencies, including, but not limited to **(basic)**
  - 2.2(h)(i) recognition of a medical emergency, **(basic)**

- 2.2(h)(ii) procedures to summon medical assistance, and **(basic)**
- 2.2(h)(iii) administration of standard first aid or CPR to the extent to which staff is trained; and **(basic)**
- 2.2(i) internal operational policies and procedures. **(basic)**
- 2.3 During the first year of employment, all program staff shall have training appropriate to their respective responsibilities. Training may include, but need not be limited to, the following areas appropriate to their responsibilities, of which staff shall be able to identify, and demonstrate understanding and/or application: **(basic)**
  - 2.3(a) safety, security and control, including, but not limited to **(basic)**
    - 2.3(a)(i) stages of adolescent development, **(basic)**
    - 2.3(a)(ii) communication skills, **(basic)**
    - 2.3(a)(iii) therapeutic intervention skills **(basic)**
    - 2.3(a)(iv) basic counseling skills, **(basic)**
    - 2.3(a)(v) legal rights of residents and staff, and **(basic)**
    - 2.3(a)(vi) report writing; **(basic)**
  - 2.3(b) health services, including, but not limited to **(basic)**
    - 2.3(b)(i) basic medical terminology; **(basic)**
    - 2.3(b)(ii) recognizing and responding to seizure disorders, **(basic)**
    - 2.3(b)(iii) medical protocols for non- emergency medical needs, **(basic)**
    - 2.3(b)(iv) appropriate security, administration, common side effects and contraindications of prescription and non-prescription medication, **(basic)**
    - 2.3(b)(v) the physical and emotional needs of pregnant residents, **(basic)**

- 2.3(b)(vi) universal precautions to prevent infection of tuberculosis and AIDS, **(basic)**
- 2.3(b)(vii) the prevention, and management of suicidal behavior, including the use of suicide risk assessment instruments, **(basic)**
- 2.3(b)(viii) confidentiality of medical information and medical consent requirements, and **(basic)**
- 2.3(b)(ix) the provision of health education for residents, and **(basic)**
- 2.3(c) education, including, but not limited to **(basic)**
  - 2.3(c)(i) basic educational terminology; **(basic)**
  - 2.3(c)(ii) major provisions of educational law and regulations, **(basic)**
  - 2.3(c)(iii) learning theory, **(basic)**
  - 2.3(c)(iv) learning disabilities, **(basic)**
  - 2.3(c)(v) tutorial methods and techniques, and **(basic)**
- 2.3(d) recreation, including, but not limited to **(basic)**
  - 2.3(d)(i) basic physiology, **(basic)**
  - 2.3(d)(ii) certification in Standard First Aid and Cardiopulmonary Resuscitation (CPR), **(basic)**
  - 2.3(d)(iii) competitive and non-competitive games and sports, **(basic)**
  - 2.3(d)(iv) co-educational recreational activities, and **(basic)**
  - 2.3(d)(v) adaptive activities for the physically and developmentally challenged; **(basic)**
- 2.3(e) family support and interaction, including, but not limited to **(basic)**
  - 2.3(e)(i) non-traditional families and support structures, **(basic)**
  - 2.3(e)(ii) family therapy, and **(basic)**

- 2.3(e)(iii) parenting skills; **(basic)**
- 2.3(f) nutritional services, including, but not limited to **(basic)**
  - 2.3(f)(i) menu planning, **(basic)**
  - 2.3(f)(ii) proper methods of food storage, handling and preparation, **(basic)**
  - 2.3(f)(iii) proper sanitation practices, **(basic)**
  - 2.3(f)(iv) federal, state and local health codes **(basic)**,
  - 2.3(f)(v) requirements of the National School Lunch and Breakfast Programs, and **(basic)**
  - 2.3(f)(vi) provision of nutritional education for residents; and **(basic)**
- 2.3(g) therapeutic services, including, but not limited to **(basic)**
  - 2.3(g)(i) therapeutic needs assessment methods and instruments, **(basic)**
  - 2.3(g)(ii) crisis intervention skills, **(basic)**
  - 2.3(g)(iii) counseling skills, **(basic)**
  - 2.3(g)(iv) goal setting, **(basic)**
  - 2.3(g)(v) adolescent sexuality, **(basic)**
  - 2.3(g)(vi) developing and conducting education and awareness groups for adolescents, **(basic)**
  - 2.3(g)(vii) report writing; and **(basic)**
- 2.3(h) diagnostic services, including, but not limited to **(basic)**
  - 2.3(h)(i) assessment methods and instruments (e.g., physical health, mental health, education, drug and alcohol), **(basic)**
  - 2.3(h)(ii) cognitive functioning and psychopathology, **(basic)**

- 2.3(h)(iii) family dynamics and dysfunctionality, **(basic)**
- 2.3(h)(iv) treatment resources and capabilities in the juvenile justice, education, mental health, health care and drug and alcohol systems, and **(basic)**
- 2.3(h)(v) report writing; and **(basic)**
- 2.3(i) cross cultural awareness and sensitivity; and **(basic)**
- 2.3(j) role and functions of the major components of the juvenile justice system (e.g., law enforcement, juvenile courts/probation, detention and treatment services). **(basic)**
- 2.4 All program staff shall have a minimum of 120 hours of training during their first year of employment and a minimum of 40 hours of training annually every year thereafter. **(basic)**
  - 2.4(a) Part-time program staff shall have **annual** training appropriate and proportional to the number of hours they routinely work. This training shall, at a minimum, include, but need not be limited to the following: **(basic)**
    - 2.4(a)(i) an overview of the juvenile justice system; **(basic)**
    - 2.4(a)(ii) Department of Public Welfare Secure Detention Facility Regulations; **(basic)**
    - 2.4(a)(iii) Standard First Aid/Cardiopulmonary Resuscitation; **(basic)**
    - 2.4(a)(iv) Child Protective Services; **(basic)**
    - 2.4(a)(v) the use of physical force; **(basic)**
    - 2.4(a)(vi) health screening; **(basic)**
    - 2.4(a)(vii) response procedures for medical emergencies; and **(basic)**
    - 2.4(a)(viii) internal operational policies and procedures. **(basic)**
- 2.5 Either through education, experience and/or training prior to employment or through training within 90 days of the initial date of employment, administrative staff shall be able to identify and demonstrate understanding and/or application in the following areas: **(basic)**

rev. 8/15/93

- 2.5(a) Pennsylvania Juvenile Act; **(basic)**
  - 2.5(b) Secure Detention Facility Regulations: Title 55; Chapter 3760: Department of Public Welfare; **(basic)**
  - 2.5(c) Child Protective Services Law; **(basic)**
  - 2.5(d) Mental Health Procedures: Title 55; Chapter 5100: Department of Public Welfare; **(basic)**
  - 2.5(e) federal and state educational laws and regulations as they pertain to detention; and **(basic)**
  - 2.5(f) Americans with Disabilities Act. **(basic)**
- 2.6 Either through education, experience and/or training prior to employment or through training within one (1) year of the initial date of employment, administrative staff shall be able to demonstrate competencies required for their respective responsibilities. These competencies may include, but need not be limited to, the following areas, of which administrative staff shall be able to identify, and demonstrate understanding and/or application: **(basic)**
- 2.6(a) principles of administration and supervision; **(basic)**
  - 2.6(b) labor law, including the Fair Labor Standards Act; **(basic)**
  - 2.6(c) staff/management relations; **(basic)**
  - 2.6(d) issues and practices of services for delinquent youth, **(basic)**
  - 2.6(e) management theory and methods; **(basic)**
  - 2.6(f) organizational behavior; and **(basic)**
  - 2.6(g) systems relations and planning. **(basic)**
- 2.7 All administrative staff shall have a minimum of 80 hours of training during their first year of employment and a minimum of 40 hours of training annually every year thereafter. **(basic)**
- 2.8 Either through education, experience and/or training prior to employment or through training within 90 days of the initial date of employment, support staff

(e.g., clerical, maintenance and laundry) shall be able to identify and demonstrate understanding and/or application in the following areas: **(basic)**

2.8(a) an overview of the juvenile justice system, including, but not limited to **(basic)**

2.8(a)(i) the philosophy and purpose of the Juvenile Court, **(basic)**

2.8(b)(ii) role and functions of the major components of the juvenile justice system (e.g., law enforcement, juvenile courts/probation, detention and treatment services); **(basic)**

2.8(b) specific competencies required to fulfill the duties and responsibilities of their respective positions; and **(basic)**

2.8(c) internal operational policies and procedures related to their respective positions. **(basic)**

2.9 All support staff shall have a minimum of 40 hours of training during their first year of employment and a minimum of 16 hours of training annually every year thereafter. **(basic)**

2.10 The administration of the facility shall encourage and support staff attendance and participation in professional associations and seminars. **(basic)**

# ***REFERENCES***

## REFERENCES

- American Bar Association, "Institute of Judicial Administration/American Bar Association: Juvenile Justice Standards," New York, 1980.
- American Correctional Association, "Guidelines for the Development of Policies and Procedures: Juvenile Detention Facilities," August 1984.
- , "Standards for Small Juvenile Detention Facilities," August 1991.
- Centers for Disease Control, "Recommendations for Prevention of HIV Transmissions in Health-Care Settings," Morbidity and Mortality Weekly Report, Vol. 36, No. 25, August 21, 1987.
- , "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," Morbidity and Mortality Weekly Report, Vol. 36, No. 15, August 14, 1987.
- Commonwealth of Pennsylvania, Department of Education, "School Immunization Regulations," Basic Education Circulars, #28-87.
- Commonwealth of Pennsylvania, Department of Environmental Resources, Bureau of Community Environmental Control, "Facts for Food Service Personnel."
- , "You Can Prevent Foodborne Illness," May 1990.
- Commonwealth of Pennsylvania, Department of Environmental Resources, Bureau of Community Environmental Control, Division of Food Protection, "The Fundamental 5 of Safe Food Service."
- Commonwealth of Pennsylvania, Department of Environmental Resources, Division of Food Protection, "Do's and Don'ts," November 1990.
- , "Minimum Acceptable Standards for Washing and Sanitizing Multi-Use Utensils."
- , "Food Service Self-Inspection," October 1982.
- Commonwealth of Pennsylvania, Department of Public Welfare, "Residential Child Care Facility Regulations," Title 55: Chapter 3810, Pennsylvania Code.
- , "Secure Detention Facility Regulations," Title 55: Chapter 3760, Pennsylvania Code.

- Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children Youth and Families, "Draft: Chapter 342. Standards for Detention Home/Center Education," October 21, 1980.
- Commonwealth of Pennsylvania, Juvenile Detention Task Force, "Juvenile Detention Task Force Report," 1989.
- Corpening, Robin, et al., "Computer Generated Substance Abuse Testing, Assessment and Education in a Small Detention Center," Journal for Juvenile Justice and Detention Services, Vol. 7, No. 1, Spring 1992.
- Council on Scientific Affairs, "Health Status of Detained and Incarcerated Youths," Journal of the American Medical Association, Vol. 263, No. 7, February 16, 1990.
- DeFazio, Therese M., and Reginald Warford, "Violence Prevention Programming Within Juvenile Detention-Part 1: Program Development," Journal for Juvenile Justice and Detention Services, Vol. 7, No. 2, Fall 1992.
- , "Violence Prevention Programming Within Juvenile Detention-Part 2: Violence Experience Survey."
- Grignano, I. A., "Grignano Interviews Grignano," Journal for Juvenile Justice and Detention Services, Vol. 6, No. 2, Fall 1991.
- Guskey, Thomas R., "Successfully Implementing Outcome-Based Education," The Pennsylvania Reporter, Vol. 24, No. 3, September 1992.
- Juvenile Detention Centers' Association of Pennsylvania, "Policy on School Programs in Detention," 1989.
- Levine, Art, "Getting Smart About IQ," U.S. News and World Report, November 23, 1987.
- McIntyre, Thomas, "Behaviorally Disordered Youth in Correctional Settings: Prevalence, Programming, and Teacher Training," Behavioral Disorders, Vol. 18, No. 3, May 1993.
- Mullen, Joseph K., "AIDS: Suggested Policy for Youth Service Programs," The Center for Juvenile Justice Training and Research, Shippensburg University, Shippensburg, PA, March 1988.
- National Commission on Correctional Health Care, "Standards for Health Services in Juvenile Detention and Confinement Facilities," 1992.
- National Restaurant Association, Public Health and Safety Committee, "Temperatures for Food Safeness," Chicago, IL.

- National Sheriffs' Association, "Acquired Immune Deficiency Syndrome: 100 Questions and Answers," Alexandria, VA, October 1987.
- Norman, Sherwood, "Detention Care," Journal for Juvenile Justice and Detention Services, Vol. 5, No. 1, Spring 1990.
- , "Cardinal Concepts of Detention," Journal for Juvenile Justice and Detention Services, Vol. 5, No. 1, Spring 1990.
- Parent, Dale G., et al., "Conditions of Confinement: A Study to Evaluate Conditions in Juvenile Detention and Correctional Facilities," Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, April 1993.
- Paulson, Daniel R., and David A. Allen, "Training Needs of Educators and Support Personnel in Correctional Facilities," Teacher Education and Special Education, Vol. 9, No. 1, Winter 1986.
- Pennsylvania Juvenile Justice Task Force, "Toward the Year 2000: A Blueprint for Excellence," October 1, 1991.
- Rousch, David W., "Content and Process of Detention Education," Journal of Offender Counseling, Services, and Rehabilitation, Vol. 7, Nos. 3-4, Spring-Summer 1983.
- U.S. Department of Agriculture, Food and Nutrition Service, "Building for the Future: Nutrition Guidance for the Child Nutrition Programs," April 1992.
- U.S. Department of Agriculture, Food and Nutrition Service, Child Nutrition Division, "Food Storage Guide for Schools and Institutions," Program Aid No. 403, November 1975.
- U.S. Department of Agriculture, Human Nutrition Information Service, "Food Guide Pyramid: A Guide to Daily Food Choices," Leaflet No. 572.
- , "The Food Guide Pyramid," Home and Garden Bulletin: No. 252.
- U.S. Department of Justice, Office of Justice Programs, Institute for Behavior and Health, Inc., and Office of Juvenile Justice and Delinquency Prevention, American Correctional Association, "Monograph: Drug Testing of Juvenile Detainees."
- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Delinquency Prevention, The Coordinating Council on Juvenile Justice and Delinquency Prevention, "Juvenile Alcohol and Other Drug Abuse: A Guide to Federal Initiatives for Prevention, Treatment and Control," 1992.
- Williams, Captain Decker, "A 1 O-Point Approach to Infectious/Contagious Disease Exposure," International Association of Fire Chiefs, Fall