

# EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY



## POLICY AND PROCEDURE MANUAL

Original Effective Date – 03/01/09

Revised 7/15/2016

Approving Authorities

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# ADMINISTRATION/ MANAGEMENT



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EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-01	Effective Date: 7/15/16
Legal Authority, Mission Statement and Organizational Chart	<b>Related Standards &amp; References:</b> ACA: 3-JDF-1A-10 STATUTE: A.R.S. 8-201.14, 8-203.A, 8-203.B, 8-204, 8-306.A	
Approved By: Charles Gatwood - Administrator // Signature on File		

**Policy:** The facility shall provide for the supervision, detention and rehabilitation of juveniles committed to the custody of the facility. The operation of the facility is governed by the Arizona Revised Statutes. The facility shall operate prevention programs and provide assistance to local public and private entities with prevention programs for juveniles at risk

**Mission Statement:** The mission of the facility is to serve the juveniles and citizens of Graham County by protecting the public, holding juveniles accountable for their actions, and improving their academic, social, vocational, and behavioral competencies in the most effective manner possible.

The mission statement will be prominently displayed throughout the facility in a manner that makes it accessible to staff, juveniles and visitors. Facility staff will be familiar with the mission statement and will be guided by it in the performance of their duties. The Facility will develop a written mission statement that describes its philosophy, goals, and purpose within the context of the legislative mandate of the facility. The facility's mission statement will be reviewed by the supervisory staff at least annually and updated when necessary.

The facility is managed by the administrator to whom all employees and supervisory staff are responsible. The chief of security or designee will be responsible for implementing the policies and procedures of the facility.

**Organizational Policy:** The facility shall have an organizational chart that reflects the current structure of authority, responsibility, and accountability within the facility in relationship to the administrative structure. These documents shall be reviewed annually and updated as needed. The organizational chart will be posted to ensure accessibility to staff. The chart will include the following elements:

- The grouping of functions;
- The structure of authority, accountability and responsibility within the unit;
- The structure of accountability and responsibility in relationship to the administrative structure;
- The channels of communication within the organization;
- The number of positions; and
- The names of management and supervisory personnel.
- Designated appointing authorities.

All staff will be familiar with the organizational chart.

The organizational chart below reflects the grouping of functions, effective span of control, lines of authority and provides orderly channels of communication.

The organizational chart is part of a statewide continuum in order to allow each employee to better appreciate the system of criminal justice in the state of Arizona.

**EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY**

<b>Section-01 Administration/ Management</b>	<b>Policy # 01-02</b>	<b>Effective Date: 7/15/16</b>
<b>Authority, Mission Statement, and Organizational Chart</b>	<b>Related Standards &amp; References:</b> <b>ACA: 3-JDF-1A-10</b> <b>Statue: A.R.S. 8-201.14, B-203. A, B-203.B, 8-306.A</b>	
<b>Approved By: Charles Gatwood- Administrator// Signature on file</b>		

**POLICY:** The Eastern Arizona Regional Juvenile Detention Facility shall have an organizational chart that reflects the current structure of authority, responsibility, and accountability within the organization. The Facility or program shall also have an organizational chart that reflects the current structure of authority, responsibility, and accountability within the facility or program and in relationship to the Facility's administrative structure. These documents shall be reviewed annually and updated as needed.

**PROCEDURES:**

The Facility's organizational chart will include the following elements:

- ✓ The grouping of functions;
- ✓ The structure of authority;
- ✓ The channels of communication within the organization; and
- ✓ Designated appointing authorities.

All E.A.R.J.D.F. staff will be familiar with the organizational chart.

The Facility's organizational chart will be posted prominently to ensure accessibility to staff. The chart will include the following elements:

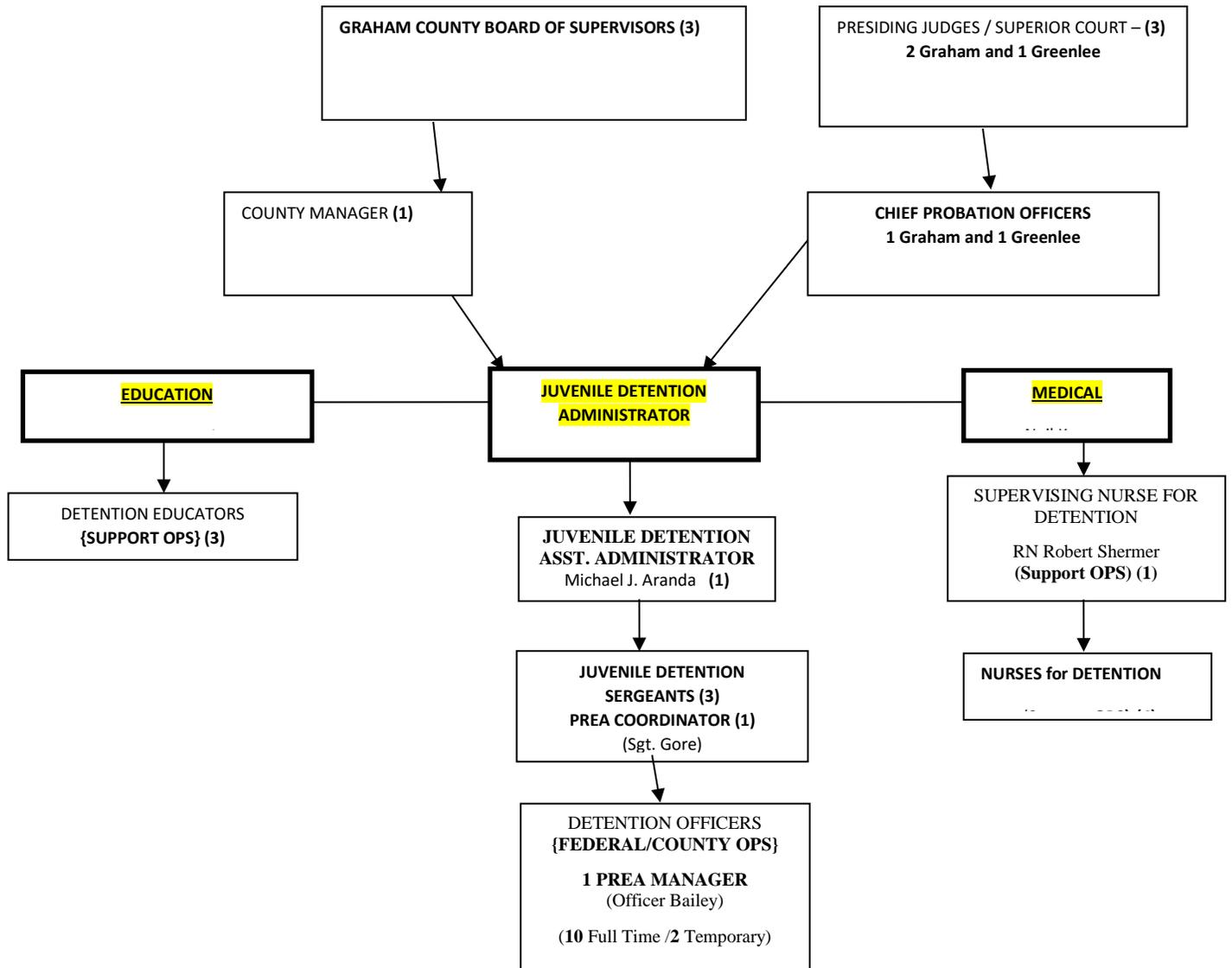
1. The grouping of functions;
2. The structure of authority, accountability and responsibility within the unit;
3. The structure of accountability and responsibility in relationship to the administrative structure;
4. The channels of communication within the organization;
5. The number of positions; and
6. The names of management and supervisory personnel.

The organizational chart below reflects the grouping of functions, effective span of control, lines of authority and provides orderly channels of communication.

The organizational chart is part of a statewide continuum in order to allow each employee to better appreciate the system of criminal justice in the state of Arizona.

**EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY**

**ORGANIZATIONAL CHART - REVISED – July 15<sup>th</sup>, 2016**



EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-03	Effective Date: 7/15/2016
Personnel Administrative Policies/ Hiring Qualifications	Related Standards & References ACA: 3-JDF-1C-05, 06, 08, 09, 13, 14, 15	
Approved By: Charles Gatwood - Administrator // Signature on File		

**POLICY:** Graham County Merit System and facility personnel policy manual cover at a minimum the following areas:

- Organization chart (table of organization)
- Recruitment and promotion, including equal employment opportunity provisions
- Job descriptions and qualifications, including salary determinations and physical fitness policy
- Benefits, holidays, leave and work hours
- Personnel records and employee evaluation
- Staff development, including in-service training
- Retirement, resignation, and termination
- Employee-management relations, including disciplinary procedures and grievance and appeals procedures
- Statutes relating to political activities
- Insurance/professional liability requirements

Written regulations help ensure equitable and consistent treatment of all employees. Every employee shall have the opportunity to review the personnel manual at the time of employment and thereafter, employees should be encouraged to ask questions about personnel policies. Each employee signs a statement acknowledging access to the personnel policies and regulations and his/her responsibility for being aware of the contents. Each facility employee shall receive a copy of the personnel policies and regulations of the facility/agency at the time of employment, or have access to all such policies and regulations, including new policies as they are instituted. Signing a statement acknowledging receipt of and responsibility for the policies and regulations should follow an orientation session at which personnel staff explain, review and answer all questions pertaining to employee responsibilities.

The facility administrator reviews the facility's internal personnel policies annually and submits to the parent agency any recommended changes that are relevant to the parent agency's policies.

**HIRING QUALIFICATIONS:** Fingerprinting and a criminal history records check through the Arizona Criminal Justice Information system and the national criminal information database. Driving records check through the Arizona MVD and through the MVD of previous state of residence. Verification of education requirements for applied position. Verification of current and past employment, which includes documented, good faith efforts to contact employers to obtain information or recommendations which may be relevant to the individual's qualifications. Professional and personal references will be contacted. A drug test will be given upon hire at the facility. Also a records check for sexual abuse through Dept. of Children Services. Once hired the employee will be assigned to the training coordinator and he will insure that the file contains everything needed in order to start the training process and complete the hiring process. The facility Administrator will maintain the file and review the file for any missed documentation.

**STAFFING REQUIREMENTS:** Staffing requirements are based on juvenile population figures and juvenile needs in health care, academic, vocational, library, recreation and religious programs and services. All Shift Sergeants regularly assess requirements for all categories of personnel are determined to ensure that juveniles have access to staff, programs, and services. Annually supervisors submit written budget requests to the Assistant Administrator that describe staffing needs and recommendations based on full coverage of designated security posts, full surveillance of juveniles and to perform all ancillary functions. goals, legal requirements, character and needs of juveniles supervised and other duties required to staff. Contingency plans are maintained to continue facility operations in the event of any work shortage or stoppage.

**Regular Staffing: Security:** When both males and females are housed in the facility, at least one staff member of each sex is on duty at all times. If a shift does not have employee of both sexes on duty, an appropriate employee is called in from off duty to work the shift. Arrangements will be made to provide a female to strip or pat search female juveniles when required.

The facility administrator can document that the overall vacancy rate among staff positions authorized to work directly with juveniles does not exceed 10 percent for any 18-month period. Position vacancies that are frozen by legislative or fiscal controls should not be considered in the 10 percent vacancy rate specified in the standard. When unusual

conditions cause an excessive number of vacancies, the facility administrator should notify the central agency in writing about the disparity between positions authorized and filled, documenting the reasons and alerting the agency to the potential problem.

**EQUAL EMPLOYMENT OPPORTUNITY:** Equal employment opportunities exist for all positions. There is a mechanism to process requests for reasonable accommodation for the known physical and/or mental impairments of a qualified individual with a disability, either an applicant or an employee. The accommodation need not be granted if it would impose an undue hardship or direct threat. **Note: Covered under Graham County Merit System Article 1 Rule #106 Para. (A)**

**SELECTION AND PROMOTION:** All personnel are selected, retained, and promoted on the basis of merit and specified qualifications from within the facility and from outside sources. Provisions exist for experience and education substitutes for position qualifications. All professional specialists are qualified in their fields. Note: Transfer, assignment and selection of employees is on the basis of facility need and the ability of the employee to perform the job. **Note: Covered under Graham County Merit System Article 2 Rule #206 Para. (B)**

**PROBATIONARY TERM:** Employees covered by merit systems, civil service regulations, or union contract are appointed initially for a probationary term of at least six months but no longer than one year. After a probationary period, involuntary termination or demotion is permitted only for good cause and, if requested, subsequent to a formal hearing of specific charges conducted by a civil service commission or other career service organization. **Note: Covered under Graham County Merit System Article 2 rule #207 Para. (B)**

**PROVISIONAL APPOINTMENTS:** The facility administrator should ensure that a pool or register of eligible candidates is available to fill or keep to a minimum any vacancies among staff who work directly with juveniles (care workers, counselors, teachers, chaplains, librarians, etc.). In addition to full-time staff, the facility also utilizes reserve officers and community volunteers to ensure the availability of staff and services to juveniles either for short-term appointment or during emergencies. **Note: Covered under Graham County Merit System Article 2 Rule #205 Para. (D-E)**

**CRIMINAL RECORD CHECK:** A criminal record check is conducted on all new employees in accordance with state and federal statutes. **Note: Covered under Graham County Merit System Article 2 Rule #203 Para. (E)**

**PHYSICAL EXAMINATION:** Employees who have direct contact with juveniles receive a physical examination prior to a job assignment. Employees receive reexaminations according to a defined need or schedule. **Note: Covered under Graham County Merit System Article 2 Rule #203 Para. (B). See also current policy regarding personnel physical exam.**

**DRUG-FREE WORKPLACE:** The facility implements a drug-free workplace policy. Policies specifying support for a drug-free workplace are reviewed annually. **Note: Covered under Administrative Policy #1-197**

**PERFORMANCE REVIEWS:** All employees are provided annual performance reviews based on defined criteria, the results of which are discussed with the employee. **Note: Covered under Graham County Merit System Article 5 Rule #505**

**COMPENSATION AND BENEFITS:** Compensation and benefit levels for all facility personnel are comparable to those for similar occupational groups in the state or region. **Note: Covered under Graham County Merit System Article 1 Rule #401 Para. (B)**

**SEXUAL HARASSMENT AND DISCRIMINATION:** Sexual harassment and discrimination is specifically prohibited. All staff is trained in the specific process to be followed and the designated staff to whom incidents of sexual harassment or discrimination should be reported. Receipt of training provided to staff, contractors, and volunteers is documented. **Note: covered under Graham County Merit System**

**PERSONNEL FILES:** The facility maintains a current, accurate, and confidential personnel record on each employee. Information obtained as part of a required medical examination (and/or inquiry) regarding the medical condition or history of applicants and employees is collected and maintained on separate forms and in separate medical files and treated as a confidential medical record. Employees may challenge the information in their personnel file. The information is removed or corrected, if proven inaccurate. **Note: Covered under Graham County Merit System Article 'I' Rule #105 Para. (A-F)**

**CODE OF ETHICS:** Note: Covered under current Facility Code of Ethics Statement

**CONFIDENTIALITY OF INFORMATION:** Note: Covered under current Facility Policy regarding confidentiality

**EMPLOYEE ASSISTANCE PROGRAM:** There is an approved employee assistance program. **Note: covered under Graham County Merit System**

**LEGISLATIVE REQUESTS FOR INFORMATION:** Campaigning, lobbying and political practice policies conform to governmental statutes and regulations, which are made known and available to all employees. All legislative requests for information shall be directed to the legislative liaison unless the administrator has authorized other facility staff to respond.

**WHISTLEBLOWERS:** The facility will receive and investigate complaints or information from any employee concerning the possible existence of activities constituting fraud, waste, and/or abuse in or relating to any of its programs and operations. Any facility employee may report information, in good faith, concerning the possible existence of fraud, waste, and/or abuse in any facility programs and operations. If a facility employee chooses to report information internally, he/she should contact the county manager. No facility employee will take action against, direct others to take action against, recommend personnel action against, approve personnel action against; or threaten another facility employee for making a complaint or reporting fraud, waste, and/or abuse.

**REQUESTS FOR LEGAL ASSISTANCE:** Procedures specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance, as needed in the performance of their duties. Only the administrator or assistant administrator may request written opinions or legal assistance as needed to perform our duties at the facility from the Graham County Attorney through the county manager. Employees shall not initiate contact with the Graham County Attorney without the knowledge and/or involvement of the administrator and the county manager. Any legal contracts or lawsuits filed against Graham County at E.A.R.J.D.F. and its employees will have legal review of vital documentation.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY	
Section-01 Administration/Management	Policy # 01-04      Effective Date: 7/15/16
Establishment and Maintenance of Facility Policies	Related Standards &References: ACA Standards: 3-JDF-1C-01 Statue: A.R.S 8-203; 8-205
Approved By: Charles Gatwood - Administrator // Signature on File	

**POLICY:** The facility shall develop policies and procedures that guide employees in their fulfillment of the mission statement. The facility administrator shall establish the general policies of the facility. Facility policies shall be reviewed annually and updated as needed. To ensure overall conformance to policy requirements, all departments in the facility shall maintain a current manual (electronic & paper) of facility policies.

**PROCEDURES:** Facility policies will be developed using nationally recognized correctional standards, applicable federal and state laws and regulations. As updated information becomes available (e.g., new/revised laws and standards), facility policies will be revised.

The ACA accreditation manager is responsible for managing the process of developing new policy and revising existing policy. He/she will solicit the input of staff with knowledge of the policy topic.

He/she will forward the final draft of each policy to the administrator for review. Following the administrator's approval, facility policies will be disseminated electronically and there will be a printed hard copy.

The procedures will be developed for new and revised policies, as applicable. All staff will be given the opportunity to provide input and feedback in the development of the procedures. The procedures will be reviewed at least annually and updated as needed.

At all times, employees and volunteers will have easy access to a current policy and procedures manual. Copies of all new or revised policies will be disseminated to staff, designated volunteers and, when appropriate, to juveniles prior to implementation.

The administrator or assistant administrator will ensure that all staff are familiar with the contents of the policy manual and receive any training needed to implement the policies and procedures.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-05	Effective Date: 7/15/16
Relationships With Other Agencies	Related Standards & References: ACA Standards: 4-JCF-6D-09	
Approved By: Charles Gatwood - Administrator // Signature on File		

**POLICY:** The administrator or assistant administrator shall coordinate planning efforts with community-based groups and service providers to assure effective use of available resources. The administrator shall also cooperate with other facilities, divisions, and agencies of the state, as well as appropriate private agencies and organizations, to assist in providing necessary services for juveniles who are under the supervision of the facility.

**PROCEDURES:** The administrator or assistant administrator will encourage youth to maintain ties to the community, consistent with appropriate safety and security consideration, by permitting, at a minimum:

- The opportunity for juveniles to visit with family and others in the facility;
- Volunteers from the community to work directly with the juveniles; and
- The participation of other community-based agencies in policy development, coordination, planning, and interagency consultation.

Designated representatives from the facility will routinely participate in federal, state, and regional planning efforts with both juvenile justice and non-juvenile justice agencies. Staff member(s) will be designated to initiate and maintain collaboration with colleges and universities in programs of mutual concern, such as internship training programs or Eastern Arizona College Criminal Justice Courses. Memberships and participation in professional organizations/ associations such as, ACA and NJDA will be routinely encouraged and supported

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-06	Effective Date: 7/15/16
Information Systems and Research/Management	<b>Related Standards &amp; References:</b> ACA Standards: 3-JDF-1F-01, 03, 04, 06, 07, 08, 4C-43 NCCHC Juvenile Health Care Standards, 1999: Y-71	
Approved By: Charles Gatwood – Administrator // Signature on File		

**POLICY:** The facility may conduct research and evaluation of its activities to support decision making and program activities or to add to the knowledge and understanding of the profession of juvenile justice. All research requests shall be submitted, in writing, to the facility administrator and will be reviewed by him/her to ensure that they are constructive and positive in purpose and present no obvious risk of physical or emotional harm to participants. Research and evaluation conducted by outside researchers shall receive prior approval by the administrator. The administrator will also ensure that only research activities relevant to juvenile detention programs, services and operations are used. The facility shall retain the right to monitor and maintain control of any on-going research and evaluation project. All research shall be conducted within generally accepted professional and scientific ethical standards and comply with any applicable state and federal guidelines and laws. Individuals and agencies may have access to records for the purpose of research, evaluation, and statistical analysis in accordance with a formal written agreement that authorizes access, specifies use of data, and ensures confidentiality when applicable, as consistent with statute. No medical, pharmaceutical, or cosmetic research will be performed on juveniles. Under no circumstances will medications be prescribed for the purpose of program management, control, experimentation, or research.

**PROCEDURES:** The facility will collaborate with juvenile justice and service agencies in information gathering, exchange, and standardization, where appropriate. Any researchers working in the facility shall be informed about all policies relating to their research specifically those pertaining to confidentiality. All research results shall be made available to the facility administrator for review and comment before dissemination or publication. System-wide collaboration is critical to effective management and timely decision-making and helps prevent or reduce duplication of effort and costs.

The administrator may designate the units within the facility responsible for conducting internal research and evaluation projects. Upon completion of any internal research and evaluation project, the summary report will be provided to the administrator for review and dissemination. All final reports and evaluations created will be subject to the Open Records Act, unless protected by law.

Researchers outside of the facility will be required to submit a written research request to the administrator prior to beginning any research or evaluation activity. All requests must clearly describe the project's purpose, scope and methods, to include, at a minimum:

- Who will be performing the research/evaluation;
- Why the research will be performed;
- How the research/evaluation will be conducted;
- How the results will be used and an agreement to share the results with the facility;
- Who will have access to the information;
- Timeframes including the length of the project
- Extent of involvement that will be required by facility staff, juveniles, and resources.

The facility administrator will forward any requests for research to the Bureau of Prisons/ CCM or chief of probation for review and to pre-approve. Outside researchers/evaluators must agree, in writing, to abide by facility rules and policies, applicable laws and regulations, and any specific conditions or stipulations imposed. The facility reserves the right to monitor on-going research and evaluation projects and may, at its discretion, immediately terminate or suspend any project believed or determined to be harmful to juveniles, staff, or the mission and goals of the facility. If projects require active participation of juveniles or staff outside of their normal activities, the participants must freely volunteer to participate and may withdraw from participation at any time. No adverse consequences will be imposed for declining to participate or for withdrawal from research projects. No juveniles involved in a research project will be denied services to which he/she would ordinarily have access. Privacy and confidentiality will be maintained in accordance with state and federal law, facility policy and applicable ethical standards. Names of participants or information that would compromise confidentiality or privacy will not be released or included in disseminated results.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-01 Administration/Management</b>	<b>Policy # 01-07</b>	<b>Effective Date: 7/15/16</b>
<b>Transmittal of Commitment</b>	<b>Related Standards &amp; References: ACA Standards: 3-JDF-1E-04, 05, 06, 08</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** Continuity of programming for juveniles transferred to and from other facilities requires that staff the benefit of a complete cumulative case record as soon as possible. The same applies for transfer of medical files.

Confidentiality and protection of information pertaining to juveniles are required by law. Where statutorily required, judicial, law enforcement, correctional, and social service authorities involved with the case should be supplied information without consent forms. The release of information consent form may include these items:

1. Name of Person
2. Agency
3. Organization requesting information
4. Name of Institution requesting information
5. Specific information to be disclosed
6. Purpose of Information
7. Date Consent Form was signed
8. Signature of the juvenile
9. Signature of employee witnessing the juvenile's signature

The contents of the records will be identified and separated according to an established format. It is essential that all information in the case record includes dates of entry and the identification of the staff member who recorded it. A juvenile's constitutional right to privacy can be violated if records are improperly disseminated.

**Procedures:** EARJDF will cooperate with all outside agencies or departments on transfers to Arizona Department of Corrections. Once we receive notification that a detainee has been sentenced to ADJC probation along with medical start gathering the information needed. Probation is in contact with ADJC to get the information ready. Once the information is gathered and ready they bring the packet to us in a sealed envelope along with the continuity of care from medical which is also in a sealed envelope. This paperwork that is still sealed is carried by the transport officer on day of transport and given to the intake Officer at the Arizona Department of Corrections.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-01 Administration/Management</b>	<b>Policy # 01-08</b>	<b>Effective Date: 7/15/16</b>
<b>Americans with Disabilities Act</b>	<b>Related Standards &amp; References:</b> <b>ACA: 3-JDF-2C-09, 2F-02</b> <b>STATUTE: Americans with Disabilities Act Accessibility Guidelines (ADAAG) 4.22, 4.23, 4.26</b>	
<b>Approved By: Charles Gatwood – Administrator// Signature on File</b>		

**Policy:** The Detention Administrator shall be cognizant of the major provisions of the Americans with Disabilities Act and program accordingly so as to provide education, equipment and facilities, and the support necessary for the detainees with disabilities to perform self-care and personal hygiene in a reasonably private environment.

**Procedure:** The Health Authority will direct EARJDF personnel in the manner of care necessary for all detainees admitted into the Detention Center who have disabilities as to their service delivery. Any detainee with a disability will not be discriminated against in any form and shall be afforded the same care and custody as all other detainees in the way of programmatic service delivery.

**RESIDENTS WITH DISABILITIES AND LIMITED ENGLISH PROFICIENT** Any detainee who is deaf, blind, or have a mental or speech disability will have an opportunity to benefit from the DSB's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. Written materials will be provided in a format to ensure effective communication. EARJDF will utilize the language line to interpret for those who do speak or understand English. EARJDF staff will not utilize detainees to act as an interpreter or reader for other detainees unable to understand English.

**Handicap Accessibility:** All parts of the facility that are accessible to the public are accessible to and usable by handicapped staff and visitors. The detention facility shall not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure non-discriminatory treatment.

**Handicap Housing:** All housing areas have one cell designated as a handicap cell that provides for the juveniles safety and security and are designed for this purpose and provide easy integration with the general population. Juvenile's with disabilities are allowed equal access to services, programs or activities unless it is necessary for the provisions of the service, program and/or activity.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-01 Administration/Management</b>	<b>Policy # 01-9</b>	<b>Effective Date: 7/16/15</b>
<b>Personnel Policy Manual</b>	<b>Related Standards &amp; References: ACA: 3-JDF-1C-01</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**POLICY:** Graham County Merit System and facility personnel policy manual cover at a minimum the following areas:

- Organization chart (table of organization)
- Recruitment and promotion, including equal employment opportunity provisions
- Job descriptions and qualifications, including salary determinations and physical fitness policy
- Benefits, holidays, leave and work hours
- Personnel records and employee evaluation
- Staff development, including in-service training
- Retirement, resignation, and termination
- Employee-management relations, including disciplinary procedures and grievance and appeals procedures
- Statutes relating to political activities
- Insurance/professional liability requirements

Written regulations help ensure equitable and consistent treatment of all employees. Every employee shall have the opportunity to review the personnel manual at the time of employment and thereafter, employees should be encouraged to ask questions about personnel policies. Each employee signs a statement acknowledging access to the personnel policies and regulations and his/her responsibility for being aware of the contents. Each facility employee shall receive a copy of the personnel policies and regulations of the facility/agency at the time of employment, or have access to all such policies and regulations, including new policies as they are instituted. Signing a statement acknowledging receipt of and responsibility for the policies and regulations should follow an orientation session at which personnel staff explain, review and answer all questions pertaining to employee responsibilities.

The facility administrator reviews the facility's internal personnel policies annually and submits to the parent agency any recommended changes that are relevant to the parent agency's policies.

**EQUAL EMPLOYMENT OPPORTUNITY:** Equal employment opportunities exist for all positions. There is a mechanism to process requests for reasonable accommodation for the known physical and/or mental impairments of a qualified individual with a disability, either an applicant or an employee. The accommodation need not be granted if it would impose an undue hardship or direct threat. **Note: Covered under Graham County Merit System Article 1 Rule #106 Para. (A)**

**SELECTION AND PROMOTION:** All personnel are selected, retained, and promoted on the basis of merit and specified qualifications from within the facility and from outside sources. Provisions exist for experience and education substitutes for position qualifications. All professional specialists are qualified in their fields Note: Transfer, assignment and selection of employees is on the basis of facility need and the ability of the employee to perform the job. **Note: Covered under Graham County Merit System Article 2 Rule #206 Para. (B)**

**PROBATIONARY TERM:** Employees covered by merit systems, civil service regulations, or union contract are appointed initially for a probationary term of at least six months but no longer than one year. After a probationary period, involuntary termination or demotion is permitted only for good cause and, if requested, subsequent to a formal hearing of specific charges conducted by a civil service commission or other career service organization. **Note: Covered under Graham County Merit System Article 2 rule #207 Para. (B)**

**PROVISIONAL APPOINTMENTS:** The facility administrator should ensure that a pool or register of eligible candidates is available to fill or keep to a minimum any vacancies among staff who work directly with juveniles (care workers, counselors, teachers, chaplains, librarians, etc.). In addition to full-time staff, the facility also utilizes reserve officers and community volunteers to ensure the availability of staff and services to juveniles either for short-term appointment or during emergencies. **Note: Covered under Graham County Merit System Article 2 Rule #205 Para. (D-E)**

**CRIMINAL RECORD CHECK:** A criminal record check is conducted on all new employees in accordance with state and federal statutes. **Note: Covered under Graham County Merit System Article 2 Rule #203 Para. (E)**

**PHYSICAL EXAMINATION:** Employees who have direct contact with juveniles receive a physical examination prior to a job assignment. Employees receive reexaminations according to a defined need or schedule. **Note: Covered under Graham County Merit System Article 2 Rule #203 Para. (B). See also current policy regarding personnel physical exam.**

**DRUG-FREE WORKPLACE:** The facility implements a drug-free workplace policy. Policies specifying support for a drug-free workplace are reviewed annually. **Note: Covered under Administrative Policy #1-197**

**PERFORMANCE REVIEWS:** All employees are provided annual performance reviews based on defined criteria, the results of which are discussed with the employee. **Note: Covered under Graham County Merit System Article 5 Rule #505**

**COMPENSATION AND BENEFITS:** Compensation and benefit levels for all facility personnel are comparable to those for similar occupational groups in the state or region. **Note: Covered under Graham County Merit System Article I Rule #401 Para. (B)**

**SEXUAL HARASSMENT AND DISCRIMINATION:** Sexual harassment and discrimination is specifically prohibited. All staff is trained in the specific process to be followed and the designated staff to whom incidents of sexual harassment or discrimination should be reported. Receipt of training provided to staff, contractors, and volunteers is documented. **Note: covered under Graham County Merit System**

**PERSONNEL FILES:** The facility maintains a current, accurate, and confidential personnel record on each employee. Information obtained as part of a required medical examination (and/or inquiry) regarding the medical condition or history of applicants and employees is collected and maintained on separate forms and in separate medical files and treated as a confidential medical record. Employees may challenge the information in their personnel file. The information is removed or corrected, if proven inaccurate. **Note: Covered under Graham County Merit System Article 'I Rule #105 Para. (A-F)**

**CODE OF ETHICS:** **Note: Covered under current Facility Code of Ethics Statement**

**CONFIDENTIALITY OF INFORMATION:** **Note: Covered under current Facility Policy regarding confidentiality**

**EMPLOYEE ASSISTANCE PROGRAM:** There is an approved employee assistance program. **Note: covered under Graham County Merit System**

**LEGISLATIVE REQUESTS FOR INFORMATION:** Campaigning, lobbying and political practice policies conform to governmental statutes and regulations, which are made known and available to all employees. All legislative requests for information shall be directed to the legislative liaison unless the administrator has authorized other facility staff to respond.

**WHISTLEBLOWERS:** The facility will receive and investigate complaints or information from any employee concerning the possible existence of activities constituting fraud, waste, and/or abuse in or relating to any of its programs and operations. Any facility employee may report information, in good faith, concerning the possible existence of fraud, waste, and/or abuse in any facility programs and operations. If a facility employee chooses to report information internally, he/she should contact the county manager. No facility employee will take action against, direct others to take action against, recommend personnel action against, approve personnel action against; or threaten another facility employee for making a complaint or reporting fraud, waste, and/or abuse.

**REQUESTS FOR LEGAL ASSISTANCE:** Procedures specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance, as needed in the performance of their duties. Only the administrator or assistant administrator may request written opinions or legal assistance as needed to perform our duties at the facility from the Graham County Attorney through the county manager. Employees shall not initiate contact with the Graham County Attorney without the knowledge and/or involvement of the administrator and the county manager. Any legal contracts or lawsuits filed against Graham County at E.A.R.J.D.F. and its employees will have legal review of vital documentation.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-10	Effective Date: 7/16/15
Tuberculosis Testing	<b>Related Standards &amp; References:</b> ACA: 3-JDF-4C-37, 38 OSHA: 29 CFR1910.1035 CDC: MMWR 2006; 55 (No. RR-09, 1-44)3-JDF-1C-01	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** The Administration shall be responsible for developing and implementing facility-operating procedures for Tuberculosis. The procedures shall generally address the routine screening of all detention staff at the beginning of employment and every 12 months thereafter for latent and active tuberculosis as well as environmental controls in the case of a youth with active Tuberculosis. They shall be developed in accordance with the Centers for Disease Control and Prevention new 2006 recommendations and OSHA Occupational Safety and Health Standards. Staff whose responsibilities include regular contact with juveniles shall submit one of the following as evidence of freedom from infectious pulmonary tuberculosis.

- a) A report of a negative Mantoux skin test, or
- b) If the staff member has had a positive skin test for tuberculosis or is pregnant, a written statement from a medical practitioner indicating that the staff member is free from infectious pulmonary tuberculosis.
- c) Screening and annual testing shall not be at the expense of the employee.

**Procedures:** The medical authority will ensure that all detention staff who have contact with detainees will receive a tuberculosis test at the beginning of their employment and every twelve months thereafter. These records will kept in medical files located in the nurse's office.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-01 Administration/Management</b>	<b>Policy # 01-11</b>	<b>Effective Date: 7/15/16</b>
<b>Staff Development And Training</b>	<b>Related Standards &amp; References: ACA: 3-JDF-1D-09</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** The facility's training plan is developed by an advisory training committee composed of the facility's training coordinator and representatives from other institutional departments. This program is planned, coordinated, evaluated quarterly, and updated based on an annual assessment that identifies current job-related training needs. The program is supervised by a qualified individual. The facility's training plan provides for ongoing written evaluation of all training. The necessary space and equipment including library and reference services are available for training and staff development.

All new security staff and professional specialists receive 120 hours of training during their first year of employment and an additional 40 hours of training each year thereafter. New employees receive credit for their prior training. At a minimum, the training covers the following areas:

1. Security procedures
2. Supervision of juveniles
3. Suicide intervention/prevention
4. Use-of-force regulations and tactics
5. Juvenile rules and regulations
6. Safety, Fire, Medical and General Emergency procedures
7. Key control
8. Interpersonal relations
9. Communication skills / Report writing
10. Cultural awareness
11. Sexual harassment
12. Sexual abuse/assault
13. C.P.R. & First-Aid
14. Rules of evidence & Search and seizure
15. Code of ethics.

**Minimum of 20 Hours of Training**

16. Mental health **(minimum 2 hours)**.
17. Suicide prevention and intervention **(minimum 2 hours)**
18. Crisis intervention **(minimum 2 hours)**.
19. Air and blood borne pathogens **(minimum 1 hour)**.
20. Staff and Juvenile Relationships **(minimum 1 hour)** .
21. PREA **(minimum 1 hour)**.
22. Fire and emergency procedures **(minimum 1 hour)**.

Additional topics shall be included based upon a needs assessment of both staff and facility requirements.

All administrative and managerial staff receives 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter. The training is appropriate to their assigned duties and responsibilities.

All support employees who have regular or daily contact with juveniles receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter. All other clerical or support employees to include volunteer services, who have minimal or no contact with juveniles, receive 16 hours of training during the first year of employment and 16 hours of training each year thereafter.

Note: All part-time staff, volunteers, and contract personnel receive formal orientation appropriate to their assignments and additional training, as needed. Employees are always encouraged to continue their education and training. The county provides administrative leave and/or reimbursement for attending approved educational programs, professional meetings, seminars, or similar work-related activities that encourages staff development.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-12	Effective Date: 7/15/16
Detention Inspections	Related Standards & References: ACA: 3-JDF-3B-01, 02, 4A-10, 4B-01	
Approved By: Charles Gatwood - Administrator // Signature on File		

**Independent Financial Audit:** The facility will be independently audited yearly and at least once every three years. Copies of final reports will be maintained in the chief financial officer's office at the Graham County General Services building. The facility's budget request complies with the policies, procedures, and instructions of the jurisdiction of which the facility is a part. Facility staff may participate in preparing the facility's written budget request.

**Budget Preparation:** The administrator participates in budget deliberations conducted by the parent agency of the next higher level of government. This participation includes requests for funds for maintaining the facility's daily operations, financing capital projects, and supporting long-range objectives, program development, and additional staff requirements. Staff participation in budget development helps define needed resources and provides staff with a better understanding of budgetary constraints and priorities.

Budgets proposals are a guideline for anticipated revenues and expenditures; a budget may be revised periodically. The administrator shall ensure there is procedure or practice that provide for budget revisions. Significant revisions should be approved by the parent agency and any other appropriate government agency. Monitoring of the budget, fiscal activities, and revenues will be reported to the county manager, Graham County Board of Supervisors, and chief financial officer for Graham County at least quarterly.

Proposed budget packages will be sent to all county elected officials and department heads by March 15th and must be returned to the Board of Supervisors by April 30th. Appointments for presentation of the budget by the elected officials and department heads to the Board of Supervisors will be set up by the chief financial officer. Compilation and analysis of the budget is completed during the months of May and June. Fiscal year begins on July 1st each year. The preliminary budget is approved on the 1st Monday in July. Final budget approval and the public hearing on the tax rates is held on the 2nd Monday in August. The tax rate is set on the 3 Monday in August. Budget revisions can be submitted to the Board of Supervisors at any regular Board of Supervisor's meeting during the fiscal year after the tax rate is set.

**Position Control:** All authorized positions are controlled by the Personnel Department that tracks vacancies and position classification plan for each department. Positions are controlled through the budget process and the classification plan is updated on a yearly basis. The classification plan will designate the total number of positions per duty title position, classification, and FLSA Status, range step, hire date. The Personnel Department also keeps a listing of reserve officer personnel available for temporary or part time positions. The payroll and personnel clerk maintains all payroll, employee benefit programs and personnel records for all personnel within Graham County.

**Petty Cash:** The facility provides a petty cash system that is specifically utilized for positive behavioral rewards for our federal juvenile inmates.

**Procedures:** Keep a copy of the documents being deposited attached to each deposit. For cash received, issue a receipt to the party receiving cash and put a copy of the receipt with the deposit. Each disbursement from the petty cash account must be properly documented. This means to identify what has been purchased, where it was purchased, when it was purchased and or course why it was purchased (i.e. Porter Activity, Weekly Behavior Awards, Pod of the Month Award, etc.). Reimbursement to the petty cash fund is done monthly by submitting a demand to the Board of Supervisors. This can be done twice a month prior to the board meeting and must be submitted no later than the Tuesday prior to the meeting by 1000 hrs. The account balance needs to be reconciled to the amount of the cash on hand at least monthly. A copy of this reconciliation is to be sent to the County Financial Officer each month. Generally this account should be used for federal juvenile inmate's behavioral awards and porter expenses only.

The facility shall maintain an internal system of cash controls to assure the accountability of cash. All equipment or furniture purchases must be made with prior Board approval or budget hearing in addition to the requirements listed above. All equipment and furniture purchased and valued over \$1000.00 is maintained on the yearly inventory control listing and turned into the Board of Supervisors. The administrator will submit a memorandum listing the property to be disposed of to the county's chief financial officer for approval. Facility staff will turn property into the county for disposition to other county offices or for selling at the auction where monies will be deposited to the county general fund.

**Auditing Guidelines:** All operations and programs will be audited against applicable policy using guidelines developed by the designated program director for that program or specialty area. Audit guidelines will be used in internal auditing and by external auditors as objective standards in assessing all programs. It is facility policy to operate a full-fledged internal audit and program review system to ensure that all policies are complied with and that staff follows all applicable standards and statutory requirements. Annual monitoring shall include space requirements, operations and programs and will ensure that the facility is making progress toward previously identified program objectives using accepted criteria and is able to identify potential problems. These audits will provide the management staff with an analysis and projection of program needs and plans for resolving those issues. These will be disseminated to appropriate administrative and management staff in the county. However, this process will not replace the annual budget and planning process as the prime method for identifying and resolving financial management's issues. The administrator will be provided with a verbal briefing and a written report of audit findings at the completion of the audit. The report will specifically note any repeat deficiencies from prior audits and any apparent statutory or code violations. Within ninety days, the administrator will provide the county manager with a written report on all actions taken as a result of the audit findings, specifically identifying all deficiencies rectified or reasons for failing to rectify them. If additional resources are needed to correct an audit deficiency, the report will identify those resources.

#### **Audit Responsibility and Schedules**

In establishing policy, the audit review dates will be staggered so as to avoid all areas being audited at once.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-13	Effective Date: 7/15/16
Sight and Sound Separation	Related Standards & References: A.R.S. §§ 8-203; 8-305; 8-306(B); 42 U.S.C. § 5601	
Approved By: Charles Gatwood - Administrator // Signature on File		

**Policy:** The objective of this policy is to ensure that juveniles shall not be housed with adult offenders. If the facility is located on the grounds or shares property with an adult facility, the facility administrator shall ensure that it is operated as a separate program and department. The separation shall include sight and sound separation in accordance with federal and state law.

All attempts shall be made to ensure that federal juveniles housed in this facility are kept separate from the juveniles assigned here by the Superior Court. Additionally, all federal juveniles over the age of 18 housed in this facility shall be separated by sight and sound barriers from the juveniles assigned here by the Superior Court. The following procedures shall be followed to ensure appropriate separations are maintained:

Marshal, and County Superior Court assigned juveniles shall:

- Be housed in separate Pods
- Attend schooling at separate times
- Attend all activities at separate times and/or locations
- Attend sick call at separate times
- Not be processed through intake at the same time
- Not be transported together
- Not be moved from one area of the facility to another at the same time or in the same location

**Sight and Sound Separation:** Sight and sound separation means there shall be no visual or auditory contact between juveniles over the age of 18 and all Superior Court assigned juveniles. Sight and sound separation shall be strictly enforced at all times.

In addition to the separation rules outlined above, the following rules shall be strictly adhered to regarding sight and sound separation:

- All visual and auditory barriers shall be in place when moving juveniles over age 18 past an Area where Superior Court, and Marshal Holds are assigned juveniles are housed or located, and vice versa. This includes any screens, dividers, doors, shades, or reflective window-tint, which have been established for sight and sound separation.
- Juveniles being moved shall be instructed to look straight ahead and down only and not to speak during movements. An officer shall be present during and in control of all movements.
- Whenever possible, a separate route shall be taken to ensure that federal juveniles over age 18 Superior Court, and Marshals assigned juveniles are not taken past one another.
- Community service work in areas of sight and sound separation shall be kept to a minimum and shall be closely monitored by staff.
- All movements of detainees shall be coordinated with control and approved by control before movement.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-01 Administration/Management	Policy # 01-14	Effective Date: 7/15/16
Contractors, Vendors and Volunteers Screening	Related Standards & References: ACA: 3-JDF-1G- 01,02,03,04,05,06,07,08,09	
Approved By: Charles Gatwood - Administrator // Signature on File		

**Policy:** The facility will ensure that contractors/vendors and volunteers who have contact with juveniles are aware of the juvenile justice system and their responsibilities. The administrator or supervisor will inform approved contract personnel of all facility rules and procedures relevant to their function. The facility administrator has final authority, responsibility and accountability for maintaining a secure environment for juveniles and the contractors/vendors or volunteers who are in the facility. The contractors/vendors and volunteers must provide documentation that shows they are qualified to provide professional services through previous training, experience or license.

**Eligibility:** All contractors who have direct contact with the juveniles and wish to participate in programs inside the facility shall complete the following requirements prior to working alone or one-on-one with the detainees:

- Submit a resume
- Provide at least one current reference, which will be checked by facility staff
- Provide information for and agree to a criminal background check/fingerprint check
- All contract personnel shall have training orientation prior to performing any specific duties within the facility requiring contact with the juveniles or shall be directly supervised by security or programming staff.

Contractors/vendors and volunteers working with the detainees inside the facility will be closely monitored by staff. The safety, security and welfare of the juveniles shall always be of primary concern. Maintenance service personnel will not be working with the juveniles but will need to have their tools inventoried and closely monitored by staff. It is preferable that the juveniles will not be nearby where maintenance personnel are working for security reasons. Maintenance personnel will come to the facility with a list of their tools.

Contractors/vendors and volunteers shall agree in writing to abide by facility policies and procedures, specifically those relating to security and the confidentiality of information. The administrator will assure that contractors understand the term of their service and their specific tasks, responsibilities, and authority. When deemed necessary for the security of the facility, contract personnel may be requested to submit to a search of their property and person using the same procedures that are in place for staff.

Staff has both the authority and responsibility to deny any contractor/vendor access to the facility whose presence is believed to jeopardize the order, security or safety of the facility/program. Whenever possible, the staff should notify the chief of security for approval prior to taking this action. The person taking such action will submit a written report to the chief of security outlining the circumstances and conditions that required the action. Upon review the administrator will affirm or rescind the action and determine the conditions of reinstatement, as appropriate.

Administration and/or the case manager will approve, control, and coordinate the activities of the volunteers and contractors/vendors. Records identifying and registering each contractor or vendor will be maintained at least 3 years. The case manager will ensure that contracted program staff provides professional services only when certified or licensed to do so.

The administrator will curtail, postpone or discontinue the services of any contractor/vendor or volunteer when substantial reasons for doing so exist. No appeal process will be available in the case of termination of services. Such reasons may include, but not be limited to:

- Breach of confidentiality; Unlawful conduct or breach of facility rules and regulations;
- Physical or emotional illness; Inability or unwillingness to cooperate with facility/program staff;
- Engaging in activities that threaten the safety or security of the facility or the safety of the juveniles or others
- Erratic, unreliable attendance;
- Unsatisfactory service;
- Discontinuance of the service/program area.

Records shall be maintained on all contractor personnel working in the facility that will include at a minimum: documentation. Identification cards shall be issued to all contractors working in the facility. Screening data; name; address; phone number; certification or license if performing professional services and training.

**Note:** The volunteer coordinator provides for increasing citizen involvement by recruiting volunteers. The screening and selection of volunteers allows for recruitment from all cultural and socioeconomic parts of the community. The volunteer program is clearly defined and well organized. Provisions exist for volunteers to contribute suggestions regarding the establishment of policy and procedure for the volunteer service program.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-01 Administration/Management</b>	<b>Policy # 01-15</b>	<b>Effective Date: 7/15/16</b>
<b>Risk Assessment</b>	<b>Related Standards &amp; References: ACA: 3-JDF-5A, 01 - 13</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** A juvenile shall be detained only if there is probable cause to believe that the child committed the acts alleged in the petition, and there is reasonable cause to believe;

- The youth will not be present at the hearing
- The youth is likely to commit an offense injurious to themselves or others
- The youth must be held for another jurisdiction
- That the interest of the youth or public require custodial protection
- That the youth must be held pending the filing of a complaint pursuant to ARS 13-501

**Procedure:** When a juvenile has been referred to Eastern Arizona Regional Juvenile Detention Facility probation will complete the Risk Assessment Instrument and fax it to the Sergeant or OIC on duty (Attachment A). The Sergeant or OIC will finish completing the RAI. Juveniles whose point total equals or exceeds 10 points should be admitted into the facility. A probation officer override stating mitigating factors may be used to deny admission to a juvenile whose point total exceeds 10 points. Juvenile's whose point totals is less than 10 points should not be admitted into the facility. A probation officer override stating aggravating factors may be used to approve admission of a juvenile whose point total is less than 10 points. Override usage should fall within acceptable national standard of no more that 15-20% of total juveniles detained. If the juvenile is approved for admission a Sergeant or OIC will inform the referring agency to bring the juvenile in to the facility to be detained. A copy of the form will be placed in all juvenile's files regardless if they are detained or not detained.

Processing the Risk Assessment Instrument when a juvenile is denied admission into the facility: Should the juvenile be denied admission into the facility a Sergeant or OIC will complete the Risk Assessment Instrument Form. The form will be placed in the control room in the binder marked Risk Assessment Instrument Forms. A copy of the form will be faxed to probation.

Processing the Risk Assessment Instrument when a juvenile is approved for admission into the facility: Upon approved admission into the facility the Sergeant or OIC will complete the Risk Assessment Instrument. The Sergeant or OIC on duty will ensure that an entry is made in JOLTS in regards to the contact of the parent, guardian, or custodian, and notification to the juvenile of the reason for admission. After the juvenile has been admitted and entered into the JOLTS system, the admitting officer will place the Risk Assessment Instrument into the juveniles file. A copy of the form will be forwarded to the probation department through the document transmittal process. Monday through Friday at 2100 graveyard OIC will review JOLTS from the previous twenty four hour period and determine those juveniles pending offenses.

Training Detention staff responsible for admission screening shall receive annual training on the screening process and use of the Risk Assessment Instrument.



# JUVENILE RIGHTS

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Mr. Tyler Blake, Education

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Robert Shermer, Health Care Authority

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Mental Health

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EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-01	Effective Date: 7/15/16
Educational/Diagnostic Screening/Records Retention	<b>Related Standards &amp; References:</b> <b>ACA: ACA: ACA: 3-JDF-5C-02</b> <b>STATUTE: A.R.S. §§ 8-236; 15-828(F); 15-913, Family Education Rights and Privacy Act, (FERPA): 20 U.S.C. § 1232g; IDEA 2007; NCLB 2001</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** Within five (5) days of admission to detention, excluding weekends, holidays and scheduled breaks, education program staff shall interview the juvenile to obtain educational information. Within five (5) days after the juvenile's detention hearing, excluding weekends, holidays and scheduled breaks, education staff shall request educational records from the home school district and/or prior residential placement. Education program staff shall contact the juvenile's parent, guardian, custodian or juvenile probation officer within five (5) days of the interview to verify the information obtained through the interview. Such information shall be provided to the educational program. The information shall include, but need not be limited to, the following:

- A. Educational history, including most recent educational placement, type of placement, school district, school and grade level.
- B. Any special education designation.
- C. Any disability not covered under the special education law, but severe enough to impact learning.
- D. Reports including assessments, current performance, progress, attendance and behavioral reports.
- E. Academic interests and vocational goals.
- F. Any exceptionality, i.e., a behavioral plan.
- G. Immunization records.
- H. Individualized Education Programs (IEPs).
- I. Multi-disciplinary evaluation team reports (METs).
- J. Psychological evaluations.

**Diagnostic Screening Procedures:** During the school enrollment procedure all students will complete an enrollment packet within 48 hours of admission that includes a copy of school policy and procedures, a Student Screening Report form for identifying students with special needs, an enrollment form, a career interest inventory, an Arizona Department of Education Home Language Survey, a Multiple Intelligences Survey, a truncated Brigance Math and Writing Assessment, and an information welcome pamphlet. The student will then complete an extensive Reading/Writing and Math Assessment using the TABE Test program and receive a grade equivalency score to assess basic academic ability. Students will then participate in an interview process that will use all assessment information to create an individualized program for each student's education assignments. Within five days of enrollment, a records request will also be sent to the student's school of origin and when those records are obtained the education program created during the intake procedure will be amended based on the transcript review. Records requested for include: All **Education / Immunization Records**, including, but not limited to **special education records**, such as IEP's, MET Meeting Summaries, eligibility determination, psychological/psycho-educational evaluations and reevaluations, permanent school Records/transcripts, student progress reports, and reports from outside agencies or other service related information that would assist in providing this student with appropriate educational services.

This education program can include working on assignments from the school of origin, preparing for the GED, working on post-secondary classes, or (most frequently) using the A+ program to complete school work. Completed education plans will be sent to each student's probation officer for review and to create a transition program for each student. A parent brochure and Child Find/FERPA brochure will be sent to the parents of the enrollee and includes contact information for the school.

The school the student last attended is notified of student's enrollment in Pinaleno School within five days of student's first day of attendance. If a student is currently enrolled in a school and only detained for a short time, efforts are made to get homework from the school for the student to complete. Homework is completed and returned to the school. If homework is not available, student completes work as assigned by the Pinaleno School Staff and earns credits for his/her work.

Pinaleno School Staff work together with the student, probation, and the school of origin to determine whether a student will participate in the A+ curriculum, GED courses of study, college correspondence classes, home school work, or IEP mandated assignments based on education records and assessment of individual need. Each student's education program is unique based on age, grade, transcript review, assessments, and interview. Students work individually to complete assignments based on their individually created program of study. When homework is available from their regular schools, students make that work their priority to complete. This work can be carried back and forth from the pod after being reviewed by Security Staff. Homework from the Pinaleno School is required if a student does not complete necessary assignments in school or if assigned by Pinaleno School Staff. Students may also be required to do schoolwork in the pods when necessary due to facility or staff needs. Pinaleno School Staff will let Security Staff know when homework is given to students to work on in the pod.

Pinaleno School ensures that each juvenile is assessed in terms of academic needs. Following enrollment into Pinaleno School and assessments in the intake packet (which include a special education screening form, a career interest inventory, a multiple intelligences test, and truncated Brigance math and English assessments) students are subsequently assessed on basic reading, writing, and math skills using the TABE Test. Assessments are also built into the GED preparation materials. Pinaleno School will make accessible any state assessments and adhere to the required test schedule and guidelines as requested by the Graham and Greenlee County School Superintendents. Students who do not speak English as their primary language will be assessed using native language materials as available. Differentiated instruction and heterogeneous grouping will be utilized unless deemed inappropriate by Pinaleno School staff or Security needs.

If students speak a primary language other than English or if they are not fluent in English, Pinaleno School offers basic Structured English Immersion programming which provides the fundamentals of speaking, reading, and writing English. While lessons are primarily taught in English, Education Specialists assist non-English speaking students as necessary, to improve instruction, by using materials in other languages, one-on-one assistance, tutoring, etc. Pinaleno School Staff will assist non-English speaking students as necessary to improve instruction and to improve the speaking, reading, and writing of English.

For every student who enrolls in Pinaleno School who does not have a history of special education services, a screening sheet is started as part of the Child Find process. In the case of suspected disability, if there is a history of special education services, a student is age 18 or younger and believes he/she has a disability that affects his/her ability to learn, or if student is age 22 and under and has a history of receiving special education and related services, the juvenile will undergo additional screening/assessment process proscribed by Pinaleno Staff in conjunction with the school's certified Special Education Consultant.

For all students, educational records are requested and reviewed and include a request for any and all special education records and related documentation. Special education procedures are followed according to the Arizona Department of Education guidelines including the development, revision, and/or implementation of an Individualized Education Plan (IEP) when applicable. The Pinaleno School certified Special Education Consultant, in conjunction with Pinaleno School Staff, will work with suspected and documented special education students on an as-needed basis and insure all special education guidelines are followed, IEPs and current and in use, and transition goals are in place for age-appropriate students.

**Procedures Records Retention:** All information and records shall be maintained in the juvenile's educational record at the facility consistent with state and federal law. Education staff shall maintain the confidentiality of these records. Special Education records shall be separated from regular education records, contain an access log and maintained in a separate locked cabinet with restricted access clearly marked on the outside of the cabinet. Educational retention of records is based on the policies of the Arizona State Library, Archives, and Public Records, the State of Arizona Department of Education, and the Arizona Administrative Code.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-02 Juvenile Services</b>	<b>Policy # 02-02</b>	<b>Effective Date: 7/15/16</b>
<b>Educational Program Structure</b>	<b>Related Standards &amp; References:</b> <b>ACA: 3-JDF-5C-01, 03</b> <b>STATUTE: A.R.S. §15-913; IDEA 2007; NCLB 2001</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** All juveniles shall attend educational programming consistent with state and federal law. Education services shall be provided to each youth in the regular, special education (if applicable) or resource center classroom. A juvenile shall be enrolled in the educational program within 48 hours of the date of admission, excluding weekends and holidays. All juveniles shall attend educational programming as offered and required by state and federal law unless a youth presents an immediate or on-going security risk to self, others or the institution. There shall be documentation whenever a juvenile is excluded from the general population and a copy placed in the juvenile's personal and education file. Denial of education services shall not be used punitively as a consequence of the institutional behavior plan.

The detention education program shall provide for a defined method of alternate educational service delivery by a certified teacher for those youth restricted from attending the regular, special education (if applicable) or resource center classroom due to their status as an immediate or on-going security risk to self, others or the institution.

The school day shall consist of a minimum of 240 minutes (4 hours) of instructional time with a certified teacher. Paraprofessionals working with students in the classroom shall have an associate's degree or 60 hours of college credit or have passed the paraprofessional test.

- a) Instructional services shall be provided for those juveniles who do not receive a full 240 minutes of instruction per day due to official court business (e.g. hearings and interviews). Tutorial services shall be provided, if possible, during non-school hours.
- b) Steps shall be taken to minimize disruption to the regular school schedule as to maximize learning opportunities for the students.

Class size shall be established by the presiding juvenile judge and the county school superintendent.

The presiding juvenile court judge, in cooperation with the county school superintendent, shall ensure that the content and curriculum design shall address the juvenile's educational needs as identified in the educational plan. It shall include, but need not be limited to, the following:

- a) Core subject areas (e.g., mathematics, reading and language arts).
- b) Academic standards as established by the Arizona Department of Education.
- c) Activities designed to maximize the learning styles and abilities of the juvenile.
- d) Individual and small group learning activities.
- e) The use of technology and multi-media educational materials.
- f) Activities designed to promote cultural awareness and understanding.
- g) Cognitive restructuring programs.
- h) Life and social skills.
- i) Work and career exploration/education.

Juveniles who have earned their General Education Development (GED) diploma or high school diploma shall be provided a continuing education program. It may include:

- a) Work and career exploration/education.
- b) Life and social skills.
- c) Cognitive restructuring programs.
- d) College course work.
- e) Distance learning opportunities.
- f) Academic mentoring of other juveniles.

**Procedures:** The Pinaleno School is accredited through AdvancED (North Central Accreditation). Students attend class for a minimum of four hours every weekday, excluding school breaks and holidays, totaling a minimum of 225 instructional days on a year-round schedule. The education program includes state aligned high school and middle school curriculum, GED preparation and testing, facilitation of work from the student's home school (when appropriate and available), life skills curriculum, and college correspondence courses.

The educational program allows for flexible scheduling that permits juveniles to enter any time and to proceed at their own learning pace. Students will be assessed to determine their skills so appropriate work can be assigned. Upon release and receipt of records request, all pertinent student records will be sent to the public school to which the student returns within ten business days. Classroom interruptions for phone calls, health contacts, and court-related matters should be kept to a minimum. Students who represent a security danger shall be offered school time to amount to the 240 minute minimum through a mix of one-on-one education in the pod and/or one-on-one classroom time.

Class size shall not exceed 12 students per classroom.

The detention education program shall provide an alternate school time for students restricted from attendance due to security issues. Access to a certified educational specialist and school curriculum will also be provided in the housing units during regular school time.

The majority of students will utilize the A+ program during their stay at the Pinaleno School. This program is created to follow Arizona Standards and can be used to offer credits in courses that are completed and passed by the student. The Pinaleno School's A+ Curriculum includes English and Math courses from 4th through 12th grade and Social Studies and Science courses from 8th through 12th grade. Electives and Life Skills courses for High School level classes are also available. The Pinaleno School is certified to offer credits for completed and passed high school level coursework. Assigned coursework will be determined through the intake assessment, interview, and transcript review process.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-02 Juvenile Services</b>	<b>Policy # 02-03</b>	<b>Effective Date: 7/15/16</b>
<b>Educational Assessment</b>	<b>Related Standards &amp; References:</b> <b>ACA:3-JDF-5C-02</b> <b>STATUTE: A.R.S. §15-913; IDEA 2007; NCLB 2001; IASA</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** Every juvenile shall be given an initial educational assessment test within 24 hours of enrollment in the detention school to determine the student's current skill level. The selection of the assessment test shall be determined by the educational administrator and staff and at minimum shall include assessments in math, reading and language arts. If the information described under this section is already available, the assessment process need not be re-administered if the information is current within 6 months of enrollment. State required achievement tests (i.e. AIMS, AIMS DPA, TerraNova) shall be administered to any student in the determined testing cohort that is being detained on the scheduled date of testing as determined by the Arizona Department of Education. The Child Find Process as defined in IDEA 2004 shall be implemented for each student that enrolls in the detention school. If the assessment process provides an indication of any special needs or if an Individual Education Program (IEP) currently exists, all state and federal law requirements shall be observed. A juvenile between sixteen (16) and eighteen (18) years of age may take the General Education Development (GED) test to receive an Arizona High School Equivalency diploma while being detained if appropriate as determined by the detention education teacher and pursuant to the rules and regulations of the General Educational Development Testing Service and the Arizona Department of Education.

**Procedures:** During the school enrollment procedure all students will complete an enrollment packet within 24 hours of enrollment that includes a copy of school policy and procedures, a Student Screening Report form for identifying students with special needs to initiate the Child Find Process, an enrollment form, a career interest inventory, an Arizona Department of Education Home Language Survey, a Multiple Intelligences Survey, a truncated Brigance Math and Writing Assessment, and an information welcome pamphlet. The student will then complete an extensive Reading/Writing and Math Assessment using the TABE Test program and receive a grade equivalency score to assess basic academic ability. We offer all state required achievement tests. For all juveniles between 16 and 18, GED Test preparation, and in house testing is available.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-02 Juvenile Services</b>	<b>Policy # 02-04</b>	<b>Effective Date: 7/15/16</b>
<b>Educational Plan</b>	<b>ACA: 3-JDF-5C-01, 02, 03 STATUTE: A.R.S. §§ 8-236; 15-913; IDEA 2007; NCLB 2001</b>	
<b>Approved By: Charles Gatwood - Administrator // Signature on File</b>		

**Policy:** EARJDF services shall ensure that a plan to meet the educational needs of each juvenile is developed by appropriate authorities. The educational plan shall be developed within 48 hours of the juvenile's enrollment in the education program. The educational plan shall be based on the diagnostic assessment results of the initial testing at enrollment that determines the current skill level of the youth, as well as information gleaned from a review of the educational records once received from the previous educational placement. The educational plan shall include provisions for transition services. The plan shall be provided to the assigned probation officer or other authorized parties.

**Procedures:** An education plan is created for each juvenile within 48 hours of enrollment into school. This plan shall be based on all accrued information from the intake packet, transcripts (upon receipt), and interview with the juvenile. The education plan will be revised as more information is gained. The plan will include a transition component that addressed long and short-term education and career goals. The plan is shared with the juvenile's probation officer.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-05	Effective Date: 7/15/16
Transfer of Educational Records	ACA: 3-JDF-1E-08 STATUTE: A.R.S. §§ 8-236, 8-341(L), 15-828(F); Family Education Rights and Privacy Act, (FERPA), 20 U.S.C. §1232g; IDEA 2007; NCLB 2001	
Approved By: Charles Gatwood - Administrator // Signature on File		

**Policy:** The detention services administrator and educational program staff shall ensure that educational information and records meet the standards as outlined in A.R.S. §15-828(F). The educational record of the juvenile shall be forwarded to the enrolled school district or educational program of the residential placement to which the juvenile is committed. Upon receipt of a proper request this process shall occur within ten (10) business days. The custodian of records shall ensure the confidentiality of all educational records pursuant to the Family Education Rights and Privacy Act, (FERPA). If a youth is committed by the Court to the Arizona Department of Juvenile Corrections, the governing body of the school shall transfer the youth's educational records to the Arizona Department of Juvenile Corrections within seven days of the day of commitment. If provided, educational records transferred to the facility shall include:

- a) All special education records including, but not limited to, individualized education programs, psycho-educational evaluations, progress reports, and any additional information pertaining to eligibility determination.
- b) All transcripts or documents related to credit, 8th grade certificate, and/or a GED.
- c) All student progress reports and assessments including detention, district, and state assessments.
- d) All reports from outside agencies or other related service providers that would assist in providing.

**Procedures:** Upon receipt of transcript request, the Pinaleno School staff will forward educational records to the requesting education entity within ten (10) days. If that request comes from the ADJC, the records shall be forwarded within seven days.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-06	Effective Date: 7/15/16
Health Services Authority	Related Standards & References: ACA: 3-JDF-4C-01 NCCHC: Y-A- 02 STATUTE: A.R.S. § 36-402	
Approved By: Charles Gatwood – Administrator // Signature on File		

**POLICY:** A licensed medical professional 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 judgments regarding juveniles. A written agreement, contract or job description shall define the duties and responsibilities of the health services authority.

**PROCEDURES:** The health authority may be the head Nurse, nursing supervisor, or a licensed medical director which may be a physician assistant or licensed medical doctor. The health authority's duties will include, but are not limited to:

- Arranging for all levels of health care for juveniles, including arranging care with community health care providers when necessary;
- Providing quality health care that is accessible to all juveniles; and
- Making recommendations regarding practices that affect the quality of health care services and the environment in relation to health by holding quarterly meetings with the facility administration.

The responsible provider will be the physician assistant who provides medical care at the facility. If this physician assistant is unavailable, the responsible physician will be the health services administrator or designee. All decisions related to the delivery of, access to, or the quality of health care services, including assessment and diagnostic services, will be made by qualified health care-staff (e.g., physician, mid-level provider, nurse, psychiatrist, psychologist, etc.) in concurrence with the health authority and responsible provider. All matters of medical judgment will be the sole province of the responsible physician and medical staff. Non-medical personnel will not make decisions on matters requiring medical judgment.

The responsible physician, health authority or designee will be responsible for all decisions regarding the type of treatment, the need for a juvenile to remain at a facility for further assessment/evaluation/treatment, and the need for transfer to outside medical services. These decisions will not be compromised by non-medical personnel.

The health authority, with the cooperation of the facility administrator, will ensure that security considerations do not compromise decisions and actions regarding necessary health care for any youth. In addition, the facility administrator will provide administrative support to ensure the availability of necessary health services for all juveniles. In cases where security concerns and medical management of the juveniles are in conflict and they cannot be resolved at the local level, the health authority will work in conjunction with the facility administrator to ensure that the juvenile's medical needs are met within security considerations. The medical administrator may notify the administrator, assistant administrator or chief of security.

Unreasonable restrictions shall not be imposed on the nurse regarding the practice of treating juveniles. The nurse shall be allowed to attend to juveniles in the manner and at the times she/he deems medically appropriate - subject to limitations necessary to maintain order and security. Officers shall respect the nurse's request for removal of any handcuffs or leg shackles. However, the officer shall advise the nurse of any information supporting the need to have restraints remain in place.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-07	Effective Date: 7/15/16
Health Screening	ACA: 3-JDF-4C-01, 21, 22, 23, 24, 25 NCCHC: Y-E-02 STATUTE: A.R.S. §§13-3620, 36-402	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** 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 medical facility 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 behavioral health professional. All juveniles 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 shall be designed to detect such issues. Juveniles in need of detoxification services at admission shall not be admitted to the detention facility and shall be referred to a local medical facility. Juveniles who are subsequently medically cleared for admission shall be closely monitored by program staff.

- a) Upon return to detention, program staff shall refer the juvenile to a qualified health care professional and a plan of treatment shall be instituted based upon the information contained in the medical clearance materials.
- b) A juvenile reporting significant use of alcohol or other drugs, but not requiring a referral to a local medical facility, shall be closely monitored by program staff and referred to the health services authority, if indicated.

Upon admission, a health screening shall be conducted with every juvenile by designated staff trained by a qualified health care professional in the collection of health related information. The health screening shall consist of structured interview and observations. Information obtained through the health screen shall include, but need not be limited to, the following:

- a) Mental health problems, including diagnosis, therapist and hospitalization histories.
- b) Level of risk to gesture or attempt at suicide as determined by a suicide risk assessment instrument.
- c) Current illness and health problems, including tuberculosis, sexually transmitted diseases and other infectious diseases.
- d) Questions structured to identify behaviors that place the juvenile at high risk for contracting AIDS and an informed consent procedure to request that the juvenile agree to be tested.
- e) Current use of medication, including type, dosage, diagnosis and prescribing physician.
- f) Dental problems.
- g) Vision problems.
- h) Use of alcohol or other drugs, including types, amounts, frequency of use, last period of use and any problems experienced after discontinuing use.
- i) For females, last menstrual period, any gynecological problems and pregnancies.
- j) Behavioral observations, including state of consciousness, mental status, appearance, conduct, tremors and sweating.
- k) Body deformities and ease of movement.
- l) Conditions of the skin, including trauma marks, bruises, lesions, jaundice, rashes, infestations, needle marks, or other indications of drug use.
- m) Allergies.
- n) Health history, including hospitalizations and chronic disease(s).

Identification of any medical condition for which the juvenile's 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 shall include, but not be limited to the following:

- a) Mental health disorders, including hospitalization and/or the administration of psychotropic medication.
- b) Injuries or illnesses requiring hospitalization.
- c) Communicable diseases, including tuberculosis, hepatitis and sexually transmitted diseases (STD's).
- d) For female juveniles, gynecological problems or pregnancy.

Immunization record for every juvenile, detained more than fifteen days, shall be requested by program staff from the parent, guardian, custodian, family physician, school or other available source. The immunization record shall be reviewed by a qualified medical professional.

Evidence of abuse, provided through observation or inquiry, shall be reported by program staff to Child Protective Services in accordance with A.R.S. § 13-3620.

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.

Every juvenile shall be advised orally, and in writing, by the individual conducting the health screening of the procedures to access medical services while in detention.

- a) The procedures shall be written in terms that that are easily understood by the juvenile.
- b) The procedures to access medical services shall also be communicated or provided in writing in the language(s) of non-English speaking juveniles that are admitted to the facility.

The individual conducting the health screening shall have the juvenile sign off confirming he/she was advised his/her right to access medical care.

**Procedures:** All youth admitted to facility shall receive a comprehensive physical assessment performed by a physician (MD), physician assistant (PA) or registered nurse (RN). The comprehensive physical assessment shall be used to establish an individual clinical database for each juvenile to:

- a) Identify and treat acute, chronic and functional medical and dental conditions;
- b) Promote growth and development;
- c) Prevent communicable diseases; and
- d) Provide health education.

**Note:** Evidence of abuse, provided through observation or inquiry, shall be reported by staff to Child Protective Services in accordance with A.R.S. '13-3620.

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 behavioral health professional.

All juveniles 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. Juveniles in need of detoxification services at admission shall be referred to a local hospital. Juveniles who are subsequently medically cleared for admission shall be closely monitored by security staff, however in cases of detoxification the juvenile still remains the responsibility of medical staff.

Upon return to detention, program staff shall refer the juvenile to a qualified health care professional and a plan of treatment / special watch shall be instituted based upon the information contained in the medical clearance materials. Duration of watch/special observation period shall be determined by medical/mental health staff. A juvenile reporting significant use of alcohol or other drugs, but not requiring a referral to a local community hospital, shall be closely monitored by staff and referred to the health services authority, if indicated.

As soon as possible upon admission a health screening shall be conducted with every juvenile by 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:

- a. Mental health problems, including diagnosis, therapist and hospitalization.
- b. Level of risk to gesture or attempt suicide as determined by a suicide risk assessment instrument.
- c. Current illness and health problems, including tuberculosis, sexually transmitted diseases and other infectious diseases.
- d. Questions structured to identify behaviors that place the juvenile at high risk for contracting AIDS and an informed consent procedure to request that the juvenile agree to be tested.
- e. Current use of medication, including type, dosage, diagnosis and prescribing physician
- f. Dental problems
- g. Vision problems
- h. Use of alcohol or other drugs, including types, amounts, frequency of use, last period of use and any problems experienced after discontinuing use.
- i. For females, last menstrual period, any gynecological problems and pregnancies.
- j. Behavioral observations, including state of consciousness, mental status, appearance, conduct, tremors and sweating.
- k. Body deformities and ease of movement.
- l. Conditions of the skin, including trauma marks, bruises, lesions, jaundice, rashes, infestations, needle marks, or other indications of drug use.
- m. Allergies
- n. Health history, including hospitalizations and chronic disease(s).

Identification of any medical condition for which the juvenile currently being, or was recently, treated shall result in the immediate request by staff for medical records from the identified source of treatment. These medical conditions should include, but not be limited to the following:

- a. Mental health disorders, including hospitalization and/or the administration of psychotropic medication.
- b. Injuries or illnesses requiring hospitalization.
- c. Communicable diseases, including tuberculosis, hepatitis and sexually transmitted diseases (STD's)
- d. For female juveniles, gynecological problems or pregnancy

Immunization record for every juvenile detained more than fifteen days should be requested by medical staff from the parent, guardian, custodian, family physician, school or other available source. The immunization record shall be reviewed by a qualified medical professional.

Significant findings provided through the intake health screening shall result in an immediate referral by staff to the facility nurse. Any interim health care instructions provided by medical staff shall be documented and followed by staff.

Identification of any medical conditions for which the juvenile is currently being, or was recently treated for, shall result in the immediate request by the nurse for medical records from the identified source of treatment.

Every juvenile shall be advised verbally, and in writing, by the individual conducting the health screening of the procedures to access medical services while in detention.

The intake medical screening form will be completed for each juvenile during the intake process. The screening will be conducted by an officer that has received training conducted by medical staff.

When there is indication of a medical problem during the intake screening, the nurse on duty or on call will be notified by phone. The staff member notifying the nurse will document the call in the control room log. The nurse will respond within one hour to provide further direction. The nurse will document the call in the juvenile's progress notes.

Completed intake medical screening forms will be immediately forwarded to medical staff for review. The RN will review and sign the form at the next available shift, but always within 24 hours.

A comprehensive physical examination, with thorough documentation, will be conducted by the physician assistant (PA) according to the time frames including a vision and hearing screening as a part of the physical examination.

The examining clinician will determine if there is a need for further evaluations (e.g., diagnostic tests, laboratory tests, etc.) and make the needed referral(s) to advanced level providers.

Laboratory tests will be completed when clinically indicated as determined by the MD, or PA performing the assessment and when necessary to diagnose, prescribe, treat, or monitor a juvenile's condition, in accordance with accepted medical standards.

Factors to be considered by the examining clinician when ordering laboratory or other diagnostic tests include the following:

- Risk factors for specific conditions;
- Baseline measurements that may already be part of the youth's health record;
- The age of the youth and if the youth is age-appropriate for the recommended baseline test(s);
- Presenting symptoms or complaints.

The following laboratory tests will be completed as a part of each assessment within the time frames outlined above:

1. Complete Blood Count (CBC) and RPR, if clinically indicated;
2. Therapeutic blood levels as required for certain medications (e.g., certain anti-seizure medications, lithium, etc.);
3. Cultures for sexually transmitted diseases, if the youth is sexually active;
4. HIV testing, as requested by the youth;
5. Urine testing by dipstick to screen for glucose, protein, leukocytes, nitrites, key tones, etc. urine pregnancy test on sexually active females

Time frames within which the assessment must be completed will vary according to the juvenile's known health status upon admission and anticipated health-related needs.

The assessment must be completed within 3 days of admission for juveniles who are:

- a. Known to have one or more chronic conditions;
- b. Complaining of any medical problems upon admission; and/or
- c. Prescribed medications, but who have no acute problems requiring sick call upon admission.

If the PA is unavailable to conduct the physical examination within 3 days, the RN will conduct an initial physical examination with follow up by phone with the MD or PA within 24 hours of examination and within the 3-day time frame. These youth will be seen by the provider on the next available clinic date.

The assessment must be completed within 7 days of admission for juveniles who are:

- a. Not known to have any chronic or acute problems/conditions; and
- b. Not prescribed medications.

All youth remaining at the facility over one year will receive an annual physical examination.

Use of Prior Comprehensive Physical Assessments: For juveniles with chronic conditions, if at the time of admission a physical examination has been documented within the previous 30 days and there has been no change in the juvenile's chronic condition, it is not necessary to repeat the assessment, however there should be a review of the previous assessment. The assessment must be completed if the last physical examination was completed more than 30 days prior to admission. Juveniles with chronic conditions must be assessed minimally every 3 months.

For juveniles without chronic or acute conditions or prescribed medications, if at the time of admission a physical examination has been documented within the previous 3 months, a review of this assessment is needed but it is not necessary to repeat the comprehensive physical assessment. Assessments supplemental to the prior assessment may be conducted at the discretion of the designated health authority, responsible physician, RNP or PA. These time frames for the use of prior assessments apply to juveniles who are re-admitted to the facility or transferred from one facility to another. Documentation of the previous assessment must conform to professional standards, must be suitable for the development of a problem list and treatment planning, if indicated, and must reflect a thorough baseline assessment of all body systems. Documentation of the previous assessment, if used in lieu of a current assessment, will become a part of the youth's health record.

Documentation filed in the juveniles health care record and will include the intake medical screening form, medical appraisal form and physical examination form.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-08	Effective Date: 7/15/16
Health Assessment	ACA: 3-JDF-4C-07, 09, 21, 22, 23, 24, 25 NCCHC: Y-E-04 STATUTE: A.R.S. §§8-342(B), 36-402	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Every juvenile shall have a full health assessment conducted by a licensed medical professional within seven (7) days of admission, unless a more expeditious medical assessment is medically indicated. The health assessment shall include, but need not be limited to, the following:

- a) Review of the health screening results.
- b) Collection of immunization history and updates scheduled as needed.
- c) Laboratory and/or diagnostic tests (as determined by the health services authority) to detect communicable diseases including sexually transmitted disease (STD's), HIV, and tuberculosis.
- d) Recording of height, weight, pulse, blood pressure, and temperature, other tests and examinations as determined by the health services authority.
- e) Physical health, mental health, dental, and gynecological assessments as determined by the health care authority.
- f) Review of the results of the health assessment and tests, and identification of problems by a physician and/or designee when law allows such.
- g) Initiation of treatment when appropriate.

**Procedures:** Within 7 days upon admission a health screening shall be conducted with every juvenile by 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:

- a. Mental health problems, including diagnosis, therapist and hospitalization.
- b. Level of risk to gesture or attempt suicide as determined by a suicide risk assessment instrument.
- c. Current illness and health problems, including tuberculosis, sexually transmitted diseases and other infectious diseases.
- d. Questions structured to identify behaviors that place the juvenile at high risk for contracting AIDS and an informed consent procedure to request that the juvenile agree to be tested.
- e. Current use of medication, including type, dosage, diagnosis and prescribing physician
- f. Dental problems
- g. Vision problems
- h. Use of alcohol or other drugs, including types, amounts, frequency of use, last period of use and any problems experienced after discontinuing use.
- i. For females, last menstrual period, any gynecological problems and pregnancies.
- j. Behavioral observations, including state of consciousness, mental status, appearance, conduct, tremors and sweating.
- k. Body deformities and ease of movement.
- l. Conditions of the skin, including trauma marks, bruises, lesions, jaundice, rashes, infestations, needle marks, or other indications of drug use.
- m. Allergies
- n. Health history, including hospitalizations and chronic disease(s).

Identification of any medical condition for which the juvenile currently being, or was recently, treated shall result in the immediate request by staff for medical records from the identified source of treatment. These medical conditions should include, but not be limited to the following:

- a. Mental health disorders, including hospitalization and/or the administration of psychotropic medication.
- b. Injuries or illnesses requiring hospitalization.
- c. Communicable diseases, including tuberculosis, hepatitis and sexually transmitted diseases (STD's)
- d. For female juveniles, gynecological problems or pregnancy

Immunization record for every juvenile detained more than fifteen days should be requested by medical staff from the parent, guardian, custodian, family physician, school or other available source. The immunization record shall be reviewed by a qualified medical professional.

Significant findings provided through the intake health screening shall result in an immediate referral by staff to the facility nurse. Any interim health care instructions provided by medical staff shall be documented and followed by staff.

Identification of any medical conditions for which the juvenile is currently being, or was recently treated for, shall result in the immediate request by the nurse for medical records from the identified source of treatment.

Every juvenile shall be advised verbally, and in writing, by the individual conducting the health screening of the procedures to access medical services while in detention.

The intake medical screening form will be completed for each juvenile during the intake process. The screening will be conducted by an officer that has received training conducted by medical staff.

When there is indication of a medical problem during the intake screening, the nurse on duty or on call will be notified by phone. The staff member notifying the nurse will document the call in the control room log. The nurse will respond within one hour to provide further direction. The nurse will document the call in the juvenile's progress notes.

Completed intake medical screening forms will be immediately forwarded to medical staff for review. The RN will review and sign the form at the next available shift, but always within 24 hours.

A comprehensive physical examination, with thorough documentation, will be conducted by the physician assistant (PA) according to the time frames including a vision and hearing screening as a part of the physical examination. The examining clinician will determine if there is a need for further evaluations (e.g., diagnostic tests, laboratory tests, etc.) and make the needed referral(s) to advanced level providers.

Laboratory tests will be completed when clinically indicated as determined by the MD, or PA performing the assessment and when necessary to diagnose, prescribe, treat, or monitor a juvenile's condition, in accordance with accepted medical standards.

Factors to be considered by the examining clinician when ordering laboratory or other diagnostic tests include the following:

- a. Risk factors for specific conditions;
- b. Baseline measurements that may already be part of the youth's health record;
- c. The age of the youth and if the youth is age-appropriate for the recommended baseline test(s); and
- d. Presenting symptoms or complaints.

The following laboratory tests will be completed as a part of each assessment within the time frames outlined above:

- a. Complete Blood Count (CBC) and RPR, if clinically indicated;
- b. Therapeutic blood levels as required for certain medications (e.g., certain anti-seizure medications, lithium, etc.);
- c. Cultures for sexually transmitted diseases, if the youth is sexually active;
- d. HIV testing, as requested by the youth;
- e. Urine testing by dipstick to screen for glucose, protein, leukocytes, nitrites, key tones, etc.; and urine pregnancy test on sexually active females

Time frames within which the assessment must be completed will vary according to the juvenile's known health status upon admission and anticipated health-related needs.

The assessment must be completed within 3 days of admission for juveniles who are:

- a. Known to have one or more chronic conditions;
- b. Complaining of any medical problems upon admission; and/or
- c. Prescribed medications, but who have no acute problems requiring sick call upon admission.

If the PA is unavailable to conduct the physical examination within 3 days, the RN will conduct an initial physical examination with follow up by phone with the MD or PA within 24 hours of examination and within the 3-day time frame. These youth will be seen by the provider on the next available clinic date.

The assessment must be completed within 7 days of admission for juveniles who are:

- a. Not known to have any chronic or acute problems/conditions; and
- b. Not prescribed medications.

When a juvenile transfers to another secure facility the RN or LPN will enter an intake or transfer progress note, as applicable, into the juvenile's record.

All youth remaining at the facility over one year will receive an annual physical examination.

**Use of Prior Comprehensive Physical Assessments:** For juveniles with chronic conditions, if at the time of admission a physical examination has been documented within the previous 30 days and there has been no change in the juvenile's chronic condition, it is not necessary to repeat the assessment, however there should be a review of the previous assessment. The assessment must be completed if the last physical examination was completed more than 30 days prior to admission. Juveniles with chronic conditions must be assessed minimally every 3 months.

For juveniles without chronic or acute conditions or prescribed medications, if at the time of admission a physical examination has been documented within the previous 3 months, a review of this assessment is needed but it is not necessary to repeat the comprehensive physical assessment. Assessments supplemental to the prior assessment may be conducted at the discretion of the designated health authority, responsible physician, RNP or PA.

These time frames for the use of prior assessments apply to juveniles who are re-admitted to the facility or transferred from one facility to another.

Documentation of the previous assessment must conform to professional standards, must be suitable for the development of a problem list and treatment planning, if indicated, and must reflect a thorough baseline assessment of all body systems. Documentation of the previous assessment, if used in lieu of a current assessment, will become a part of the youth's health record.

Documentation filed in the juveniles health care record and will include the intake medical screening form, medical appraisal form and physical examination form.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-09	Effective Date: 7/15/16
Health Care and Treatment	ACA: 3-JDF-4C-01, 06, 07, 11, 26, 27, 28, 29, 30, 31 NCCHC: Y-D-02, Y-D-01 STATUTE: A.R.S. § 36-402	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Each detention facility shall have written policy, procedure and practice to ensure that sick call is conducted daily by designated staff to identify juveniles in need of medical services due to non-emergency injury or illness while in detention. Every juvenile shall have access to medical services. Medical services shall be conducted by a licensed medical professional. All juvenile requests shall be handled in a confidential manner and forwarded within 24 hours to the health services authority for evaluation and a determination of the level of medical care required. All juvenile requests for medical care shall be documented and shall indicate the juvenile's name, nature of request, designated staff who received the request and the disposition. Repetitive sick calls by a juvenile of the same complaint shall be referred for a physician or nurse practitioner review. 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 juvenile's medical record. All health services shall adhere to written medical protocols established by the facility's health services authority. Detention staff shall provide general health 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 detention services administrator. Circumstances under which designated staff may provide general health services include:

- a) Medical emergencies requiring the use of standard first aid and/or cardiopulmonary resuscitation (CPR).
- 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 licensed medical professional.
- c) Health care/nutritional education, in cooperation with, and under the supervision of the health care authority.

Pregnant juveniles shall be provided health care services as authorized by the health services authority.

If a medical emergency occurs, emergency medical personnel shall be contacted and, if needed, the juvenile shall be transported to a medical facility for further treatment.

**Procedures:** Sick call is conducted daily or no less than once per week by medical to identify juveniles in need of medical services due to non-emergency injury or illness while in detention. Youth shall have the opportunity to request health services for illnesses or injuries daily. All requests shall be handled in a confidential manner to the nurse and for evaluation and a determination of the level of medical care required at pill call. Treatment by health-trained or qualified health professionals other than physicians, mid-level providers, and dentists shall be performed pursuant to direct orders written and signed by a licensed health care provider who is authorized to give verbal and/or written orders. Written nursing protocols, approved by the responsible physician, may be used as guidelines in the assessment of routine health conditions and the implementation of nursing interventions. Nursing protocols shall not include directives regarding dosages of prescription medications. Upon each admission to the facility, juveniles will be given information verbally and in writing about how to access health services, including sick call. The facility will make arrangements with at least one physician and one dentist for the medical care of the juveniles when they are ill and any necessary follow-up care. Youth will be instructed to complete a request form and staff will place in a designated collection box or give directly to the nurse doing sick call to access health services. Staff will ensure that adequate numbers of request forms are available in living units and other designated areas. Juveniles needing assistance in completing these forms may request assistance from any staff member or directly from health care staff. Staff will not inquire about the nature of the medical complaint or request and will only write the juvenile's name on the form. Medical will sign the pod visitor log upon conducting sick call. Medical staff will collect request forms daily. The requests will be reviewed and triaged by a licensed health care provider within 24 hours of receipt. The triage decision will be documented on the request form. Any problems of an acute or chronic nature will be identified and noted. If the juvenile has indicated that the problem is of a non-urgent nature, the juvenile will be seen within 48 hours of the request. If the juvenile has indicated that the problem is of a potentially urgent nature, arrangements will be made to evaluate the juvenile as soon as possible within the same day as the request. If the juvenile requests laboratory results or other information, the health care provider will review the health record and schedule the juvenile for a non-urgent appointment. The juvenile will always be seen within 48 hours of the request. If the juvenile requests mental health care, the request form will be immediately forwarded to mental health staff. All sick call requests will be evaluated with a face-to-face interaction by a registered nurse (RN) or licensed practical nurse (LPN). The

responsible physician will review the protocols and make needed additions and revisions at least annually. Each protocol will be signed and dated to reflect the review and revisions. Current dated and signed protocols will be maintained in the health services unit.

Health problems that are assessed to be minor and treatable by first aid and non-prescription medications may be treated by the nurse without referral. The youth's health record will be reviewed for allergies before initiating non-prescription medications. Juveniles with health complaints that are beyond the training or experience of the registered nurse will be evaluated by a mid-level provider or physician at the next available provider clinic. The RN will call the provider and give a report before the next clinic if situation is of a serious nature. Any prescription medications/treatment orders by a physician or mid-level provider will be documented on the progress notes. Verbal orders will be countersigned at the provider's next clinical visit. Juveniles who are seen in sick call more than twice for the same complaint without satisfactory resolution will be referred to a mid-level provider or physician within the number of days specified on the nursing protocol. Sick call will be conducted in an adequately equipped room with access to soap and water for hand washing between patient encounters. Encounters will be conducted in a manner that provides privacy and protects confidentiality for the juvenile. Health education and information will be provided and documented during all medical encounters including information on sexuality and pregnancy prevention.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-10	Effective Date: 7/15/16
Notification and Consent	ACA: 3-JDF-4C-35, 42, 45 NCCHC: Y-A-12, Y-H-01 RULE: 19, Rules of Procedures of the Juvenile Court STATUTE: A.R.S. §§ 8-101(5); 36-2152; 36-2271; 44-132; 44-132.01; 44-133; 44-133.01; 44-134	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Parental consent is not required for routine medical evaluation or treatment administered in the case of an emergency. A minor may consent to medical treatment for conditions relating to drug and alcohol use, pregnancy, and sexually transmitted diseases. 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 in accordance with A.R.S. § 8-245. The juvenile's parent, guardian, or custodian, as well as probation officials shall be notified of any significant injury or illness requiring treatment by a licensed physician or dentist. All medical information and records shall be maintained consistent with state and federal law. A separate medical record shall be maintained for each juvenile. Access shall be controlled by the health services authority. Release of medical information shall be upon written order of the court.

**Procedures:** The facility staff with first contact will request that the parents/legal guardians of juveniles sign a general consent for treatment and use of health information form. This form will be used as the general consent and will only be required one time. The form will be maintained in the juvenile's health record. The date the form was signed will be entered into the juvenile's case notes within 72 hours. Any refusals to sign the consent form would also be documented in the case notes. The medical consent form will be mailed to the parent/guardian for signature if the form was not previously signed. If the form is not returned, the case manager will be notified and he/she will attempt to obtain the required signature. Health care providers will engage in the consent process (assent, informed consent) with the juveniles and, as necessary, parents/guardians before undertaking any medical intervention. Assent will include at least the following elements:

- a. Helping the juvenile achieve a developmentally appropriate awareness of the nature of his/her condition;
- b. Telling the juvenile what he/she can expect with tests and treatment(s);
- c. Making a clinical assessment of the juvenile's understanding of the situation; and
- d. Soliciting an expression of the juvenile's willingness to accept the proposed care. Informed consent will include at least the following elements:
- e. An explanation, in understandable language, of the nature of the condition, proposed diagnostic steps and/or treatment(s) and the probability of their success, the risk(s) involved, and the potential benefits and risks of recommended alternative treatment(s), including the choice of no treatment;
- f. Assessment of the juvenile's understanding of the explanation;
- g. Assessment of the capacity of the juvenile and parent/guardian to make the decision(s); and
- h. Assurance, that the juvenile has the freedom to choose among alternatives without coercion or manipulation.

For non-invasive medical interventions, other than the use of psychotropic medications, the consent process will include, at a minimum, the assent of the juvenile. For psychotropic medications, the consent process will include the informed consent of the juvenile and parental permission. The consent form will be used to document the informed consent of the juvenile and parental permission. Attempts to contact the parent/guardian will be documented on the form with a dated note. The juvenile's consent and parent's permission will be sought prior to the initiation of psychotropic medications and within 10 days of the juvenile's admission, for the continuation of a previously prescribed psychotropic medication. When the parent/guardian cannot be located, a court order authorizing the continuation of medications may be used in lieu of parental permission. For committed juveniles, certain staff may sign the consent for medications form in place of the parent as follows: Staff members who are authorized to sign the consent for medications include:

- a. Mental health authority;

Note: A psychiatrist shall be consulted when there is any concern regarding psychotropic medication consent issues.

Juveniles and parents/guardians will be involved in decisions regarding the discontinuation of medications. Parents/guardians and the case manager will be notified when a psychotropic medication is discontinued. The notification may be made by phone, in person, or by letter. The notification will be documented in a progress note in the health record.

If surgery or another invasive medical procedure is medically indicated, juveniles, parents/guardians, and the case manager will be notified in advance, and a separate consent form specific to the procedure will be completed. Information regarding the procedure, possible consequences, risks, and alternatives will be provided.

For the administration of Hepatitis B vaccines and sexually transmitted disease (STD) and HIV care, diagnosis, and treatment, only the juvenile's assent or informed consent, will be required. Parental permission is not necessary.

Juveniles and parents/guardians may refuse treatment or procedures except in certain circumstances defined by law. Examples of such exceptions may include:

- a. An emergency requiring immediate intervention when life, safety, or wellbeing is threatened;
- b. Medical procedures required by law, performed to prevent the spread of communicable disease (e.g., tuberculosis), or performed to protect the public health;
- c. Examinations performed after a use of force or similar incident as part of an investigation.
- d. (Treatment may be refused, but not examination to determine injury or evidence of abusive force);  
and
- e. When a juvenile is impaired making him/her incapable of informed consent.

Refusals will be made directly to health care staff. Juveniles who refuse treatment or procedures will be counseled as to the possible health consequences of their refusal. Documentation will be made in the health record using the refusal form. The form will clearly indicate what treatment or procedure is being offered and why it is offered. The juvenile will sign a refusal form each time a treatment or examination is refused. Health care staff will witness and sign the form. The form will then be filed in the juvenile's health record. Whenever possible the juvenile's parent/legal guardian and case manager should be informed of his/her refusal of treatment. If the refusal of treatment may result in a life-threatening condition, the nurse will notify the responsible physician and psychiatrist. If the refusal poses a substantial risk to the juvenile, then the designated health authority must notify the parent/legal guardian and case manager. Note: The prescribing physician must be notified if the youth refuses 3 consecutive prescribed medications or medical treatments. Juveniles will not be forced to accept any medical intervention(s), including any medications, without the approval of the psychiatrist. In situations where the juvenile is an imminent danger to self or others, the physician will consult with the psychiatrist prior to the medication being given. In an emergency situation when prior approval is not feasible, approval will be sought within 12 hours. If the psychiatrist does not provide written approval the medication will be discontinued.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-11	Effective Date: 7/15/16
Post detention Medical Referral	<b>Cross Reference: ACA: 3-JDF-4C-46, 47, 48</b> <b>NCCHC: Y-H-01, Y-H-02, Y-H-03</b> <b>RULE: Rule 123, Rules of the Supreme Court; Rule 19, Rules of Procedure for the Juvenile Court; Health Insurance Portability and Accountability Act of 1996 (If Applicable)</b> <b>STATUTE: A.R.S. §§ 8-342, 8-272; 8-341(L)</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** Medical staff shall provide referral information for a juvenile, within legal requirements, whose medical treatment was initiated in detention and shall continue beyond discharge to the community to appropriate community based medical services. The referral shall include, but need not be limited to, the following:

- a) Identification of appropriate community-based medical services.
- b) Education of the juvenile regarding the importance of continuing the medical treatment.
- c) Notification of parent, guardian, or custodian and juvenile probation officer.
- d) Transfer of medical records with proper consent to the identified community-based medical service provider.

The director of juvenile court services shall ensure the confidentiality of all medical records pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Rule 123 and Rule 19, Rules of Procedure for the Juvenile Court, if applicable.

**Procedures:** The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility and alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care. Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days' (or, in the case of TB medications, 15 days') supply of medication shall accompany the detainee. The administrative health authority shall be notified when detainees are to be transferred or released. Detainees should be transferred with proper medication to ensure continuity of care throughout the transfer and subsequent intake process. **Medical/Psychiatric Alert.** Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires: Clearance by the medical staff prior to release or transfer, or medical escort during removal or transfer.

- a. Notification of Transfers, Releases, and Removals. The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release.
- b. Transfer of Health Records. A summary of the detainee's medical care transfer summary shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. This includes detainees who are being transferred into or out of EARJDF custody. Full copies of the medical records or parts thereof must be made immediately available upon the request of the receiving facility's administrative health authority or clinical medical authority.

Juveniles being released that are currently on prescribed medications will receive medication to continue treatment. For acute conditions, youth will receive the remaining quantity of the medication, or an equivalent prescription, to complete treatment. For chronic conditions, including mental health diagnoses, juveniles will receive the remaining quantity of the medication up to a 30 day supply for federal juveniles. Note: County juveniles, with chronic conditions, will have medication returned with a reminder to parents to follow up with primary care provider. Medications will be given to the adult accepting responsibility for the juvenile at discharge. Medications will never be given directly to the juvenile. All medication being released must be recorded on the release of responsibility form. If no adult is available, the nurse will phone the parent/guardian and probation staff that the juvenile has medication at the facility. Medication will be held a minimum of 10 days after the juvenile has left the facility. The medication will then be marked for disposal per policy. When a juvenile is transferred from one secure facility to another, his/her medications will be transferred at the same time. The juvenile will receive scheduled medications prior to transport. Rescue metered dose inhalers (e.g., Albuterol) will be sealed in a clear bag along with the MAR in such a manner that the items are clearly visible. The bag will be marked with the juvenile's name and destination. Other medications will be placed in a sealed envelope along with the MAR and release of responsibility form. (When possible, the medications should be placed in the same envelope as the health record.)

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-12	Effective Date: 7/15/16
Pharmaceuticals	ACA: 3- JDF-4C-18,19, 20 NCCHC: Y-C-05, Y-D-01	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** The facility will provide pharmaceutical services on a 24-hour basis to ensure the timely dispensing of medications by nursing staff pursuant to orders from a licensed physician, dentist, or midlevel provider. Verbal orders may be transmitted by the physician or his authorized agent (nurse, nurse practitioner, physician assistant, or pharmacist) and will be received only by licensed nurses. Verbal orders must be confirmed (signed) by the prescriber within 7 days.

Procurement, dispensing, administering, accounting, and disposal of pharmaceuticals will be in compliance with state and federal regulations, and will be closely monitored by the supervising nurse for detention. Note: The prescribing provider will seek the informed consent of the juvenile's parent/guardian prior to the administration of medications. Medications will be administered from the labeled pharmacy container. Medications will never be administered to a person not indicated on the container label or "borrowed" from another juvenile's supply.

When prescribing medications, the provider will make every effort to adhere to the formulary. When a non-formulary medication is ordered, the provider must submit a formulary exception request to the administrator. Once the request has been considered, it will be faxed back to the facility. Approved non-formulary requests may remain in effect for 90 days. Formulary exception requests will be filed in the juvenile's health record and will remain in the health record upon transfer.

The on-site provider and supervising nurse for detention will establish a list of approved over-the counter medications for secure facilities. A limited supply of over-the counter medications for minor complaints, which do not require a sick call visit, may be maintained in the locked medication cart for administration by trained security staff when ordered by RN, LPN or provider. No medication will be given by security staff without directly speaking to the on call medical staff. Under no circumstances will security staff ever administer prescription medication.

**PROCEDURE I - Storage and Distribution:**

All medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security. Medications will be stored separately according to categories by topicals, eye solutions, ear solutions, injectables, and ingestibles. Over-the-counter and prescription medications shall be stored in a secure (locked) area, which is inaccessible to youth and unauthorized staff. Only licensed health care staff may sign out the keys to the medication storage area. Keys to medication storage areas will be highly restricted. The supervising nurse for detention will designate, in writing, staff that are authorized to have access to medication storage areas. This list will be kept current at all times and will be posted in medical room. Medical staff shall ensure that all doses of medications, both prescription and over-the-counter, are accounted for.

Expired, contaminated or deteriorated medications and those in containers that are cracked, soiled, or without secure closures will be immediately removed from stock, recorded for disposal, and re-ordered from the pharmacy. All medications requiring refrigeration are stored in the refrigerator. All over the counter (OTC) stock is stored in the cabinets, and the medical cart is restocked as needed for sick call and medication administration rounds. The medical cart is locked and is located within the medical room which is also locked. Note: All injectable medication is located in a locked drawer in the medical room. Expiration dates are checked monthly. Controlled medications will be stored behind two different locks, excluding a locked room door. Each dose will be accounted for by perpetual inventory. Access to these controlled substances will be limited to licensed medical staff only. Nursing staff will inventory controlled substances at each shift change. Facility nursing staff will document all controlled substances coming into and leaving the facility. All unused controlled substances will be immediately logged on the inventory destruction form. Controlled substances will be disposed of in accordance with Drug Enforcement Agency (DEA) regulations.

**PROCEDURE II – Procurement:** Medical staff will promptly transmit physician's orders to the pharmacy. Nursing staff will be notified immediately upon arrival of medication shipments to the facility. The pharmacy will be notified immediately if an error/omission is found or the juvenile has left the facility. When a juvenile's medication is left at the facility after he/she has been released, the nurse will attempt to notify the youth's parent/guardian and community case manager to pick up the medication. If the medication is not picked up within 10 days, it will be logged for destruction.

All medication received with a juvenile upon intake will be inventoried, counted, and recorded on the medication receipt log. The name of the medication and the number of tablets will be documented. The medication will be subtracted from the inventory log at the end of each day to verify count. When the medication arrives it will be stored in the locked medication cart and locked in the nurse's office. All controlled substances require perpetual inventory count.

The medication will be re-ordered prior to depletion of the medication supply received at intake to ensure continuity of care. Federal juveniles on medication upon arrival at the facility will be scheduled with the appropriate provider for follow up care. Parents of county juveniles will be notified seven days before expiration of medication so it can be reordered. Parents will be responsible for medication a juvenile is taking prior to admission. Any medication ordered by the facility provider will be the responsibility of the facility. Prescription medication from another facility or from parents received at intake with a juvenile into a secure facility may only be administered under the following conditions:

- a. The medication is received in an appropriately labeled medication bottle or blister pack with the name of the juvenile, prescribing physician, pharmacy, date, medication name, strength, and dosage information;
- b. The medication is verified with the pharmacy, by the nurse, and/or the prescribing physician, with documentation of the verification indicated in a progress note in the juvenile's health record;
- c. The medication can be clearly identified utilizing the physician desk reference and the facility physician gives a verbal order to continue the medication.

**PROCEDURE III - Dispensing and Administration:** The supervising nurse is responsible for the monitoring and oversight of all on-site medication processes, to include:

- a. Verifying the medication at hand;
- b. Monitoring medication storage and administration practices; and
- c. Monitoring the medication administration records for medication errors or omissions.

Prior to administration, the medication on the medication administration record will be compared with the medication label and the juvenile will be identified. Medications may be crushed or capsules emptied out on a case-by-case basis when a youth has difficulty swallowing or has a history of hoarding medications. The need for crushing the medication will be indicated on the MAR. Note: The nurse will observe directly the dispensing of all medications. If a medicine has to be swallowed, the juvenile's mouth will be inspected to ensure that the medicine was swallowed. Note: Juveniles are never allowed to have medication of any type in their cells.

Medications will be administered at the time they are prepared and no more than 60 minutes on either side of the scheduled hour. Only one juvenile's medication will be prepared and administered at a time. The person who prepares the medication will administer it. Medications will be administered from the labeled pharmacy container. Under no circumstances will medications ever be administered to a person not indicated on the original container label or "borrowed" from another juvenile's supply and when "as needed" (PRN) medications are administered, the time of administration will be noted on the MAR along with the complaint or symptom for which the medication was given. The MAR will be present at the time of administration. The medical staff giving the juvenile the medication will initial the MAR only when the dose is administered. The medical staff will also sign the MAR to correspond the initials to his/her name.

Juveniles approved to self-administer medications may do so only under the direct supervision of a staff member who documents the administration on the MAR. Diabetics are provided the insulin and testing material to enable self administration. All syringes are signed out by a nurse on a control form located in the pharmacy. The RN supervises both the blood testing and the insulin administration and records the blood test results and the amount of insulin taken on the inmates medication form. The used syringe and needle will be disposed of in puncture-resistant one-way containers specifically designed for that purpose. The "Sharps" count is reviewed daily.

Medical staff will ensure that a juvenile remains compliant with prescribed medications. These efforts and their results will be documented in the progress notes. The prescribing physician will be advised when a juvenile has refused medication three times in a row or refused medication once a day for three days. Juveniles who refuse medication will be asked to sign the refusal of treatment against medical advice form.

Facility nursing staff will monitor juveniles on an on-going basis for adverse reactions and will specifically document the monitoring in the juvenile's health record. In the event of a medication discrepancy or adverse medication reaction, immediate action will be taken, as necessary, to protect the juvenile's safety.

The following information will be documented in the juvenile's health record:

- a. Factual description of the error or adverse reaction;
- b. Name of physician and time notified to include the physician's subsequent orders; and
- c. Monitoring of the juveniles condition for 24 to 72 hours, or as directed.

The Medication Discrepancy/Adverse Reaction Report will be completed and forwarded to the physician, and facility administrator. All these reports will be reviewed at the each quarterly meeting and a plan of action completed if warranted.

**PROCEDURE IV – Accounting:** Juveniles being released that are currently on prescribed medications will receive medication to continue treatment. For acute conditions, youth will receive the remaining quantity of the medication, or an equivalent prescription, to complete treatment. For chronic conditions, including mental health diagnoses, juveniles will receive the remaining quantity of the medication up to a 30 day supply for federal juveniles. Note: County juveniles, with chronic conditions, will have medication returned with a reminder to parents to follow up with primary care provider. Medications will be given to the adult accepting responsibility for the juvenile at discharge. Medications will never be given directly to the juvenile. All medication being released must be recorded on the release of responsibility form. If no adult is available, the nurse will phone the parent/guardian and probation staff that the juvenile has medication at the facility. Medication will be held a minimum of 10 days after the juvenile has left the facility. The medication will then be marked for disposal per policy. When a juvenile is transferred from one secure facility to another, his/her medications will be transferred at the same time. The juvenile will receive scheduled medications prior to transport. Rescue metered dose inhalers (e.g., Albuterol) will be sealed in a clear bag along with the MAR in such a manner that the items are clearly visible. The bag will be marked with the juvenile's name and destination. Other medications will be placed in a sealed envelope along with the MAR and release of responsibility form. (When possible, the medications should be placed in the same envelope as the health record.)

**INFORMATION:** Psychotropic medications are prescribed only by a psychiatrist. An examination by the psychiatrist or crisis worker will be performed before administration of psychotropic medications. The exception would be if the juvenile is a current client of SEABHS, or private practitioner, and has a current prescription. Note: Taking of psychotropic drugs by a juvenile must be voluntary and requires an informed consent. Psychotropic medications are never given for disciplinary reasons. A formulary has been developed and is reviewed annually by the physician and the pharmacist. Controlled medications will be counted each shift by medical. A Drug Enforcement Administration (DEA) destruction form will be completed by the supervising nurse on all controlled medications which have reached expiration date, or are to be destroyed for other reasons. A list of all medications destroyed by the pharmacist will be retained at the Graham County health department.

**PROCEDURE V – Medication Administration Training Program:** In the facility and during transportation, non-health care personnel who have completed the required training may administer non-prescription medications as directed only when instructed by the nurse in his/her absence and only when it is deemed absolutely necessary.

Medication administration training will include:

- a. Drugs used within the facility, including their action and possible side effects;
- b. Security matters regarding administration of medication in a secure environment;
- c. Accountability for administration of medication in a timely manner according to the physician's order;
- d. Recording the administration of medication; and
- e. Accountability for the proper inventory of medications.

Over-the-counter (OTC) medication may be dispensed by security staff only in accordance with written protocol procedures for minor ailments (e.g., common headaches). All information relative to the nature of the complaint, medication administered and staff trained to administer the medication shall be documented. If the medical complaint or symptoms persist beyond 24 hours, the juvenile shall be placed on sick call.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-13	Effective Date: 7/15/16
Infection Control	ACA: 3-JDF-4C-36, 27, 38 NCCHC: Y-B-01 RULE: 123 (d) Rules of Procedures of the Juvenile Court STATUTE: A.R.S. § 8-208	
Approved By: Charles Gatwood – Administrator // Signature on File		

**POLICY:** Diagnosis, treatment, education, and counseling for sexually transmitted diseases (STD's) and blood borne diseases are available to juveniles through age-appropriate materials, group education, and one-to-one counseling.

**PROCEDURE:** Due to the fact that incarcerated juvenile's population is at higher risk than the general population for infection with STD's including HIV and Hepatitis B, the following procedures will be implemented:

- a. Youth will be evaluated for testing of sexually transmitted diseases within seven (7) days of arrival at the facility.
- b. HIV tests will be administered upon request by juveniles or as clinically indicated by the Health Department.
- c. Pre-test counseling will be provided either on-site by trained health personnel or at the health department prior to the administration of an HIV test. Post-test counseling will also be provided.

**Note:** The results of all tests will remain confidential according to the regulations of the Health Department and facility policy. Age appropriate brochures, materials, and videos on STDs and other blood-borne diseases will be part of the health education program, provided by the medical staff and the Teen Wellness clinic. The medical staff will provide group education and one-to-one counseling. Procedures will be established by the facility for the surveillance, monitoring, and treatment of all juveniles with STD or blood borne-pathogen diseases according to nursing protocols. A medical, psychological, and social support treatment plan for the care, referral, and treatment of those testing positive for STD and blood borne disease is required. Juveniles with positive HIV tests or whose treatment for an STD has not been completed will be referred to the appropriate health department for follow-up care upon their discharge from the facility. Medical isolation shall only be used if it is medically indicated. If a room other than the juvenile'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 not be limited to, the following:

- a. Procedural techniques to be used include hand washing upon entering and leaving, proper handling and disposal of infectious materials, proper isolation methods, verbally and written instructions in each case to the juvenile 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.
- b. Juveniles suspected or confirmed to have a 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 juvenile exhibits clinical symptoms.

Testing for communicable, blood-borne disease shall only occur under informed consent conditions and/or by court order if (a) clinical symptoms of the disease exist, (b) the juvenile requests to be tested, or (c), the juvenile exhibited high risk behavior in which there was an exchange of bodily fluids.

**Note:** Juveniles testing positive for communicable blood-borne diseases shall be maintained in the general population unless clinical symptoms require medical treatment not available in the facility. Disclosure of medical information regarding juveniles testing positive for a communicable, blood-borne disease shall be governed by state and federal law.

The facility shall provide all necessary equipment to minimize risk of infection to staff and juveniles. Education and training shall be provided for all staff and should be provided for all juveniles regarding the transmission of communicable, blood-borne disease and means of prevention. Universal precautions shall be used whenever staff or other juveniles come in contact with blood or body fluids of another person.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-14	Effective Date: 7/15/16
Suicide Prevention and Intervention	ACA: 3-JDF-4C-35, 5B-05 NCCHC: Y-G-05 STATUTE: A.R.S. §§ 8-271; 8-272	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** There is a mental health program approved by the designated mental health authority in compliance with local, state, and federal law that provides for all activities carried out by qualified mental health care professionals and includes the following minimum services:

- a. Detection, diagnosis, and treatment of mental illness
- b. Crisis intervention and the management of acute psychiatric episodes
- c. Stabilization of the mentally ill and the prevention of psychiatric deterioration
- d. Pharmacotherapy, when necessary
- e. Referral to an appropriate, licensed mental health facility when treatment needs exceed the treatment capability of the facility or agency
- f. Obtaining and documenting informed consent

Information about a juvenile's mental health status is confidential. The active mental health record is maintained separately from the confinement case record. Access to the mental health record is controlled by the case manager and mental health authority in accordance with state and federal law.

**Procedure for Initial Mental Health Screenings:** All juveniles receive an initial mental health screening at the time of admission to the facility by qualified mental health care professionals or mental health care trained personnel. The mental health screening includes, but is not limited to the following:

Inquiry into:

- a. History of self-injurious and/or suicidal behavior
- b. History of inpatient and outpatient psychiatric treatment
- c. History of alcohol and other drug use and History of treatment for alcohol and other drug use
- d. Current suicidal ideation
- e. Current treatment for mental health complaint or mental health problems
- f. Current prescribed psychotropic medication
- g. Observations of:
- h. General appearance and behavior
- i. Evidence of abuse or trauma
- j. Current symptoms of psychosis, depression, anxiety, and/or aggression
- k. Disposition of juvenile:
- l. Cleared for general population;
- m. Cleared for general population with appropriate referral to mental health care service
- n. Referral to appropriate mental health care service for emergency intervention.

All juveniles will undergo a thorough mental health appraisal by a qualified mental health care professional within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to the following:

- a. Review of available records of inpatient/outpatient mental health, alcohol & other drug treatment
- b. Inquiry into prior mental health and alcohol and other drug treatment
- c. Inquiry into history of emotional, physical, and sexual abuse
- d. Inquiry into educational history
- e. Assessment of current mental status
- f. Assessment of current violence, suicidal and self-injury potential
- g. Assessment of alcohol and other drug abuse and/or addiction
- h. Use of additional assessment tools, as indicated
- i. Referral for treatment, based on need as determined by mental health authority or provider
- j. Recommendations concerning housing and program participation

All juveniles referred for a mental health evaluation and/or mental health treatment will receive a comprehensive evaluation by a qualified mental health care professional. The evaluation is to be completed within 30 days of the referral request date and include at least the following:

- a. Review of mental health screening and appraisal data
- b. Review of the individual's mental health history
- c. Direct observations of behavior
- d. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and/or coping abilities
- e. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental health facility when psychiatric needs exceed the treatment capability of the facility or agency.

A mental health treatment plan shall then be developed for juveniles being treated on an ongoing basis by a qualified mental health care professional. The plan will be developed within 30 days of initiation of treatment and revised, as needed. Treatment plans will include case manager and juvenile participation to the extent that is possible. When necessary, juveniles with severe mental illness or who are severely developmentally disabled are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual. Emergency transfers to mental health facilities will be approved and supervised by the responsible health care practitioner and/or mental health authority. The financial responsibility will be paid for by B.O.P for federal juveniles and the appropriate county probation for county juveniles.

**Policy for Suicide Prevention & Intervention:** There is a written suicide-prevention program approved by the designated health and mental health authority and reviewed by the facility or program administrator. The program includes specific procedures and documentation for performing intake, screening, identifying, and supervising suicide-prone juveniles and is reviewed and signed annually. The program includes management of suicidal incidents, suicide watch, death of a juvenile or staff member, and staff and juvenile critical incident debriefing. It ensures a review of critical incidents by the administration and health services. All staff with responsibility for juvenile supervision are trained on an annual basis in the implementation of the program. Training should include but not be limited to the following:

- a. Identifying the warning signs and symptoms of suicidal behavior
- b. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors
- c. Responding to suicidal and depressed juveniles
- d. Improving communication between correctional and health care personnel
- e. Understanding referral procedures
- f. Understanding any special housing, juvenile observations and suicide watch-level procedures and requirements
- g. Follow-up monitoring of juveniles who make a suicide attempt

**Procedures:** All juveniles admitted will be screened for the presence of suicide risk factors upon admission. All juveniles who exhibit suicide risk factors will be referred to a qualified mental health professional. All suicidal juveniles will receive a timely mental health assessment. A suicide watch log will be developed immediately for each juvenile who is determined to be at risk for suicide or self-destructive behavior. The suicide watch log will include:

- a. Level of observation;
- b. Documentation of behavior and any activity
- c. Precautionary measures (e.g., suicide gown, suicide blanket, room assignment, limitations on program involvement, limitations on access to physical items that may be used for self-harm, etc.).

All juveniles on suicide watch status will be placed on direct one on one observation until consultation with or assessment by a licensed mental health professional has been completed and a specific level of observation has been determined and assigned by the mental health professional. The facility administrator or designee will be kept informed of any juvenile that has attempted or threatened to commit suicide, or presents other indicators of increased risk of self-harm. The juvenile must be maintained on the level of observation assigned by the licensed mental health professional for a minimum of 24 hours prior to any decrease. The levels of observation are as follows:

- a. **High Risk:** Direct observation/Suicide watch – This level requires one-on-one visual monitoring of the juvenile. Documentation on the log will be every 15 minutes.
- b. **Medium Risk:** Special observation – This level requires monitoring and documentation every 15 minutes.
- c. **Low Risk:** Routine observation - This status falls under normal operational procedures (low risk)

Note: Only a licensed mental health professional may authorize a decrease in a youth's level of observation.

Note: All levels can also be used for behavior management without threats of suicide.

Any juvenile who shows signs of extreme emotional distress, has difficulty coping with his/her present situation, or has substantial history of suicidal or self-injurious behavior will be monitored closely by staff. Staff will monitor juvenile for the following:

- a. Behavior patterns
- b. Any events or people that may trigger a crisis
- c. Early warning signs such as negative body language

Communication of all significant information verbally and in writing, between medical and program staff, including:

- a. The identification of a potentially suicidal juvenile
- b. The level of supervision and any restrictions ordered.
- c. Any suicidal gestures, threats or other significant behaviors.

In every case where a youth is determined to be a risk for suicide, the need for emergency psychiatric hospitalization will be considered. If the youth remains on continuous supervision exceeding 48 continuous hours, a re-evaluation of the juvenile will be conducted by a qualified mental health professional regarding the need for in-patient psychiatric hospitalization.

At-risk juveniles will be searched prior to entry into their assigned rooms. The juveniles will not be strip searched unless there is sufficient reason to believe that the juvenile possesses contraband or items that could be used for self-harm or harming others

Prohibition of the use of paper clothing and prohibition against stripping the juvenile of any clothing except by recommendation of mental health personnel:

If a juvenile's clothing is taken as a suicide precaution, an ACA-approved suicide blanket and/or wrap must be given to the juvenile to cover his/her body. A juvenile clothed in a suicide blanket/wrap will not be moved outside of his/her room except in extreme circumstances. Every effort will be made during this event, that a same sex detention officer will be the primary assigned personnel to the juvenile

The facility will have first aid kits, mouth shields and rescue tools readily accessible to staff at all times. Any staff that discovers a juvenile who has attempted suicide will immediately respond. The staff member will survey the scene to ensure that a genuine emergency exists. The staff member will promptly intervene to eliminate any immediate danger. In every case, staff will assume the juvenile is still alive. The staff member will call out for assistance from other staff in the facility and call 911. A staff member must remain with the juvenile until the emergency has been resolved. If the juvenile is found hanging, the staff member who discovers them will attempt to support the juvenile by the legs while they are facing the staff member to reduce tension on the neck. Upon arrival of additional staff, the first staff member on the scene will continue to support the juvenile's body while another staff member uses the rescue tool to cut the juvenile down. The noose will be immediately removed from around the juvenile's neck. As appropriate, emergency first aid and CPR will be immediately applied. Health care staff will be immediately notified. When CPR is necessary, CPR will continue until the juvenile has a pulse/respirations or another trained rescuer takes over.

In the event of a suicide, each employee who is aware of the pertinent facts relative to the incident will submit a witness statement prior to the completion of his/her shift and prior to leaving the facility. An Incident Report will be completed and the required notifications made. Suicide attempts will also be reviewed during the quarterly medical quality assurance monthly meetings in order to identify and address any potential operational problems, trends or procedural issues that may compromise the prevention of suicide and/or self-destructive behavior.

Post-suicidal or Post-Attempted suicidal response procedures shall include mental health counseling for juveniles and staff, and a review of the incident involving community mental health services, staff and administration of the facility.

Inclusion of information regarding any suicidal threats and/or attempts should be provided in the written medical summary provided to the juvenile probation officer.

Actions taken by facility, e.g., placement on increased supervision, provision of internal mental health services, and referral to external mental health services.

Psychological and/or psychiatric recommendations.

A report of all juveniles identified as suicidal risks shall be made to the juvenile's respective parent, guardian, or custodian and juvenile probation officials. Each facility shall have a formal policy designating an administrative officer with responsibility for reporting all incidences of suicidal behavior.

All suicides or attempted suicides shall be reported to the juvenile's parent, guardian, or custodian, juvenile probation officials, and the court.

All suicides shall be reported to the above plus the following: local law enforcement agency, Administrative Office of the Courts, state and local risk management and the medical examiner.

The director of juvenile court services shall ensure post-suicide or post attempted suicide response procedures includes mental health counseling for juvenile and staff and a comprehensive and documented review of the incident and policy and procedure.

The administrator will appoint a Death Review Committee to meet as early as possible, but within 5 working days. The committee will report its findings and recommendations as directed by the administrator. The committee will not interfere with or take the place of any ongoing investigation. The committee will review aspects of the incident including, but not limited to:

- a. Events or conditions that may have contributed to the suicide;
- b. Interviews or reviews of documentary evidence and information from staff or juveniles that may have knowledge about the incident;
- c. Policies and procedures relevant to the issue; and
- d. Evaluation of the emergency response procedures.

With assistance from behavioral health professionals external to the facility, the facility administrator will develop and implement a corrective action plan in response to findings and recommendations from the Death Review Committee. All staff that has routine contact with the juvenile will receive suicide prevention training, including emergency response, first aid and CPR, annually. All QMHPs, both licensed and unlicensed, will undergo ongoing competency-based training that focuses on the skills necessary to determine a juvenile's suicide risk. A licensed mental health professional(s), or qualified individual, will conduct the training.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-15	Effective Date: 7/15/16
Crisis Intervention	ACA: 3-JDF-5B-04, 05 NCCHC : Y- 53, RULE: 23(B)(4), Juvenile Court Rules of Procedure STATUTE: A.R.S. § 8-272	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF staff shall implement the facility's procedures regarding behavior management for any juvenile who exhibits assaultive or aggressive behavior. If the behaviors which necessitated the use of the behavior management techniques persist beyond the time restraints for use of behavior management techniques, program staff shall continue to provide increased supervision and refer the juvenile for emergency behavioral health services.

**Procedures:** The intent of this policy is to provide all officers with resources to deal with subjects who are in behavioral crisis. This includes people exhibiting signs of mental illness, as well as people suffering from substance abuse and personal crises. Persons suffering crises will be treated with dignity and will be given access behavioral health services. Officers are trusted to use their best judgment during behavioral crisis incidents, and the Department recognizes that individual officers will apply their unique set of education, training and experience when handling crisis intervention. The Department acknowledges that officers are not mental health professionals. Officers are not expected to diagnose a subject with a mental illness, nor are they expected to counsel a distraught subject into composure. When officers need to engage with a subject in behavioral crisis, the Department's expectation is that they will attempt to de-escalate the situation, when feasible and reasonable. The purpose of de-escalation is to provide the opportunity to refer the detainee to the appropriate services. An officer's use of de-escalation as a reasonable alternative will be judged by the standard of objective reasonableness, from the perspective of a reasonable officer's perceptions at the time of the incident. All detainees who show signs of behavioral crisis will be seen by mental health or a mental health counselor. In case of a crisis we will first notify medical and they will contact the mental health provider. If the services are immediate the supervisor in charge will contact the crisis hotline.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-02 Juvenile Services</b>	<b>Policy # 02-16</b>	<b>Effective Date: 7/15/16</b>
<b>Internal Review</b>	<b>ACA: 3-JDF-4C-03, 05 NCCHC: Y-A-06</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** The health services authority shall establish an internal review process for the purpose of reviewing health care services provided to the juveniles of the facility. An internal review is to be completed at least annually and shall include, but need not be limited to, the following:

- a) Identification of conditions and problems in providing health care services to the juveniles in the detention center.
- b) A plan for improvement of health care services jointly developed by the health services authority and the detention administrator.
- c) Policies and delivery of services for the juvenile.

**Procedures:** Once annually the health authority will conduct an internal review this review will include identification of conditions and problems in providing health care services to the juveniles in the detention center, a plan for improvement of health care services jointly developed by the health services authority and the detention administrator, and policies and delivery of services for the juvenile.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-17	Effective Date: 7/15/16
Program Structure	ACA: 3-JDF-5E-01, 02, 03, 04	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall ensure all juveniles have access to recreational opportunities unless documented medical, behavioral or security issues prohibit their participation in specific activities. A minimum of one (1) hour of large muscle activity and one (1) hour of leisure time activity shall be provided daily, to include outdoors when possible. Staff shall provide proper supervision of juveniles during recreational activities. Appropriate juvenile interests and preferences shall be considered in the recreational activities. Recreational activities shall not be withheld as a means of group or individual punishment.

**Procedures:** The facility has a qualified staff member who creates the recreation schedule, plans for constructive leisure time and activities, and supervises all recreation programs and staff. Note: Staffing is adequate to ensure proper supervision during recreation. The recreation program shall provide a minimum of one (1) hour of planned, structured large muscle activity and one (1) hour of planned, structured leisure time activity daily in order to promote healthy development activities. Large muscle activities shall be conducted outdoors in the recreation areas whenever weather permits. These activities should include, but not limited to, the following:

- a. Organized co-educational sports and games that require large muscle activity and permit equal opportunity for participation (e.g., aerobics). Note: This shall include the use of fixed or moveable exercise equipment.
- b. Supervised small group leisure activities (e.g., card and board games).
- c. Creative activities (e.g., arts and crafts).
- d. Quiet individual leisure activities (e.g., reading, letter writing and limited television periods).
- e. Activities adapted for physically and developmentally challenged juveniles.

**Note:** Recreational activities shall not be withheld as a means of group or individual punishment.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-18	Effective Date: 7/15/16
Rights of Juveniles	ACA: 3-JDF-3D-01, 02, 03, 04, 05, 07, 5F-01, 02, 03 RULE: Rule 10, Rule 23 (B), Rules of Procedure for the Juvenile Court	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** All juveniles in the custody of the facility shall be afforded rights and given responsibilities that are clearly defined. All juveniles shall be informed of their rights and responsibilities upon intake. Remedies for complaints or violations of the basic rights of juveniles shall be subject to grievance procedure. The basic rights of juveniles outlined in this policy shall not be diminished or denied for disciplinary reasons. All employees having direct contact with juveniles treat them respectful and courteously. All juveniles have equal access to programs, services, activities and work assignments. If access is denied, it is documented with reasons given. Access is denied only to maintain security and order. Staff shall use only the minimum force necessary to control combative or uncooperative juveniles. Physical abuse is never used to punish a juvenile for a rule violation. Staff thoroughly documents all use of force. The facility administrator reviews policies and procedures annually to make sure all juvenile rights are upheld. All juveniles shall have access to recreational opportunities unless documented medical, behavioral or security issues prohibit their participation in specific activities. A staff person shall be designated as recreation coordinator and be responsible to design, organize and direct the recreation program. The coordinator should have education, training or experience in the development and implementation of recreational activities for juveniles. Note: Appropriate juvenile's interests and preferences should be incorporated into the recreational activities. It is facility policy to make every reasonable attempt to facilitate the free exercise of religious beliefs by juveniles. These exercises of religious beliefs shall be limited only by legitimate security and operational consideration. The facility provides a system or redress for conditions related to confinement through its grievance procedure, which includes an appeal process. Staff upholds the juvenile's rights to unlimited access to the courts and to attorneys and their representatives. Staff makes every effort to facilitate private, uncensored communication between juveniles and attorneys. Staff will never disclose to unauthorized individuals or agencies any information concerning the circumstances of juveniles referred to the facility.

**Procedures:**

**Access to Counsel and Courts:** Provisions will be made for visits during normal facility hours, uncensored correspondence, telephone communications, and after-hours visits requested because of special circumstances. Juveniles seeking judicial relief are not subjected to reprisals or penalties because of the decision to seek such relief.

**Sexual Harassment:** Juveniles are not subjected to sexual harassment.

**Discrimination:** Juveniles are not subjected to discrimination based on race, religion, national origin, gender, sexual orientation, disability, or political views

**Equal Access:** There is equal access to programs and services for male and female juveniles.

**Sleeping Rooms:** Male and female juveniles do not occupy the same sleeping room.

**Grievance Process:** A grievance process that includes at least one level of appeal is made available to all juveniles and is posted in all living unit and program areas. The process is evaluated at least annually to determine its efficiency and effectiveness.

**Visitors:** Juveniles have the right to receive visitors, limited only by considerations of facility security and order. Juveniles have a corresponding right to refuse to receive visitors. Restrictions on the number of visitors, time, and place of visits are necessary to ensure the safe and orderly operation of the facility. Limitations on the right to receive visitors shall not be imposed for disciplinary reasons unless it jeopardizes the safety and security of staff or the facility.

**Free Speech and Expression:** Juveniles have the right to freedom of expression, as long as it does not interfere with the rights of others or the safety and security of the facility, which includes the following:

Foreign Languages – Spanish speaking juveniles should be allowed to speak their own language on any occasion where English is allowed, except during classroom discussion, organized activities such as group, or in answer to a staff member who does not understand Spanish.

Criticism – As the facility has recognized through its juvenile remedies system, juveniles have the right to engage in responsible criticism of facility policies or practices. Juveniles do not have the right to engage in personal abuse of others, disrupt program activities, or incite others to do so.

**Mail and Telephone:** Juveniles have the right to correspond freely through the mail. Staff may not read incoming or outgoing mail, but may open mail in the juvenile's presence to inspect it for contraband. Juveniles will be provided access to telephones to the extent possible within facility limitations, with equal opportunities for telephone use being provided to all residents within the facility. Juveniles will have access to a telephone in the event of an emergency. The facility does not have a responsibility to pay for incoming or outgoing long distance calls, except in an emergency.

**Protection from Physical and Psychological Harm:** Juveniles have the right to be protected from physical and psychological harm. They have the right to adequate food, clothing, and shelter. They shall not be deprived of food or sleep in the interests of treatment or discipline. Repetitive, purposeless, degrading work is prohibited. "Make-work" tasks are also forbidden. Corporal punishment is prohibited. Juveniles shall not be administered neuropsychiatric medication in the interest of discipline or order.

**Medical and Dental:** Juveniles have the right to basic medical and dental care, both routine and emergency. This includes providing care and services for individuals with prosthetic devices.

**To Be Informed:** Juveniles have the right to be informed of all rights, policies, procedures and rules affecting them as facility juveniles.

**Accuracy and Fairness in Decision Making:** Juveniles have the right to expect accuracy and fairness in all decisions made concerning them. The degree of procedural protection afforded a juvenile shall be consistent with the requirements of due process of law.

**Viewing Case File:** The juvenile, his/her attorney, parents/guardian, upon request may review the case file. If the juvenile is 18 years of age or older, they must give his/her written approval for a review of the case file by the parents or guardians. Such reviews shall be conducted according to facility/program procedures and shall be scheduled at a time convenient to both the facility and the reviewer, as professional staff may need to be present to clarify the materials.

## **ACCESS TO RELIGIOUS SERVICES**

**Religious Preference:** There is a systematic approach to determine the religious preference of all juveniles. The facility utilizes this information to determine personnel requirements for providing a variety of religious programs and ensures all juveniles access to religious staff and services. The facility makes available adult clergy, as needed, to ensure confidentiality

**Space and Equipment:** The facility provides adequate space and equipment needed to conduct and administer religious programs.

**Voluntary Participation:** Juveniles are allowed to participate in religious services, programs, and counseling on a voluntary basis and this includes opportunities to request visits from representatives of their respective faith.

**Essential Practices:** Juveniles have an opportunity to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by documentation showing a threat to the safety of persons involved in such activity or that the activity itself disrupts order in the facility.

**Donations:** The facility administrator or designee, approves donations of equipment or materials for use in religious programs.

**Chaplain Access:** The chaplain has physical access to all areas of the facility to minister to juveniles and staff.

**Community Relationship:** All efforts will be made to maintain close relationships with religious resources in the community.

## **ACCESS TO RECREATION**

**Recreation Director:** The facility has a qualified staff member who creates the recreation schedule, plans for constructive leisure time and activities, and supervises all recreation programs and staff. Note: Staffing is adequate to ensure proper supervision during recreation.

**Large Muscle and Leisure Recreation:** The recreation program shall provide a minimum of one (1) hour of planned, structured large muscle activity and one (1) hour of planned, structured leisure time activity daily in order to promote healthy development activities. Large muscle activities shall be conducted outdoors in the recreation areas whenever weather permits. These activities should include, but not limited to, the following:

- a. Organized co-educational sports and games that require large muscle activity and permit equal opportunity for participation (e.g., aerobics). Note: This shall include the use of fixed or moveable exercise equipment.
- b. Supervised small group leisure activities (e.g., card and board games).
- c. Creative activities (e.g., arts and crafts).
- d. Quiet individual leisure activities (e.g., reading, letter writing and limited television periods).
- e. Activities adapted for physically and developmentally challenged juveniles.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-19	Effective Date: 7/15/16
Visitation	ACA: 3-JDF-5G-12, 13, 14, 15 RULE: 23(B)(6), Juvenile Court Rules of Procedure	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** This policy will ensure the rights of the juvenile's visitation privileges while in detention. All juveniles shall be allowed visitation by the parent, guardian, custodian, and attorney of record, probation officer and/or any other adult deemed appropriate to visit with the juvenile. They are allowed to visit immediate and extended family, including, but not limited to natural, step, foster, and adoptive parents; natural, step and half siblings; grandparents; aunts, uncles, and cousins, based on custody level limitations. (In the case of Native American's, contacts with other members of the tribe who are not blood relatives should also be allowed).

Visiting days and hours are as follows:

- a. Monday and Wednesday evenings: 6:00 pm to 8:00 pm
- b. Saturday and Sunday: 8:00 am to 11:30 am and 2:00 pm to 4:00 pm

An officer will greet all visitors in the lobby to ensure that contraband items are not taken into visit rooms and to check visitor ID's verifying that the person visiting is an approved visitor. Note: Visitors shall not be permitted to bring personal possessions into the secure areas of the building. Secure areas are defined as any area past either of the two sally ports. Visitor may use the lockers in the lobby or their vehicle to secure their property. Visitors are subject to being searched and scanned by the metal detector wand prior to a contact visit. The visitor or the juvenile shall take nothing into the visit room (i.e....any personal items including cell phones and no food or beverages allowed). This includes all family counseling sessions.

**Note:** Appropriate action will be taken with any violations of this rule.

**Authorized Visits by Custody Level for All Juveniles:**

**Level One-Orange Uniform:** (2) 30 minute non-contact visits per week. (Parents/Guardians Only)

**Level Two-Green Uniform:** (2) 30 minute non-contact visits and (1) 30 minute contact visit per week. (Parents/Guardians and siblings only)

**Level 3 & 4-Blue Uniforms:** (2) 30 minute non-contact visits and (1) 1 hour contact visits per week. (Parents/Guardians, siblings, grand-parents, aunts/uncles and cousins only)

**Procedures: Visitation Rules:** Within 24 to 72 hours after a juvenile's entry into the facility, the following information is communicated to the juvenile, his/her parents, guardian and/or custodian:

- a. Visitation procedures
- b. Facility address and phone number
- c. Directions to facility and information about local transportation
- d. Visitation days and hours
- e. Approved dress code and identification requirements for visitors
- f. Items authorized in visitation room
- g. Special rules for children
- h. Authorized items that visitors may bring to give to the juvenile
- i. Special visits

**Contact Visits:** Physical contact will be limited to embracing upon entering and departing the visitation area. Immediately following the contact visit, before being returned to his/her pod or cell, the juvenile will be strip-searched. The juvenile will be given a U/A two days later to screen for drugs. Detention Facility Staff must monitor visits. Note: Maximum number of visitors allowed at any given time for a contact visit is as follows: 4 adults and 1 infant/toddler

**Maximum number allowed for a non-contact visit will be as follows:** 2 adults and 1 infant/toddler

Approved Visitors: Juveniles receive approved visitors except where there is substantiated, documented evidence that the visitor poses a threat to the safety of the offender or the security of the facility.

Procedures specify:

- a. That visitors register on entry into the facility
- b. The circumstances under which visitors are searched
- c. The circumstances under which visits are supervised
- d. Provisions for special visits.

**Visitation Area:** Visitation areas provide for informal communication, including opportunity for physical contact, except in instances of substantiated, documented security risks. Note: The degree of informality of juvenile visiting facilities should be consistent with the facility's overall security requirements.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-20	Effective Date: 7/15/16
Telephone	ACA: 3-JDF-5G-11 RULE: 23(B)(5), Juvenile Court Rules of Procedure	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall implement policies and procedures to ensure access to telephone services including:

- a) Sufficient telephone facilities except those in disciplinary confinement.
- b) Reasonable amount of privacy.

Detention staff shall advise the juvenile of the right to telephone a parent, guardian or custodian and counsel immediately after admission to a detention facility.

**Procedures:** The pod telephone calls can be placed in the pod collect. Parents or legal guardians need to place this number in their cell phone or house phone 928-432-3232. In order for parents or guardian to receive phone calls have to unblock or approve this phone number. Reasonably priced public telephone services are accessible to juveniles. There are provisions for transmitting messages. Juveniles with hearing and/or speech disabilities and juveniles who wish to communicate with parties who have such disabilities are afforded access to a telecommunications device for the deaf (TDD) or comparable equipment. Public telephones with volume control are made available to juveniles with hearing impairments.

- a. Initial phone calls are given to detainees free of charge to a parent or guardian and attorney. Phone calls can be requested at any time per request to the Sergeant on duty. All phone calls will not be made during programming or education. The county detainees attend education in the morning time so all phone calls will be given by the Sergeant on swing shift from 1330-2100 all week Sunday-Saturday. The federal detainees attend education in the afternoon so all phone calls will be given from 0800-1200 Sunday-Saturday by the Federal Case Manager or Sergeant on duty. These phone calls are based on attorney to client or detainee to parent or guardian. These phone calls are placed in the intake area or the Sergeant's Office. The Sergeant on duty will dial the number and make sure the person on the other end of the phone call is a legitimate source. Once this has been established the phone can be given to the detainee to talk alone.
- b. Deviations from ordinary consumer rates reflect actual rates associated with the provision of services in a correctional setting.
- c. Telephone services contain the broadest range of calling options to be consistent with the requirements of sound correctional management.

The pod officer must maintain visual contact with the juvenile during the conversation; under no circumstances will the officer "eavesdrop" or listen to any juvenile's conversation on the telephone. However if there is valid probable cause and the call has the potential to be a threat to the safety of the juvenile population or staff, it is permissible to listen to that conversation with the Sergeant on duty's permission. If this is done there must be written documentation. The written report must state under what circumstances such calls were monitored with date, time, reason for monitoring, and juvenile's name.

**A request to call an attorney or a probation/parole officer will be honored at any time.**

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-02 Juvenile Services	Policy # 02-21	Effective Date: 7/15/16
Mail	ACA: 3-JDF-5G-01, 02, 03, 04, 05, 06, 07, 08, 09, 10 STATUTE: U.S. Cont. amend. I, IV	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** A juvenile shall have the right to privacy in written correspondence. Incoming and outgoing mail shall be opened and documented in the presence of the juvenile or another staff person(s). Incoming and outgoing mail shall not be read unless there are reasonable grounds to suspect the presence of contraband or for security and safety reasons. In such circumstances, the detention administrator or designee shall review and appropriately document in the juvenile's file the reasons the mail was read. Unless there is a clear and present danger to security or the safety of the juvenile, staff or the facility, and with approval of the juvenile court director or designee, no mail shall be confiscated.

**Procedures:** All regulations governing correspondence of juveniles are specified in writing, made available to all staff, juveniles, and their correspondents. Upon intake, the juvenile's family is notified of the mail procedures and copies of the regulations are mailed to their families within 24 hours of the juvenile's admission. Juveniles shall be permitted to correspond with members of their family or legal guardians, other relatives, or friends. There are no restrictions on the amount of incoming mail they are allowed to receive. These rights shall not be limited except when:

- a. The staff has cause to suspect that certain correspondence is part of an attempt to formulate, devise or otherwise plan to escape from the facility, or to violate state or federal laws.
- b. The juvenile is attempting to communicate with individuals who are specifically forbidden by the court-ordered rules of probation or parole.
- c. The juvenile's parents or legal guardians have furnished the staff a specific list of individuals who they feel should not communicate with their child. Such incoming correspondence shall remain unopened and returned to the sender. A record of all returned mail shall be maintained.

Any juvenile who wishes to correspond in writing with another juvenile/adult in another detention facility (i.e. detained family member) may make a request in writing to the facility administrator. A decision regarding this type of communication between juveniles/adults will be made within five days. If the correspondence is allowed, a notation to that effect will be made in each juvenile's file.

**Postage:** Indigent juveniles, those juveniles with less than \$25.00 for three months or can't show parental or guardian support receive a specified postage allowance to maintain community ties. When the juvenile bears the mailing cost, there is no limit on the volume of letters juveniles can send. The juvenile shall be limited to sending 3 letters per week when indigent, but when the juvenile bears the cost there shall be no restrictions on the amount of mail they are permitted to send. Note: Community ties include family, personal friends, and so forth, but not privileged communication to attorneys, public officials, and courts.

**Uncensored Mail:** Juveniles are provided the right to communicate or correspond with persons or organizations subject only to the limitations necessary to maintain facility order and security. Juveniles' mail, both incoming and outgoing, may be opened and inspected for contraband. When based on legitimate facility interests of order and security, mail may be read, censored, or rejected. The juvenile is notified when incoming or outgoing letters are withheld in part or in full. A record shall be maintained on the mail inspection log when mail is read by any supervisory staff documenting specific reasons why the mail was read, and the name of the staff reading the juvenile's mail. Note: When mail is censored or rejected, the juvenile or sender will be notified of the reasons for the action and provided with an opportunity to appeal the decision.

**Forwarding Mail:** There is a provision for the forwarding of first-class letters and packages after transfer or release. All first class letters and packages should be forwarded without delay to the detainee that has been transferred to other facilities or released, provided a forwarding address is available. If a forwarding address is not available, all letters and packages shall be returned to the sender.

**Privileged Mail:** Juveniles send sealed letters to a specified class of persons and organizations, including but not limited to: courts, counsel, officials of the confining authority, administrators of grievance systems, and members of the releasing authority. Mail from juveniles to a specified class of persons and organizations should not be opened. Mail to juveniles from this specified class of persons and organizations may be opened only to inspect for contraband and only in the presence of the juvenile.

**Mail Delivery:** Excluding weekends and holidays, incoming and outgoing letters are distributed to juveniles within 24 hours, and packages are distributed within 48 hours.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-02 Juvenile Services</b>	<b>Policy # 02-22</b>	<b>Effective Date: 7/15/16</b>
<b>Grievance Procedures</b>	<b>ACA: 3-JDF-3D-08 STATUTE: U.S. Cont. amend XIV</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** A grievance process that includes at least one level of appeal is made available to all juveniles and is posted in all living unit and program areas. The process is evaluated at least annually to determine its efficiency and effectiveness. A grievance is an administrative means for the expression and resolution of juvenile problems. Analysis of grievances allows the facility to identify problem areas and to take corrective action to prevent grievances.

**Procedures:** Juveniles are encouraged to informally resolve grievances between themselves and staff when possible. If this is not possible, the juvenile may write a grievance promptly following an incident on a grievance form. The following information will be put on the form: the date, time and description of the incident, the names of persons involved and witnesses. The juvenile will sign and date the form, and it will be given to a staff member.

The staff member will sign and date the grievance when he/she receives it and will give it to their supervisor. The supervisor decides if a staff member or juvenile has acted improperly, if the juvenile's rights were violated, if privileges were unjustly denied, or if a crime was committed. After reviewing the grievance, he/she writes a response on the form giving findings, which substantiate or disprove the complaint and a remedy, if applicable. He/she signs, dates and gives a time for the response.

The response is delivered to the juvenile within 72 hours, excluding weekends and holidays, after grievance was first received. If more than 72 hours is required to investigate the grievance, the juvenile is notified of this in writing. If the grievance concerns an emergency or if the juvenile's welfare is threatened, it is answered as soon as possible.

If the juvenile is dissatisfied with the response, he may appeal, in writing, to the next higher level in the chain of command. The procedure and time limits that apply to the initial grievance also apply to appeals. The juvenile may appeal, through the chain of command, to the administrator. If he is dissatisfied with the administrator's response, he may then seek a remedy by contacting the chief of probation.

# DETENTION OPERATIONS



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EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-01	Effective Date: 7/15/16
Fire Safety Procedures	ACA: 3-JDF- 3B-01, 02, 03, 04, 05 STATUTE: A.R.S. §36-601.01; 29 CFR Part 1910	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall ensure that each detention facility has an established fire safety and evacuation plan. This plan shall include, but need not be limited to, the following:

1. The handling and storage of flammable, toxic and caustic materials in accordance with Arizona and National Fire Protection Association Fire Codes and Regulations and Occupational Safety and Health Administration.
2. Flame resistant furnishings, bedding and other materials shall be used. Mattresses shall be non-combustible and of design and material which will not expel toxic fumes if exposed to high heat.
3. Daily inspections, by detention staff, shall be conducted of all interior and exterior areas of the facility to detect the existence of fire hazards and obstacles to evacuations.
4. Monthly inspections shall be conducted by appropriate detention staff of fire extinguishers, testing of emergency lighting and fire and smoke alarms.
5. The prohibition of smoking in any area of the facility, except in a designated outside smoking area in accordance with State law and local ordinance.
6. Regular fire drills shall be conducted, with at least 25% of these drills being held during sleeping hours. Fire drills shall be documented and include, but are not limited to, the following topics:
7. Procedures to follow in case of a fire.
8. Conduct during a fire.
9. Transfer to gathering area.
10. Evacuation routes and exits.
11. An explanation by detention staff to juveniles upon admission to the facility about fire drill and evacuation procedures during orientation.
12. Posting of fire primary and secondary evacuation routes, assembly area locations, fire extinguisher locations and procedures to account for all staff, juveniles and visitors in the event of a fire.
13. Procedures to notify fire and other emergency personnel in the event of a fire.
14. Annual training and review for staff in all aspects of the fire safety and evacuation plan.
15. Regularly scheduled inspections shall be conducted of the facility by the Arizona State Fire Marshal's Office or designee.

**Procedures:** The facility conforms to applicable federal, state, and/or local fire safety codes. Fire safety inspections are conducted at the following intervals:

- a. An annual inspection is conducted by the authority having jurisdiction or other qualified person(s).
- b. A monthly inspection is conducted by a qualified fire and safety officer.
- c. Weekly inspections are conducted by trained departmental staff.

All reports will be submitted to the facility administrator along with a summary of deficiencies and a corrective action plan, as applicable

**Fire Alarm and Automatic Detection System:** The facility is equipped with a fire alarm and automatic detection system. Additional fire-protection equipment, located throughout the facility as required and approved by the authority having jurisdiction, includes but is not limited to:

- a. Fire extinguishers
- b. Sprinkler systems
- c. Exit signs
- d. Emergency lighting
- e. Food service hood suppression systems

A trained person inspects fire-protection equipment at least monthly. Testing and maintenance of fire-protection equipment is conducted by a qualified person quarterly unless otherwise indicated in federal, state, or local regulations.

Power generators are inspected weekly and load tested quarterly at a minimum or in accordance with manufacturer's recommendations and instruction manuals. Note: Preventative maintenance information, such as the equipment model, serial number, operating hours, maintenance items, problems and recommendations as well as information regarding inspections and system tests shall be documented and maintained by the County Highway Department.

**Facility Generator Specifications:**

Type & Model: Industrial, 200KW, Serial Number: 1990988786, Tank Size: 220 Gallon  
As per Rocky Mountain Cummings Diesel the facility can operate on emergency power as follows:  
On ¼ Power Load = 39 Hrs. / On ½ Power Load = 22 Hrs. / On ¾ Power Load = 16 Hrs.  
On 100% Power Load = 13 Hrs.

**Fire and Emergency Evacuation and Training:** Facility staff is trained in and knowledgeable about fire and emergency evacuation plans and procedures, which include but are not limited to the following elements:

- a. Provisions to ensure adequate Emergency Medical Services (EMS) and fire response for the location, size, and type of facility
- b. Procedures for reporting and notification of designated facility staff and appropriate local emergency responder(s) during an emergency or fire
- c. Means of immediate release of juveniles from locked areas and a backup release system
- d. Instructions for orderly and prompt evacuation, including primary and secondary routes for each area/building
- e. Special instructions for disabled, incapacitated, and high-security juveniles
- f. Use of exit signs and directional arrows that are easily seen and read Evacuation drills of all occupied areas at least monthly or at intervals designated by applicable codes, whichever is more frequent

Fire and emergency-evacuation plans and procedures are available to all staff at designated locations and are approved by a person trained in the application of appropriate codes. Plans are reviewed annually, updated if necessary, and reissued to the local fire jurisdiction and/or other responding agencies.

**Fire Evacuation Plan:** Person discovering the fire will notify control, report location, what is burning and how serious. The Control Officer will then call 911. A-Pod will exit the pod into the recreation area. B-Pod will exit their pod through the access door and go the A-Pod recreation yard. C and D Pods will go to D-Pod recreational area. All persons in Education and visitation will exit into D-Pods recreational area. All detainees in the holding area or nurse's office will exit through the West Sally Port area. Upon completion of the evacuation all federal and marshal detainees will be staged in the upper floor of the probation department. All county detainees will be staged on the lower floor of the probation department. The alternate staging area will be the Health Annex Parking lot for all detainees.

**Fire Prevention:** The facility prevents and/or limits the onset and spread of fire and toxic smoke through the following methods:

- a. Furnishings and interior finish materials comply with recognized fire-safety performance requirements
- b. Trash/refuse receptacles made of noncombustible material are provided at accessible locations throughout the facility and are emptied at least daily
- c. All flammable items are controlled, handled, stored, and disposed of properly
- d. Approved self-closing metal containers are provided for flammable liquids and for rags used with flammable liquids

Our facility conforms to all applicable federal, state, and/or local building codes and zoning ordinances as outlined in letter of compliance from the local city building inspector. This includes compliance with all fire codes as well as compliance with codes related to interior furnishings. Our facility has separate and adequate space for mechanical and electrical equipment.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-02	Effective Date: 7/15/16
Emergency Procedures and Plans	ACA: 3-JDF-3B-07, 08, 10, 11, 12, 13 RULE: 29CRF 1910(E)	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish emergency plans for various types of emergencies and evacuations. These plans and procedures shall include, but need not be limited to, the following:

- a) Riot or other major acting out or disturbance.
- b) Escape.
- c) Bomb threats.
- d) Hostage situation.
- e) Natural disasters, such as lightning strike, earthquake, flooding, etc.
- f) Man-made disasters, such as equipment failure, structural damage, etc.
- g) Death, medical emergency or serious injury.

EARJDF shall establish a response notification list. The notification of individuals, depending on the circumstances, shall include, but not be limited to, the following personnel:

- a) The detention services administrator.
- b) Local law enforcement agencies.
- c) The director of juvenile court services.
- d) Presiding Juvenile Court Judge.
- e) Fire and other emergency personnel.
- f) State and county risk management.
- g) Parent, guardian or custodian of juveniles.
- h) Juvenile Justice Services Division director.

The administrator shall ensure detention staff provides an explanation to juveniles upon admission to the facility about emergency drills and evacuation procedures during orientation. Disaster drills shall be regularly scheduled, with at least 25% of these drills being held during sleeping hours. Emergency drills shall be documented and include, but not be limited to, the following topics:

- a) Procedures to follow in case of an emergency.
- b) Conduct during an emergency.
- c) Transfer to gathering area.
- d) Evacuation routes and exits.

EARJDF shall revise the fire safety and emergency procedure plans as needed and review.

**Procedures:** In the event of an emergency, the appropriate emergency plan will be obtained and used as a guide in the steps to take during the emergency. All steps will be documented as to the time the step was taken on the emergency plan. In the event of an emergency, only one person will be formally in command. The senior staff member on site will assume interim command until the administrator or designee can arrive at the facility. He/she will determine staff assignments and equipment needs, reassign radios based on need, and direct staff regarding the use of equipment. He/she will remain in charge until properly relieved of these duties and/or the duties are properly relinquished. All possible efforts will be made to contact the administrator in an emergency situation. The senior staff member on site will notify management staff through the chain of command. A thorough briefing will occur before command responsibilities are changed. Duties may be relinquished in part or completely. All staff will be aware of the individual in command so that all orders can be executed properly, questions directed properly, and staff are clear regarding delegated responsibilities and assignments.

The facility will maintain detailed emergency plans that cover, at a minimum, the following types of emergencies;

- Evacuation (Plan A);
- Fires, smoke, and explosions (Plan B);
- Severe weather, flooding, and industrial accidents (Plan C);
- Riots (Plan D);
- Hostage situations (Plan E);

- Death of a juvenile (Plan F);
- Medical problems, including suicide attempts (Plan G);
- Loss of power or communications (Plan H);
- Bomb threats (Plan I);
- Work stoppages (Plan J);
- Extraction from razor wire (Plan K);
- Attacks from external sources (Plan L), using established threat level system;
- Vehicle accidents (Plan M); and
- Escapes (Plan N).

Each emergency plan will clearly address, at a minimum:

- Type of emergency;
- Staff responsibilities, by title;
- When notification procedures will begin and who is responsible;
- Other agencies to be contacted and how to contact them;
- Specific step-by-step procedures;
- Equipment needed;
- Location of emergency keys –Note: Staff carry designated pod key sets to open cell doors in emergencies;
- Reporting procedures after the emergency; and
- Critical incident stress debriefing.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-03	Effective Date: 7/15/16
Staffing Ratios	ACA: 3-JDF-1C-04, 3A-04, 05, 07, 3E-04 NJDA: Position Statement, 1999	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Staffing requirements shall be determined using a comprehensive review of the entire juvenile detention center operation. Detention population figures should serve as an element of staffing determinations. Other factors that should be considered include physical plant design, program staffing, security levels, gender of children detained, offense history, and other relevant considerations. Goals of the facility should also be reviewed to determine adequate staffing patterns as well as all ancillary staff functions. The primary consideration should be staffing ratios which are sufficient to provide safety, security and programming. Direct staff supervision and interaction that promotes positive relationships shall be the primary means of behavioral management of juveniles. Direct care staff are employees whose exclusive responsibility is the direct and continuous supervision of juveniles (does not include control room operators, support staff or staff supervisors). Supervision requirements shall include, but need not be limited to, the following: Juveniles shall be supervised in all areas of the facility at all times, with

1. A minimum of one staff assigned for every eight juveniles during waking hours, with a minimum of two staff on duty at all times.
2. A minimum of one staff assigned for every 16 juveniles during sleeping hours.
3. A minimum of one male and one female staff on duty whenever both males and females are housed in the facility.

Whenever a juvenile is in his/her room for any reason, the juvenile shall be directly observed by staff at minimal intervals of 15 minutes. If a juvenile is at risk to act out or injure him/herself, the frequency of direct observation shall be increased.

**Procedures:** Staffing requirements are based on juvenile population figures and juvenile needs in health care, academic, vocational, library, recreation and religious programs and services. All Shift Sergeants regularly assess requirements for all categories of personnel are determined to ensure that juveniles have access to staff, programs, and services. Annually supervisors submit written budget requests to the Assistant Administrator that describe staffing needs and recommendations based on full coverage of designated security posts, full surveillance of juveniles and to perform all ancillary functions. Goals, legal requirements, character and needs of juveniles supervised and other duties required to staff. Contingency plans are maintained to continue facility operations in the event of any work shortage or stoppage. When both males and females are housed in the facility, at least one staff member of each sex is on duty at all times. If a shift does not have employee of both sexes on duty, an appropriate employee is called in from off duty to work the shift. Arrangements will be made to provide a female to strip or pat search female juveniles when required. The facility administrator can document that the overall vacancy rate among staff positions authorized to work directly with juveniles does not exceed 10 percent for any 18-month period. Position vacancies that are frozen by legislative or fiscal controls should not be considered in the 10 percent vacancy rate specified in the standard. When unusual conditions cause an excessive number of vacancies, the facility administrator should notify the central agency in writing about the disparity between positions authorized and filled, documenting the reasons and alerting the agency to the potential problem. The facility will maintain a one to eight ratio during the day and a one to sixteen ratio during sleeping hours. While in the pod the officer documents frequent but irregular status checks at least every 30 minutes in general population housing and at least every 15 minutes in intake and special housing. When supervising juveniles of the opposite sex, the pod officer is considerate of the juveniles' privacy needs and announces himself/herself to the pod especially during room checks. **Management of High Risk Juveniles:** Staff does not enter a pod where high security juveniles are present unless there is a backup officer in the area or unless the high security juveniles are locked in their rooms. At least once on day shift and once on night shift, the officer must have a backup so he can check each room for cleanliness, vandalism, and contraband. Although the officer must work within these security restrictions for high risk juveniles, he is still responsible to assist them with their needs and concerns, and communicates with them in order to effectively manage their behavior. **Special Observation:** Juveniles identified by medical or counseling as emotionally disturbed, experiencing drug or alcohol withdrawal, or having other physical or mental problems are more closely observed, according to medical or counseling staff directions. Their behavior is documented on the Special Observation Behavior Log. Juveniles considered suicidal require continuous observation. Status checks are made and documented on Special Observation Behavior Log as directed.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-04	Effective Date: 7/15/16
Classification	ACA: 3-JDF-2C-12, 3E-01, 5A-02 NRULE: 23 (B)(4), Juvenile Court Rules of Procedures	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall ensure that policy and procedure address classification of detained juveniles. The policy and procedure shall provide for the safety of the juvenile, other juveniles, facility staff and the public by placing the juvenile in the appropriate program setting. EARJDF shall ensure services and programs are provided for juveniles who cannot manage their behavior, present a danger to themselves or others or who are in danger of being victimized by other juveniles. The juvenile's housing assignment shall be based upon, but not limited to the following criteria:

- a) Age.
- b) Gender.
- c) Maturity.
- d) Emotional Stability.
- e) Program Needs.
- f) Risk to Others.
- g) Vulnerability.
- h) Offense History.
- i) Medical and Mental Health Needs.

EARJDF shall ensure that there are separate rooms for male and female juveniles.

**Procedures:** The objective of this policy is to outline the facilities classification system and establish procedures for initial inmate/detainee classification and subsequent reclassification action addressing appropriate security and programming needs.

**CLASSIFICATION FACTORS:** Juveniles will be evaluated on the following factors, which are listed in the order of priority in which they shall be considered by classification staff.

- a. Institutional Risk Score
- b. Medical and Health Care Needs Score
- c. Mental Health Care Needs Score
- d. Education Needs Score
- e. Alcohol/Drug Abuse Treatment Needs Score
- f. Sex Offense Treatment Needs Score

### INITIAL CLASSIFICATION PROCESS

**Supervisors:** Rate each new commitment on the six factors. Ratings for each factor shall range from one to five, with five being the most important need.

- Initiate within 7 days of arrival.
- Each score will be listed on the Initial Classification Score Sheet (ICSS)
- Use the information to recommend appropriate housing assignment

**CLASSIFICATION REVIEW:** Classification review will be conducted at 15,60,90 days after a juvenile's initial classification. Every two weeks staff will review juvenile's behavior documentation and note any changes in the juvenile's behavior. The classification review panel (CRP), which includes education, supervisors, medical, and administration staff, shall: Review all documentation received since the initial classification which may impact upon current scoring. In cases where no change is required due to unsuccessfully completing requirements for advancement, a 60 day no change entry will be made and the CRP will review documentation on the 60th day. In cases where new information may result in a score change, a new ICSS shall be initiated. The juvenile shall be notified of the appearance before the CRP.

## **CLASSIFICATION REVIEW AND RECLASSIFICATION**

**Alternate Reclassification Instruments:** At the time of a juvenile's classification review it may be determined that a reclassification of the juvenile's current custody assignment is necessary. The reason for a reclassification will fall into one of two categories, these are "aggravating" or "mitigating" circumstances.

**Aggravating Circumstances:** If it is determined that the reclassification will be higher than the current classification due to aggravating circumstances such as a disciplinary infraction, a change in legal status i.e. serious or any new charges added, then reclassify when warranted.

### **Mitigating Circumstances**

If it is determined that a reclassification is warranted and that the reclassification will be lower than the current classification or that the current classification may likely stay unchanged reclassify under Mitigating Circumstances when warranted. This would include mitigating circumstances such as periodic review for positive program involvement, positive attitude change, court/staff compliance, an extended period of disciplinary free good behavior. If when conducting the classification review it is determined that the current classification is still appropriate simply record the date, time, and review officer conducting the classification review and indicate no change in current classification level.

**DISCIPLINARY CLASSIFICATION HEARINGS:** The Classification Review Panel shall review the disciplinary paperwork and recommendation of the facility disciplinary hearing officer. In cases where the juvenile is found guilty a reclassification hearing will be held within three to five days after the disciplinary hearing. The juvenile will be reclassified to a higher custody level where he/she will remain for 90 days and the reclassification hearings will continue to be reviewed every 90 days. The levels are as follows: Level 1-Orange Uniform, Level 2-Green Uniform, and Level 3 & 4-Blue Uniform

**CLASSIFICATION REFERRAL NOTICE:** Juveniles will be notified of upcoming classification hearings via "Classification Referral Notices". Juveniles will be advised no less than 24 hours prior to the classification hearing.

**CLASSIFICATION APPEALS:** The juvenile shall have one appeal opportunity and may only appeal the final decision of the CRP. To appeal the decision, the juvenile shall submit a letter, addressed to the administrator within 5 working days of the classification hearing. The facility case manager, or designee, shall evaluate the contents of the letter and determine if the issues are appealable. If the issues are not appealable the letter will be returned with an explanation. If the issues are appealable, the case manager or designee shall forward the letter to the facility administrator for review and take one of the following actions:

- Modify or uphold the classification action that is being appealed.
- Deny the appeal or order a rehearing of the appealed action.

All new commitments will remain at maximum custody level no less than 15 days. The CRP will review each new commitment case for approval or denial of advancement. Those who are eligible for advancement of level will be promoted and remain at the new custody level 90 days before the new review date. The CRP will then review each case to determine further advancement. Those eligible for advancement will be promoted and each case will be reviewed every 90 days.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-05	Effective Date: 7/15/16
Records and Documentation	ACA: 3-JDF-1E-01, 02, 03, 3A-03, 09, 10 12, 13, 17, 18, 3C-10	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** A permanent written or electronic daily activity log shall be maintained by detention staff. The log shall become a permanent record of population intake and release information, daily routine information, emergency situations and any unusual incidents. Detention staff reporting for duty shall be required to review information recorded in the log for at least the previous 24 hours. An individual record or file for each juvenile held in the detention center shall be maintained. This file shall include such information as daily behavior observations and other demographic statistics so as to assist in case management decisions. All individual records shall be established and maintained under the principle of confidentiality. Access to these records shall be restricted to those authorized individuals who have a specific need to know. In the event of a transfer of a juvenile within the justice system, a summary of that juvenile's record shall accompany or precede the juvenile to the receiving agency in order to ensure continuity of care. Any unusual incident involving a juvenile shall be documented in a written incident report and retained in the juvenile's individual file. The incident report should include date, time, location and witnesses and clearly describe the juvenile's involvement and behavior, as well as record staff actions (e.g., verbal and physical interventions and follow up actions) resulting from the incident. The incident shall be reviewed by the detention services administrator or designee prior to the conclusion of the shift and reported as designated by the local jurisdiction. Unusual incidents include, but need not be limited to, the following:

- a) Aggressive behavior, e.g., threats, fights and assaults.
- b) Attempted and completed escapes.
- c) Suicidal threats and attempts.
- d) Any incident involving use of physical force by staff.
- e) The use of isolation.
- f) Use of mechanical restraints for reasons other than transportation.

Detention records shall be kept noting a juvenile's access to the courts, visitation or access to the public, disciplinary actions and outcomes, medical or behavioral conditions that may need to be reported, and/or any other information which is pertinent to the juvenile. Such records shall be retained as per local policy, statutory requirement and administrative rules and regulations.

**Procedures:** Juvenile records policy shall include at a minimum the following areas: the establishment, use, and content of juvenile records; right to privacy; secure placement and preservation of records; and schedule for retiring or destroying inactive records. Facility administrator shall ensure that policies and procedures are reviewed annually. An orderly and timely system for recording, maintaining, and using data about juveniles increases the efficiency and effectiveness of program and service delivery and the transfer of information to the courts and release authorities.

E.A.R.J.D.F maintains a record on each juvenile, available in a master file, and including, at a minimum, the following information:

- a. Name, age, sex, place of birth, and race or nationality
- b. Initial intake information form
- c. Authority to accept juvenile
- d. Referral source
- e. Case history/social history
- f. Medical consent forms
- g. Name, relationship address, and phone number of parent(s)/guardians(s) and person(s) juvenile resides with at time of admission
- h. Driver's license number, social security number, and Medicaid number, when applicable
- i. Court and disposition
- j. Individual plan or program
- k. Signed release-of-information forms, when required
- l. Progress reports on program involvement
- m. Program rules and disciplinary policy signed by juvenile
- n. Grievance and disciplinary record, if applicable
- o. Referrals to other agencies, and final discharge or transfer report.

**Note:** Medical and educational records are components of the master file and shall be located in other appropriate areas of the facility. The juvenile's file shall contain all legal documents and correspondence relating to the juvenile and all progress and other reports made during the length of stay. All documentation shall be verified, and confidentiality should be maintained at all times. All juvenile records must be maintained for five years after they turn 18. An updated case file for any juvenile transferred from one facility to another shall be transferred simultaneously or, at the latest, within 72 hours. Continuity of programming for juveniles transferred from other facilities requires that staff have the benefit of a complete cumulative case record as soon as possible. The same policy and procedure should apply to the transfer of medical files. We will follow the commitment checklist. The administration shall use a consent form that complies with applicable federal or state regulations. The juvenile signs a "release of information consent form" prior to the release of information as required by statute or regulation, and a copy of the form will be maintained in the juvenile's record.

Law requires confidentiality and protection of information pertaining to juveniles. Where statutorily required, judicial, law enforcement, correctional, and social service authorities involved with the case shall be supplied information without consent forms being required.

It is essential that all information in the case record include the dates of entry and the identification of the staff member who recorded it. Juvenile records shall be safeguarded from unauthorized and improper disclosure. Manual records shall be marked "confidential." When any part of the information system is computerized, security ensures confidentiality.

A juvenile's constitutional right to privacy can be violated if records are improperly disseminated. The facility administrator shall establish procedures to limit access to records to persons and public agencies that have both a "need to know" and a "right to know" and can demonstrate that access to such information necessary for juvenile justice purposes.

**Pod Log:** The pod officer, in each housing area, documents all housing area activities in the pod log. Each officer begins a new log at the beginning of his/her shift. All entries in the log book will be written in a legible manner, dated, timed and initialed. No lines will be left blank in the log. Log book entries will never be erased, no white-out will be used, or marked out in a manner making the original entry unreadable. Entries made in error will be marked out by a single line then dated, and initialed. When a log book is filled, it will be immediately replaced. The facility administrator will retain the log book for two years from the date of last entry. Log books that are part of litigation will be maintained until the litigation is resolved. The facility administrator or designee will review and sign all log books at least weekly.

**Pass-Down Log:** The pass-down log is kept in control, in which the control officer records information, including maintenance problems, upcoming events, pending juvenile releases, and temporary changes in routine. The pass-down log provides a quick informational reference for staff.

**Juvenile Behavior Log:** Staff documents juvenile behavior that is unusual, inappropriate, or warrants concern on Juvenile Behavior Log. Staff will also document positive juvenile behavior on these logs. A copy is forwarded to the case manager for federals for classification hearings and to probation for court on county juveniles.

**Juvenile Files:** A file is kept on each juvenile in which the pod officer files all paperwork and documentation related to the juvenile. Documentation kept in this file includes property accountability sheets, disciplinary hearing records, juvenile grievances etc. The control officer maintains the security and confidentiality of all information in this file. The case manager keeps all federal files in his office.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-06	Effective Date: 7/15/16
Behavior Management	ACA: 3-JDF-3C-01, 02, 03, 04, 05	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall develop and make available to all staff the behavior management policy and procedure. The policy and procedure shall promote, reinforce and recognize positive behavior. The system shall manage pro-social behavior at the least restrictive level possible. Such policy and procedure shall include but not be limited to the following practices:

- a) Assessment of potential risk and needs.
- b) Enhancement of intrinsic motivation.
- c) Use of positive reinforcement theory.
- d) Provide timely feedback that enhances learning.
- e) Use of cognitive behavioral techniques.
- f) Prioritize supervision and treatment resources for higher risk and needs juveniles.

EARJDF shall establish rules of conduct for juveniles prohibiting specific activities in the facility and outline the possible range of disciplinary actions that can be taken including criminal charges. The behavior management policy and procedures shall prohibit the following:

- a) Corporal punishment.
- b) Group punishment for an individual juvenile's behavior.
- c) Physical and psychological degradation.
- d) Humiliation.

**Procedures:** The behavior management program will be held Monday through Friday. Our County detainees will be working on the program in the afternoons from 1300-1700. The pod officer being responsible for the programming if assigned to C-Pod or D-Pod. The levels will be that Level 1 detainees will be sitting at the table nearest the door, Level 2 will be at the far table next to the stair case, and Level 3 and Level 4 will be at the table closest to the recreational area. When working on packets, the television in the pods will be shut off in order to concentrate on the packets handed out by the officer.

When a juvenile completes their packet for level advancement, a Sergeant will check the juvenile's packet to ensure that the following has been completed:

- The packet and checklist
- The interview with a detention officer assigned
- The test for Level 1 or Level 2
- An advancement request form

The classification committee will then sign off on the classification worksheet and place the Request Form, test, and classification worksheet into the juvenile's file.

Detention Officer's Expectations Review the level system prior to handing out the packet. Emphasize that information written in the packet should not refer to the offenses that placed the youth in detention. Written responses should reflect past offenses or actions. Explain each form as they are handed out and answer questions. The detention officer will also facilitate as needed.

1. Packets will be reviewed and signed off by a Detention Sergeant. The content is what will be considered for advancement to the next level not writing ability. If a juvenile fails the test or interview they may fill out a request to try again the following afternoon.
2. Utilize the point system for positive behavior.

## **Level System**

**Level 1- Orange Uniform** – All newly detained juveniles will begin at this level on the day of their arrival at the facility. They will spend a minimum of fourteen days on this level. The juvenile will complete all listed requirements, a request form for re-classification, and orientation completion. This means the juvenile has completed the orientation test, participated in all programming, participated in education, had good behavior with no incident reports. Based on the point system in order to get promoted you will need to get 350 Points on behavioral sheets up to this time period.

### **Level One Requirements:**

1. Attend Education and Participate
2. Attend all programming and participate
3. One hour recreation time in recreational yard
4. (2) 30 Minute non-contact visits per week (Mother, Father, Guardian)
5. Bedtime at 1930
6. Must eat all meals in their cells
7. Maintain cell in accordance with policy standards
8. Maintain grooming standards and good personal hygiene
9. Allowed mail and religious services

**Level 2- Green Uniform-** All detained juveniles will start this level on the fifteenth day at the facility if all the requirements are met for advancement from Level 1 to Level 2. Based on the point system in order to get promoted you will need to get 350 Points on behavioral sheets up to this time period.

### **Level Two Requirements:**

1. Attend Education and Participate
2. Attend all programming and participate
3. (2) 30 Minute non-contact visits per week (Immediate Family, Brother, Sister, Etc)
4. (1) 30 Minute contact visit
5. Bedtime at 2000
6. Maintain cell in accordance with policy standards
7. Maintain grooming standards and good personal hygiene
8. Allowed mail and religious services
9. Popcorn and Soda once a week

**Level 3- Blue Uniform-** All detained juveniles will start this level on the sixtieth day at the facility if all the requirements are met for advancement from Level 2 to Level 3. Based on the point system in order to get promoted you will need to get 1400 Points on behavioral sheets up to this time period.

### **Level Three Requirements:**

1. Attend Education and Participate
2. Attend all programming and participate
3. (2) 30 Minute non-contact visits per week (Anyone approved by Probation)
4. (1) 60 Minute contact visit
5. Bedtime at 2030
6. Maintain cell in accordance with policy standards
7. Maintain grooming standards and good personal hygiene
8. Allowed mail and religious services
9. Popcorn and Soda Once a week
10. Food item once a month

**Level 4- Blue Uniform-** All detained juveniles will start this level on the ninetieth day at the facility if all the requirements are met for advancement from Level 3 to Level 4. Based on the point system in order to get promoted you will need to get 2100 Points on behavioral sheets up to this time period

**Level Four Requirements:**

1. Attend Education and Participate
2. Attend all programming and participate
3. (2) 30 Minute non-contact visits per week (Anyone approved by Probation)
4. (1) 60 Minute contact visit
5. Bedtime at 2030
6. Maintain cell in accordance with policy standards
7. Maintain grooming standards and good personal hygiene
8. Allowed mail and religious services
9. Popcorn and Soda Once a week
10. Food item once a month
11. Allowed gaming system to play for one hour.

**Major Disciplinary Report-** All detainees that receive a major discipline report are considered to be un-classed until disciplinary process is completed and will be reviewed every 14 days by the Classification Committee. The detainee will be reviewed 14 days from the date of the report for Level 2 and an additional 30 days from the date of the report for Level 3.

**Minor Disciplinary Report-** Same as major discipline report except (14 days for Level 3)

**Behavioral Issues/ Minor Incidents:** Anytime a detainee is removed from education or programming for non-participation or receives negative behavior reports the detainees Level can be held for review. This is limited to fourteen days and the Classification Committee has the authority to deny or promote the detainee based on their behavior for those fourteen days. The review has to be every fourteen days following the negative behavior.

**Classification Committee:** The Classification Committee will meet every Tuesday at 1000 or 1100 to conduct reviews. The Committee may consist of Sergeants, Medical, or Teachers.

**Consequences For Negative Behavior**

1. Essays
2. Limited Free time activities
3. Loss of free time
4. Loss of incentive in the level that they are currently on for that day
5. Book Report
6. Level in Jeopardy
7. Eating in cell for meals

**Use of Time Out**

If the juvenile's behavior continues to negative in nature a Time Out should be considered. Time out is defined as a consequence where a juvenile is directed to their cell for a period of time not to exceed one hour. By the end of the hour the detainee has not complied with calming down and is still angry and agitated and incident report will be written by that officer.

**Monitoring**

All programs are monitored by the Supervisor or Officer in Charge on shift.

**Behavioral Sheets and Scoring**

**Level 1- Orange Uniform –350 Points**

**Level 2- Green Uniform-350 Points**

**Level 3- Blue Uniform-1400 Points**

**Level 4- Blue Uniform-2100 Points**

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-07	Effective Date: 7/15/16
Population Management	ACA: 3-JDF-3A-03, 13, 14, 15	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall ensure the intake and release of juveniles, population movements, facility visitors and staffing patterns are properly documented. This record shall be updated at least daily. All juvenile movement from one location to another shall be controlled and supervised by staff. The director of juvenile court services shall ensure that policy and procedure is established for regular head counts throughout the day.

**ACCOUNTABILITY PROCEDURES:** Staff shall escort all juveniles moving through the facility. All juveniles must enter or exit through the west or north sally port when being detained or released. Juvenile porters must be escorted through the facility when working and must adhere to their work schedules when leaving and returning to their pod. Staff must know their locations and adequately control and supervise their movement. Staff announces by radio their movement to and from assignments. Juveniles may not use the intercoms to request door access or attempt to communicate with control for any reason. If any juvenile uses the intercom system they are to receive disciplinary action. Juveniles who are high security risks or disciplinary problems require at least two staff escorts as determined by the chief of security or the sergeant on duty. On each shift, the officer assigned as rover will handle juvenile movement, security checks of those in their cells on disciplinary status or are GED graduates and other security duties requested.

**COUNT PROCEDURES:** Counts are the basic tool for maintaining custody through verifying the actual presence of every juvenile assigned to the facility and verifying that each juvenile is healthy and breathing. Staff will conduct six mandatory counts. These formal counts will be done at the beginning and end of each shift. The 6th mandatory count will be at 2030 hour lock down. Officers will conduct a minimum of 2 body counts between the hours of 2100 and 0500 hours and document informal counts and fifteen minute health and welfare checks as required or needed. During formal counts all movement will cease and juveniles will be placed in their cell or done in a standing count fashion by having the juvenile stand by their cell door. All juveniles assigned to the facility will be counted simultaneously. All formal counts are verified through control and the control officer is responsible to ensure the count is accurate.

**Procedure for Formal Counts:**

- a) Match juveniles to pod count sheets
- b) Verify the presence, health and safety of each juvenile
- c) Count must "clear" before any activity resumes
- d) Count is recorded on each pod count sheet
- e) Reported to control, verified, and cleared

Staff will obtain a copy of the current count sheet. Compare the count sheet with the pod roster located in the control room. The control officer will maintain the most current and accurate roster. Staff shall mark an X beside the juvenile's name. If the juvenile is not present you will mark an O beside their name. After the count is completed the officer will total the X's and document the total number for each pod. The count sheet shall show juveniles present, juveniles assigned to medical, court or transports, and out of the facility. The count sheet shall show the date, time the count started, time count was completed, total number of juveniles counted, officers' initials and supervisor/OIC signature. When all the above is completed the officer will submit the count sheet to the shift supervisor or sergeant. The supervisor or sergeant will then clear the count making sure there are no errors. The control officer will then log count clear in the daily activity log. Logging count clear shall have the number of juveniles present, number of juveniles out and total juveniles assigned to the facility.

All staff members shall know the location and activities of all juveniles under their direct supervision. The pod officer records any movement on the pod activity log. All detention officers will account for all juveniles they escort through the facility and all juveniles they supervise when they relieve other officers for break. **Informal Counts:** Informal counts are random, periodic checks of the juvenile population. They determine whether all juveniles are present and monitor their well - being. Informal counts can be conducted anywhere and at any time. **Out Counts:** Out counts account for juveniles away from their housing areas during the formal counts. **Special Counts:** Circumstances which call for a special count include: Emergencies such as alarms or power failures, disturbances, etc. Special counts are conducted to verify or determine whether an escape has occurred.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-08	Effective Date: 7/15/16
Behavioral Room Confinement	ACA: 3-JDF-3C-06, 07, 08, 3E-02, 03, 04, 05 RULE: 23(B)(4), Juvenile Court Rules of Procedure	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Room confinement is a method of special management when a juvenile is placed in a locked room. Room confinement shall be used only when absolutely necessary to control aggressive, disruptive or threatening behavior that is a clear and present danger to the juvenile, other juveniles, staff and/or the security of the facility. Room confinement shall not be used unless appropriate lesser means of intervention have failed to prevent or manage the behavior. A time out is not considered a room confinement when it serves for the purpose of a cooling off period, with a duration time not to exceed 60 minutes. Locking juveniles in rooms during established sleeping hours is not considered room confinement. Juveniles requiring room confinement shall not be denied food, medical, mental health and education services or subjected to abusive or degrading treatment. Room confinement shall be used for behavioral management purposes only and not for the convenience of staff, as a substitute for programming or for inadequate staffing levels. Room confinement shall not exceed 24 hours without authorization by the detention services administrator or designee. Once a juvenile is placed on room confinement, the detention staff shall conduct increased and frequent observations. The checks shall be documented and include, but not limited to:

- a) The time, observations and the name or initials of the officer who conducted the check.
- b) The juvenile's physical and emotional condition.

Whenever a juvenile is placed on room confinement, detention staff shall develop a re-integration plan with the juvenile outlining the conditions for the juvenile's reentry into the general population. Whenever room confinement is used, an incident report which documents all relevant information shall be entered into the juvenile's case record. The following information contained in the report shall include, but need not be limited to, the following:

- a) The specific behavior that necessitated confinement.
- b) Alternative interventions that were unsuccessful in managing the behavior.
- c) Authorization by the detention services administrator or designee.
- d) The time and date the confinement began and ended.
- e) A plan for the juvenile's re-integration back into the general population.

Whenever a juvenile is placed in room confinement potentially dangerous articles shall be removed. In no case shall all clothing be removed.

**Procedures:** The following procedure is followed for any juvenile placed in room confinement: Checked visually by staff at least every 15 minutes. Visited at least once each day by personnel from administrative, clinical, social work, religious, and/or medical units. Actual entry into the room of confinement with the juvenile or removal of the juvenile from the room for the purpose of discussion or counseling constitutes a visit.

A log is kept recording:

- a. the name and title of the individual who authorized the confinement
- b. name and title of persons visiting the juvenile
- c. record of time checks
- d. the person authorizing release from confinement
- e. the time of release

Suicidal juveniles are under continuous one-to one observations until evaluated by a mental health professional.

**Room Confinement Notifications:** On any restrictive housing send the Report of Incident via email to the Administrator or designee. The Administrator or designee will then make the call to probation or marshals within an hour of the incident. Also a daily notification will be made to probation or marshals regarding the following:

- a. Any specific programming relating to the incident (anger management report, met with mental health, etc.)
- b. Immediately notify Mental Health staff and must see detainee before detainee comes of room restriction

- c. Participating in recreation/ shower
- d. Any new incident reports
- e. Anything pertinent to the offender

**Five-Day Maximum Confinement:** Confinement in a security room for any offense should not exceed five days, unless otherwise provided by law. Juveniles placed in confinement are afforded living conditions and privileges that may be earned approximating those available to the general population.

The time a juvenile spends in disciplinary confinement is proportionate to the offense committed, taking into consideration the juvenile's prior conduct, specific program needs, and other relevant factors. An outside limit is set for period of confinement. Use of the special management plan to define expectations and privileges that may be earned will assist the juvenile in striving for socially acceptable behavior.

**Minor Rule Violations:** All minor rule violations supervisors shall complete an informal resolution based on the type of offense that was committed. If the offense is a violation of security or a threat to the security of the facility then the detainee charged will go before the CDC. On all violations the detainee will be placed on room restriction until seen by the investigating officer. The detainee must be seen by the investigator within 1 hour of the incident. Most minor violations an informal resolution can be written by any officer and their recommendations for sanctions can be placed on the informal resolution to be reviewed by a supervisor. Time out can also be used for one hour intervals if the charge is very minor. Education-When a juvenile is dismissed from education the teachers are required to fill out a blue slip. The juvenile will be placed on room restriction for the remainder of the class. The Sergeant or OIC will then assess the situation to see if a write up or further room restriction is needed. No juvenile will be placed on room restriction due to an illness, but needs to be checked out by the nurse on duty.

**Time out:** Timeout is used for minor violations or a "cooling off" and is of short duration, so as to not restrict or deny program participation. The juvenile is returned to the group when the negative behavior is under control. While in timeout:

- The juvenile has the reason for the timeout explained and is given the opportunity to explain his/her reasons for the behavior.
- Staff contact is made and documented every 15 minutes.
- The juvenile participates in determining the end of the timeout.
- Timeout or room restriction cannot exceed one hour.

Major rule violations are 100 and 200 level prohibited acts violations. Anytime a juvenile is placed into restrictive housing, the RRM must receive notification within an hour to include the justification for placement into restrictive housing. If restrictive housing is continued daily notification will be made to probation or Marshals.

- Mental and Physical state of the juvenile (Doing ok, depressed, etc.)
- Any specific programming relating to the incident (anger management report, met with mental health, etc.)
- Participating in recreation/ shower
- Any new incident reports
- Anything pertinent to the offender

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-09	Effective Date: 7/15/16
Protection from Harm	ACA: 3-JDF-3D-06 STATUTE: A.R.S. §§ 8-201, 13-3623 (A)-(C), 13-3620	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Acts of abuse against juveniles are prohibited. An act of abuse is defined as any act which may cause or causes serious physical or emotional harm or injury pursuant to A.R.S. §8-201 and A.R.S. §13-3623 (A)-(C). Acts such as striking or kicking a juvenile, sexual assault, sexual abuse, injury caused by neglect and impairment of bodily function are prohibited. Non-action, including indifference to a juvenile's needs, which results in serious emotional or physical injury shall also constitute abuse. Juveniles shall not be subjected to infliction of, or threat of, corporal punishment, humiliating treatment, mental abuse, isolation or restraint devices for purposes of discipline or punishment. Any detention staff, contract personnel or volunteer shall immediately inform the detention services administrator about any reasonable grounds to believe a juvenile is or has been a victim of abuse, and report or cause reports to be filed with law enforcement or Child Protective Services pursuant to A.R.S. §13-3620. Failure to report incidents of suspected abuse shall be considered a violation of the staff's responsibility in the care of juveniles and may subject the staff to criminal proceedings as prescribed by state law, as well as administrative action by the department. Once a report is made, the detention services administrator shall assess the risks and needs and ensure that additional measures are taken to ensure the juvenile is safe from future abuse and/or harm.

**Procedures:**

**Sexual Harassment:** Juveniles are not to be subjected to sexual harassment. If a juvenile feels sexually threatened by any other juvenile or by a staff member, they are to approach a staff member they trust and report the behavior immediately or they will ask staff for a confidential request form. If a juvenile inmate makes inappropriate comments or touches a staff member they will be held responsible for their behavior. Note: If a juvenile makes false accusations or files a false report or uses the confidential report other than what it is intended for that it will result in disciplinary action being taken against them.

**Child Abuse and Neglect:** All instances of child abuse and/or neglect are reported consistent with appropriate state or local laws. Any staff that witnesses or is aware of an act, which may constitute abuse by another staff member against any juvenile, shall complete an incident report, as well as completion of the Abuse Report form and shall report such abuse immediately to the supervisor and medical staff. There are two types of referrals intake officers must occasionally make to C.P.S. regarding juveniles in our custody: Suspected abuse and abandoned children requiring shelter placement. Note: Under Arizona law as amended in 1986 (A.R.S. 13-3620a), we are required to report suspected child abuse if we have reasonable grounds to believe that a child is or has been the victim..." of any type of child abuse.

**Sexual Abuse and Assault:** Information is provided to juveniles about sexual abuse/assault including:

- a. Prevention/intervention
- b. Self-protection
- c. Reporting sexual abuse/assault
- d. Treatment and counseling
- e.

The information is communicated verbally and in writing, in a language clearly understood by the juvenile, upon arrival at the facility. Juveniles will be protected against retaliation for reporting abuse. Handbooks will be given to each juvenile upon intake. Information regarding sexual abuse/assault and reporting of such incidents will be in the handbook. Note: Juveniles will sign in acknowledgement of receiving orientation regarding sexual assault/abuse and harassment awareness education.

**Screening for Aggressive Behavior/Risk of Victimization:** Juveniles are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. The intake officer will conduct this interview. If the juvenile is identified as a risk for such behavior and requires special housing, this information will be reported to the supervisor and case manager for disposition. An appropriate room assignment will be given for monitoring by staff. The case manager shall create and implement a written plan of action to insure proper supervision of the juvenile in question. This plan shall be

shared with all management staff within the facility and a copy shall be placed in the juvenile's file. Juveniles identified as high risk with a history of assaultive and/or predatory behavior or at a risk for victimization shall be assessed by a mental health staff member or other qualified professional. Such juveniles are identified, monitored, counseled, and provided appropriate treatment.

**Investigation of Sexual Assault:** An investigation is conducted and documented whenever a sexual assault is alleged, threatened, or occurs. Investigations into allegations of sexual abuse are prompt, thorough, objective, fair, and will be conducted by investigators of a local law enforcement agency.

**Abuse Case Records:** All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.

**Annual Vulnerability Assessment:** The assistant administrator shall organize and schedule a Vulnerability Assessment for the facility on an annual basis. The team assembled by the assistant administrator, shall identify physical plant and operational issues that need to be addressed to insure a safe and secure environment. The assistant administrator shall prepare a written report submitted to the administrator. The administrator and assistant administrator shall prioritize issues to be addressed.

**Voluntary Placement:** Any juvenile may request protection. That action shall initiate a review of the juvenile's need for PC status. Any staff member who receives a request from a juvenile for protection or who becomes aware of a threat to a juvenile, shall immediately isolate the juvenile in a safe and secure area, then notify the sergeant. Once the sergeant/O.I.C. has moved the juvenile to holding, then medical will be notified, if required. Staff shall clearly document the reason for placement in an incident report. The information recorded shall include all available specifics (what occurred to cause the request, the names of any juvenile who may have assaulted or threatened the juvenile, where any such act occurred, and any other relevant information.) The sergeant will interview the juvenile and document his findings then submit the report to the assistant administrator. As part of the initial inquiry, the juvenile shall be asked to provide a written statement. If a juvenile is unable to provide such facts when first questioned, staff may obtain and record such information at a later time. However, the inability to identify a specific attacker or other potential threat will not be the sole reason for excluding a juvenile from further consideration, or approval, for PC status. In the event of an assault, the report shall include, but not be limited to, descriptive information regarding the incident to include examinations of juveniles involved, any observed injuries, and how all physical evidence is obtained. All attempts to identify assailants and witnesses shall be documented. Upon completion of the investigation the sergeant will then notify the assistant administrator, and the administrator. The assistant administrator will then notify probation or the case manager for federal juveniles. **Involuntary Placement:** Staff shall be alert to signs that a juvenile is in danger and may require protection. Staff has an obligation to take steps to protect a juvenile even when the juvenile does not acknowledge that a threat exists. **Administrator Review:** The administrator, within 3 work days of receipt of the recommendation, shall make a decision on the disposition of the case; he shall forward the file to the assistant administrator and the chief of probation. **PC Committee Review:** The PC committee, consisting of the case manager and Assistant Administrator shall review the file and, using current information available, shall exercise the appropriate options as follows:

- Determine there is no need for PC placement, and approve the juvenile to return to general population.
- Determine that the juvenile can be safely housed in a different location
- Determine that placement in PC within the facility is required because there is no other option available to safely house the juvenile.
- The committee may assign PC status when prudent professional judgment strongly suggests an alternate placement is not likely to be a safe option.

**Initiating Removal from PC Status:** Once approved and assigned PC status, no juvenile shall be returned to general population until a review by the assistant administrator has been completed, or the juvenile may request removal to the chief of security, via juvenile request form.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-10	Effective Date: 7/15/16
Use of Force	ACA: 3-JDF-3A-16, 17, 27, 30 STATUTE: A.R.S. § 13.403(2)	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish written policy and procedures relative to the use of physical force to maintain order, overcome resistance, protect persons and property. Physical force shall not be applied as a form of punishment, harassment or discipline. Staff are prohibited from using violent and retaliatory responses toward juveniles and from employing unnecessary force. Physical force shall be used only when other less restrictive interventions have failed or are not practical under the circumstances at the time. Under no circumstances shall the force used be greater than necessary to achieve control of the juvenile and maintain safety and security. The use of physical force may be used in instances of:

- a) Justifiable self-defense.
- b) Protection of others.
- c) Prevention from significant property damage.
- d) Prevent self-injury behavior.
- e) Prevention of escapes.
- f) Movement of resistant juveniles to minimize substantially disruptive behavior after the juvenile refuses to follow reasonable requests to stop the behavior.

Staff shall use the following intervention process which is progressive and typically begins at the lowest level of intervention practical and appropriate for the behavior displayed by the juvenile:

- a) **Presence:** The purpose is to effect change. This includes the mere presence of an officer to include non-verbal gestures made with eyes, hands, head, or body utilizing proximity, standing, seating, eye contact and/or facial expressions.
- b) **Verbal Persuasion:** This includes verbal prompting, directive statements, redirection, or coaching from detention staff.
- c) **Physical Escort:** The touching of the arm, elbow, shoulder or back for the purpose of directing the juvenile from one location to another.
- d) **Manual Restraint:** Restricting a juvenile's freedom of action by using hands-on techniques as a means of physical restraint.
- e) **Mechanical Restraints:** Mechanical device(s) used to aid in the restriction of a person's bodily movement. The use of mechanical restraints by detention staff shall not be construed as "Use of Force" unless other forcible restraint measures have been applied in response to physical resistance by the juvenile.
- f) **Authorized Weapons:** Only the director of juvenile court services may authorize or prohibit the use of Arizona Supreme Court approved weapons. Authorized weapons may only be used by properly trained and certified personnel.
- g) **Other Appropriate Defense Measures:** Physical force is justified to prevent death or serious physical injury, consistent with A.R.S. §13-403.

**Procedures:** The use of force and restraints are sometimes necessary in the correctional environment for justifiable self-defense, protection of others, and protection of property and prevention of escapes. Force should be employed only to the degree necessary to control the juvenile, and to the level that will be effective with minimal harm to both staff and the juvenile. Use of physical force or restraints is not used as punishment, nor does any staff member keep restraints on any juvenile longer than the amount of time absolutely necessary. Restraints are applied only with the approval of the facility administrator, chief of security, or shift supervisor. Only authorized equipment will be used. Use of restraints for other than transportation is approved as specified in the above procedures.

**Use of Force Continuum:** Staff is expected to know, and to be able to apply, the proper level and type of force needed to control the juvenile's behavior. Force should be limited to the minimal amount necessary to control the situation. Force will not be used as punishment, harassment, coercion, or abuse of juveniles pursuant to policy.

**Active Counter Measures:** Action taken to effectively escort, overcome, or restrain a juvenile include the following:

- a. Physical Force
- b. Handle with Care Techniques
- c. Mechanical Restraints
- d. Sabre Red Pepper Spray – (Non-Oil Based Agent)
- e. PepperBall Projectile Launcher

Active Counter Measures are justified in the following situations:

- a. Control unruly juveniles
- b. Separate participants in a fight-Sabre Red Spray 5% is used only after verbal commands to stop (No Weapons included), and physical intervention has been attempted (Physical Force/ Handle with Care)
- c. For self-defense or to defend staff, juveniles or other persons
- d. Prevent a crime
- e. Prevent escape
- f. Prevent destruction of county property
- g. To maintain security
- h. Prevent suicide
- i. Prevent self-mutilation
- j. Move juveniles who fail to comply with lawful orders using necessary force only

Staff is authorized to use the following active counter measure in an immediate use of force situation without prior approval:

- Handle with care techniques alone or with restraints

The following active counter measures may be used in an immediate or planned use of force situation; but only with the approval of a shift supervisor or designee, or by a trained tactical group:

- Sabre Red chemical agent – (Non-oil based agent)
- Pepperball Projectile Launcher

**Passive Counter Measures:** Techniques/strategies used by staff to gain compliance/control of a juvenile without forcible physical contact including the following:

- Officer presence
- Verbal communication / Commands
- Video / Surveillance recording –ALL MAJOR INCIDENTS WILL BE RECORDED
- Passive control – restraints

**Planned Use of Force:** Planned use of force can be used at any level in the Use of Force Continuum. Planned use of force incidents must be videotaped. Staff involved in these incidents must utilize protective equipment to include, at a minimum, shields, helmets and appropriate pads. The chief of security or designee shall authorize the type and amount of force used during any declared emergency at the facility except for immediate use of force situations. Examples of planned use of force incidents include cell extractions and use of a tactical team.

**Immediate Use of Force:** Immediate use of force may be used by a staff member to respond to an emergency when there is no time to formulate a plan or to notify an immediate supervisor, and the situation constitutes a serious threat to the safety of staff, public, juveniles, or facility security.

The following four conditions or elements must be part of the decision making process to determine whether the juvenile's actions constitute the threat of imminent danger of death or serious bodily injury:

- **Ability or apparent ability** – Does the juvenile possess the ability or the apparent ability to cause serious injury or death to you or a third party? Differences in size, age, strength, number of juveniles, and the level of aggressiveness of the involved parties, are all important factors when considering the element of ability.
- **Opportunity** - The staff member must reasonably believe that the juvenile is within effective range, and in a position to cause serious bodily injury or death to the staff member or a third party.
- **Imminent jeopardy** - The juvenile must be acting in such a manner that a reasonable person would conclude that serious bodily injury or death is imminent.
- **Exhaust all reasonable options** - The staff member should employ force, as a last resort only when there is no reasonable alternative.

**Training:** The training coordinator will ensure that applicable state regulations are applied in all training on all approved non-lethal active measures. The facility will be required to maintain an up-to-date listing of all staff qualified to use non-lethal weapons.

**Training Requirements:** Specific initial and refresher training must be provided to all staff that may be called upon to employ any level of force in managing a juvenile. Note: Handle with Care Training will include at a minimum:

- Facility philosophy on the use of force
- Confrontation avoidance techniques
- Reporting procedures
- Specific training for individual control methods
- Use of force continuum; and actual scenarios to demonstrate sound decision-making

**Prohibitions:** The following devices are prohibited in the facility:

- Electronic stunning devices
- Blackjacks
- Batons
- Tazer
- Oil based chemical agents
- Restraint chairs
- Lead filled gloves
- The use of personal weapons or ammunition
- Any other weapon that is not authorized by the facility( i.e. any type of martial arts/ self-defense weapon)

**Note: Firearms are not permitted in the facility.**

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-11	Effective Date: 7/15/16
Mechanical Restraints	ACA: 3-JDF-3A-16, 17, 18	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Mechanical restraints may only be used as a precaution against escape during transfer, for medical reasons by direction of the health care authority, or to prevent juvenile self-injury, injury to others, or property damage, and should not be applied for more time than is reasonably necessary. Mechanical restraints shall never be used as punishment. Any time restraints are used for reasons other than transportation, written policy, procedure and practice shall provide that prior approval must be obtained from the detention administrator, or designee. The health care authority or designee shall be notified any time a juvenile is placed in restraints for reasons other than transportation. When a juvenile is mechanically restrained for reasons other than transportation, the following minimum procedures will be followed:

- a) Direct visual observation by staff shall be continuous.
- b) Wellness checks shall be conducted and documented every ten minutes, to ensure the safety and well-being of the juvenile.
- c) Juveniles shall not be fully restrained for longer than two hours without further evaluation and authorization from the health care authority.
- d) The juvenile shall be examined by a health care professional within twenty-four hours after the incident or as directed by the health care authority.

Use of restraints shall be fully documented as to time, duration, reasons, authority and witnesses and reported to the detention services administrator or designee. Only staff who has received specific training in de-escalation skills, use of mechanical restraints, first aid and CPR may place a juvenile in restraints. Training shall occur on an annual basis and be documented. Only those mechanical restraints selected from a statewide list recommended by the juvenile court directors and COJC and approved by the Administrative Director of the Courts shall be used in the juvenile detention centers.

**Procedures:** The following procedures shall be followed in the event that the use of restraints is needed during a major or minor disturbance:

A juvenile shall be placed in restraints when the juvenile is in serious jeopardy of self-harm, completely out of control, and jeopardizing the overall security of the facility.

- The control officer will make all appropriate notifications.
- The control officer may call GCSO TRU for assistance with an out of control juvenile.
- The juvenile will be restrained standing up whenever possible. When this is not possible the juvenile is to be placed lying face down on the floor while restraining. After restraining the juvenile, the juvenile will be placed into the high risk holding cell in the intake area. The restrained juvenile will be under constant supervision and direct visual by staff in order to ensure the welfare and safety of the juvenile.
- Immediately upon the restrained juvenile becoming calm, the officer shall evaluate the potential for removal of restraints. After the juvenile has had restraints removed, consideration for placing the juvenile back in the pod may be made.
- If the restrained juvenile does not calm down within 30 minutes, the control officer shall notify the administrator and asst. administrator and set up an appointment with a mental health professional.
- The officer shall write an incident report and record the incident in the juvenile's case record.

**Monitoring and Documentation of Restraints:** Juveniles who are restrained are closely monitored to ensure their safety and to ensure the restraints are removed as soon as possible. Medical and/or mental health must review for continued restraint within 30 to 45 minutes. Ideally, given the liability and medical ramifications of long term restraints, juveniles should not be restrained for more than one hour if a medical assessment cannot be completed.

Juveniles in restraints must be reviewed for continued retention a minimum of every hour. Checks must be documented with actual times recorded, along with any pertinent observations of the juvenile's behavior. Any actions taken should be noted in the observation log. The shift supervisor should monitor logs to assure entries are consistently and accurately recorded.

**Special Circumstances:** Staff occasionally may be required to use force on a pregnant, handicapped, or mentally ill juvenile, or an aggressive juvenile with open cuts, sores or lesions. In such cases, consultation with medical staff is essential. The condition of the juvenile must be assessed to determine whether the situation is serious enough to justify the use of physical force. Pursuant with the definition of an Immediate Use of Force, there may be circumstances that do not permit consultation in planning; staff may immediately respond to an emergency situation that constitutes a serious threat to the safety of staff, juveniles or others. Note: All necessary precautions will be taken to ensure the safety of the juvenile.

**Reporting Requirements:** The administrator or designee will be immediately notified when active counter measures are used. A written report by all staff members involved must be completed no later than the conclusion of that shift, and will be filed with the administrator, assistant administrator, chief of security, or designee. The supervisor on shift is responsible to review the report for adequacy and completeness before signing off on it. The report will include the following:

- An account of events leading up to the use of force, including opportunities for voluntary compliance
- An accurate and precise description of the incident and reasons for employing force
- A description of the weapons or devices used, if any, and the manner in which they were employed
- A description of the injuries suffered by staff or juveniles, if any, and the treatment given or received
- A description of any self-inflicted injuries
- A list of all participants and witnesses to the incident
- A copy of all incident reports compiled as a result of the incident
- A copy of all medical reports when active counter measures are used, even when there are no apparent injuries
- A video tape or DVD of incident

The shift supervisor will prepare the final "Use of Force Report". The administrator on the next working day must review the materials and reports. Any reports that do not meet facility standards will be returned to the lieutenant for appropriate follow up. The facility will track all use of force incidents. Reports of all injuries are to be filed in the juvenile's file and the employee's personnel record. All staff will comply with policy and report any use of excessive force.

**Allegations Directed Against Staff Members:** The chief of security will investigate all allegations of improper use of force, and must notify the administrator pursuant to facility policy regarding juvenile abuse/mistreatment. In incidents where possible criminal acts are involved, the appropriate law enforcement agency will be notified. Facility safeguards against unwarranted accusations of abuse/neglect include videotaping all use of force incidents, when possible; to provide safeguards for employee rights in the face of allegations; and to provide assurance that Miranda rights have been read to the individual in the event that there is a possibility of criminal charges being filed.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-12	Effective Date: 7/15/16
Disciplinary Process	ACA:3-JDF-3C-10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish a written policy and procedure that provides for a juvenile disciplinary reporting and review system. Juveniles shall be informed of the facility’s rules and regulations and the potential consequences when violated.

**Procedures:** The facility shall utilize a consistent, responsive, and fair disciplinary process that every juvenile has the right to know. The juveniles should know what behavior is expected and understand the penalties for misbehavior. The disciplinary process must be fair and systematic so that no person, staff or juvenile, may plead ignorance of the rules or bias of the procedures. Discipline shall not be applied as a retaliatory measure and no form of hasty, arbitrary, corporal or degrading punishment, cruel or unusual punishment, punishment that interferes with eating or sleeping, or punishment that endangers a juvenile physically or psychologically. The facility staff shall seek to resolve the nuisance behaviors of juveniles through counseling, use of behavior management system penalties, and/or use of the formal disciplinary process. Only the minimum action shall be taken to resolve the nuisance behavior. When the juvenile regains control, interventions shall end. A juvenile shall only be subjected to discipline for violations in the printed rules or for those which have been or may be prescribed by Arizona State Law or Federal Prohibited Acts as outlined in the Statement of Work (SOW). If the offense committed constitutes a crime, the facility administrator shall refer the case to the Graham County Attorney for possible charges, notify the CCM immediately, or notify U.S. Marshals. Whether or not the offense constitutes a crime, the juvenile shall still be subjected to facility disciplinary action. Therefore, at no time will a juvenile be punished, harassed, neglected, or ignored in his/her pursuit of the right to due process during disciplinary proceedings and when filing appeals or grievances.

**Juvenile Handbooks:** Upon admission to the facility, facility staff will provide a rulebook and discusses with the juvenile:

- a. Rules governing conduct
- b. Chargeable offenses
- c. The range of penalties
- d. Disciplinary procedures
- e. Incentives for good behavior

Receipt of the rulebook is documented by a statement signed and dated by the juvenile and staff. When a literacy or communication problem exists, a staff member assists the juvenile. Juveniles receive written orientation materials and/or translations in their language, if they do not understand English. Interpreters are available, as required, for communicating with the juvenile in a manner the juvenile can understand.

**Disciplinary Process:** The facility’s disciplinary process is defined and provides appropriate procedural safeguards, to include:

- a. A system of progressive discipline, which specifies prohibited acts and sanctions
- b. Report of incident and charge
- c. Notice of hearing
- d. Time to prepare for hearing
- e. Assistance, as needed
- f. Timely hearing
- g. Opportunity to present evidence
- h. Fair unbiased decision
- i. Written notice of decision
- j. Opportunity to appeal

**Minor Rule Violations:** All minor rule violations supervisors shall complete an informal resolution based on the type of offense that was committed. If the offense is a violation of security or a threat to the security of the facility then the detainee charged will go before the CDC. On all violations the detainee will be placed on room restriction until seen by the investigating officer. The detainee must be seen by the investigator within 1 hour of the incident. Most minor violations an informal resolution can be written by any officer and their recommendations for sanctions can be placed on the informal resolution to be reviewed by a supervisor. Time out can also be used for one hour intervals if the charge is very minor. Education-When a juvenile is dismissed from education the teachers are required to fill out a blue slip. The juvenile will be placed on room restriction for the remainder of the class. The Sergeant or OIC will then assess the situation to see if a write up or further room restriction is needed. No juvenile will be placed on room restriction due to an illness, but needs to be checked out by the nurse on duty.

**Time out:** Timeout is used for minor violations or a “cooling off” and is of short duration, so as to not restrict or deny program participation. The juvenile is returned to the group when the negative behavior is under control. While in timeout:

- a. The juvenile has the reason for the timeout explained and is given the opportunity to explain his/her reasons for the behavior.
- b. Staff contact is made and documented every 15 minutes.
- c. The juvenile participates in determining the end of the timeout.
- d. Timeout or room restriction cannot exceed one hour.

**Rules and Incentives:** Juvenile rules and disciplinary regulations describe violations, sanctions, and penalties. Incentives for good behavior are described. Facility rules, regulations, and rewards are reviewed at least annually and updated, if necessary. All program rules and regulations and rewards or incentives pertaining to juveniles are conspicuously posted in the facility or included in a handbook that is accessible to all juveniles, parent/guardians, and staff.

**Incident Report:** Staff prepares a disciplinary report when there is a reasonable belief that a juvenile has committed a major violation of facility rules or reportable minor violations. The juvenile is provided a written statement of the alleged violation with a description of the incident and rules violated. The officer must complete the report by the end of shift. A copy of the report must be given to the juvenile within 24 hours.

**Investigation:** When an alleged rule violation is reported, an appropriate investigation is begun within 24 hours of the time the violation is reported and is completed without unreasonable delay, unless there are exceptional circumstances for delaying the investigation. Once the investigation has begun, the following occurs:

- a. Juvenile rights and then the charges are read to the juvenile
- b. The juvenile will give his statement concerning the incident
- c. Review and/or investigate statements made by the juvenile and/or witnesses
- d. Statements will be summarized and recorded on the appropriate forms
- e. If an informal resolution cannot be met then all relevant materials are forwarded to the CDC for hearing

**Note:** When it appears likely that a juvenile offender's misconduct may be the subject of criminal prosecution, facility staff shall immediately suspend the investigation and notify probation of the incidents. **Major Rule Violation:** Major rule violations are 100 and 200 level prohibited acts violations. Anytime a juvenile is placed into restrictive housing, the RRM must receive notification within an hour to include the justification for placement into restrictive housing. If restrictive housing is continued daily notification will be made to Mr. Wilfing. Restrictive housing cannot be used as a sanction.

- a. Mental and Physical state of the juvenile (Doing ok, depressed, etc.)
- b. Any specific programming relating to the incident (anger management report, met with mental health, etc.)
- c. Participating in recreation/ shower
- d. Any new incident reports
- e. Anything pertinent to the offender

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-13	Effective Date: 7/15/16
Transporting Juveniles	ACA: 3-JDF-3A-15	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish and make available to all personnel policy and procedure for the safe and secure transportation of juveniles outside of the facility. Documentation shall be maintained as to date, departure and arrival time, juvenile, staff, and purpose of the transport outside of the facility.

**Procedures: Escorting Juveniles:** Moving juveniles within the facility is defined as “escorting”.

When escorting juveniles, place yourself in such a manner that you can observe both the juveniles you are escorting and all others in the area.

- Always place yourself on the juvenile's strong side.
- Place yourself at the rear of a group so you can observe all juveniles you are escorting.
- If there are two staff, one should be at the rear and the other should be positioned mid-section; never let the juveniles get behind you.
- Always give clear instructions to the juveniles.
- Do not let juveniles being escorted stop and talk to others.
- Transporting Juveniles: "Transporting" refers to moving juveniles outside the confines of the facility.
- Transports require (2) staff for pick up/delivery/transfer as follows: U.S. Marshals (Armed) and County (Unarmed)

Transport staff will be armed when transporting federal juvenile to local medical & other appointments. Transport staff will search the vehicle, to look for contraband – weapons, escape materials.

- Ensure the vehicle has adequate fuel.
- Determine if the vehicle is mechanically serviceable
- Check the cell phone before leaving NOTE: make sure it is operational.
- If the transport officer leaves the vehicle, search it again prior to departure.
- Apply proper restraints before transporting
- One officer will apply the restraints and one officer provides security

Staff will be responsible for the juveniles and for protecting the communities when leaving the facility. If staff is transporting a juvenile to another facility, the juvenile must be strip searched before leaving the facility.

Transport staff will carry:

- Escape fliers with a current picture of the juvenile and any required records or reports
- The following will be documented:
  - Destination and estimated time in route
  - Number of juveniles being transported
  - Start and ending odometer reading
  - Always call in any deviation of route plan given
- Male and female juveniles shall never be transported together –Unless both a male and female staff member are assigned for the transport.
- Vehicles transporting juveniles shall stop only:
  - Upon arrival at destination or when directed to stop by any law enforcement officer;
  - For fuel or major mechanical problems;
  - If involved in an accident.

**Note:** Driver shall not stop for any other reason

**Emergency Situations:** In emergencies staff will notify control, describe the problem and request assistance from the nearest law enforcement agency.

## **Transporting Safety Rules and Guidelines:**

### Techniques, Guidelines and Rules

- Never let the juvenile out of your sight.
- Never cuff a juvenile to any part of the vehicle.
- Never let the juvenile know the location of keys for the restraints.
- One staff should possess/control the vehicle keys and the other the restraint keys.
- Do not stop to eat.
- Restroom stops. Urgent stop at local police department (Emergency Only).

### **Use the facility cell phone to contact the shift supervisor, assistant administrator, or administrator.**

#### **Note:**

- Majority of escapes occur when above procedures are ignored.
- Possibility of escape is just as great on short trips as on long trips.
- Never let the juvenile come into contact with any unknown person.

Remember, while any and every part of a transport run is dangerous, the last part presents the greatest danger. Staff, perhaps are feeling overly confident that the trip is nearly successful and the juvenile has had time to think of more ways to escape. Staff may also be tired therefore juveniles can take advantage.

Restraint Use for Transports: Restraint applications are used to ensure the safety of the staff, public, and to maintain custody of juveniles being transported: Note: Full restraints are to be used at ALL TIMES when outside of the facility.

### **Application and Removal of Restraints Responsibility for Applying Restraints:**

- The staff responsible for the juvenile (transporting/escorting) shall apply the restraints him/herself.
- Restraints applied by another person should always be checked.
- Proper application / double-locked.

### **Applying Handcuffs:**

- Palms of subject face out
- Key-holes on cuffs face up towards the juvenile
- Cuffs are always double locked to keep them from tightening and causing possible injury and provides Better security – cuffs which are not double-locked can be opened by inserting something between the rackets and the locking device

**Applying Belly Belt:** Leather belt with a loop for the handcuffs to restrict arm movement. Tighten it securely around the waist so it does not move around. Belt is always to be applied with the buckle to the rear of the juvenile.

**Applying Leg Restraints:** Ensure that the key holes face down and they are Double-locked at all times

### **Removing Restraints:**

- When medical need for removal is documented by a doctor –Done only after receipt of approval from a Sgt.
- Only upper or lower restraints shall be removed, not both
- When directed by the judge presiding in a court case and noted in the court record
- When the juvenile is secure in another facility

### **Cautions Regarding Restraints: ALWAYS REMEMBER THE FOLLOWING:**

- Handcuffs and restraints do not render a juvenile helpless.
- Care should always be exercised when transporting/escorting juveniles in restraints.
- Staff are particularly vulnerable when applying or removing restraints.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-14	Effective Date: 7/15/16
Control of Entry and Exit	ACA: 3-JDF-2G-02, 5G-15	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall ensure there is a policy and procedure for the safe entry and exit of the detention facility. Each facility shall use a control center that is staffed 24 hours per day to secure entry and exit and to integrate all external and internal security functions and communication networks. Only authorized personnel shall have access to the control center. Entry and exit shall be under direct or electronic visual and audio observation by security staff whenever an exterior door is opened. The facility shall maintain a record of all visitors, including the day, time and area being visited upon entering and exiting the facility.

**Procedures:** At least one control room officer monitors the control room 24 hours per day. All shift supervisors are trained to operate control and to relieve control room officers for meals and breaks. Other personnel with proper training may also be assigned control if needed. Note: Control room is equipped with restroom facilities. The control room will be secure with access restricted to authorized staff. The facility's official master log will be maintained in the control room. Control room officers will monitor alarms, emergency lighting systems, telephone and radio communications, intercoms and other activities and systems that support the safety and security of the facility (e.g., key control, communication equipment distribution, etc.). Location and storage of security equipment and chemical agents are in control. Mechanical restraints are located in the restraint cage outside of control and are secure at all times. Non-Lethal (Water-Based) Chemical Agents and the Non-Lethal Pepperball projectile launchers are in the non-lethal weapons cage located in the electrical room outside control and are secure at all times. The control room will serve as a perimeter and traffic control point. A copy of all emergency plans, and security policies and procedures will be located in the control room. Control room officers will be thoroughly familiar with all requirements of this post and will receive specific training regarding each aspect of the post duties prior to assignment to the post. All security staff will be familiar with control center operations.

**Closed Circuit Television Monitors:** The facility uses closed circuit television cameras on the perimeter, in the pods, in the in the intake area and at facility and security perimeter entrance doors. The television cameras are used strictly as a security tool and are not a substitute for staff supervision. Control officers monitor the cameras at all times, watching for problems such as security breaches or unauthorized access in or around the facility. They promptly report problems to the shift supervisor or act on any emergencies as necessary. Note: There is also a digital video recorder (DVR) in the control room which is continuously recording.

**Radio Communication:** Control monitors all radio traffic in the facility. All staff carries radios with an ear plug while they are on duty in the facility. Staff must keep radio traffic brief, clear and accurate, by using clear speech and the phonetic alphabet, except in an emergency. All staff, at the beginning of shift, must make a radio check with control in order to ensure that their radio is in serviceable condition.

**Intercom and Door Access:** Control facilitates movement through the facility by allowing authorized access through doors. Staff may request door access by using their radios. All security perimeter entrances are kept locked, except when used for admission or exit of employees, juveniles, or visitors, and in emergencies. The vehicle sally port located on the west side of the building and the north sally port will be the ONLY access to admit juveniles. All visitors/vendors entering the facility must show ID and sign in prior to being allowed in the secure area of the facility. All staff must visibly display their ID while on duty. The control room is always secured from juveniles and public access. Only authorized persons are permitted to enter the control room. The control room officer, by intercom and/or camera surveillance, must establish identification of all people requesting access through doors. Should the operator question the identification or purpose of any person requesting access, he must contact the shift supervisor in order to prevent any unauthorized access to any area of the facility.

**Emergency Response:** The control center is the primary point of initial contact in the event of a critical incident or emergency. The control room officer will render necessary immediate assistance and will notify other facility staff as required by the nature of the incident and local procedures. Staff members will immediately notify control of all emergencies by radio (except bomb threats), giving the appropriate code and location. The control officer then broadcasts the information on the radio, and then notifies personnel as indicated on the emergency checklist.

**Emergency Communication Outside the Facility:** In the event of urgent, special or unusual incidents of emergency situations where aid is required or other agencies must be notified of an incident, the following methods are available to emergency communication:

- Regular telephone to dial 911 or direct to Sheriff's Office dispatch center.
- Two radio frequencies, which are monitored by the Sheriff's Office dispatch center

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-15	Effective Date: 7/15/16
Firearms and Weapons	ACA:3-JDF-3A-29 STATUTE: A.R.S. §§ 13-2505; 13-2514;13-3102; 13-3102.01; 31-129	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish policy and procedure regarding weapons within the facility. Peace officer personnel and authorized staff shall secure all firearms in secured lockers in an area not accessible to detained youth, except as provided by A.R.S. § 13-3102. Weapons authorized by the juvenile court director shall be issued to personnel trained and certified in their use and shall only be used according to policy. Anytime a weapon is used immediate medical examination and treatment shall be required. Any use of an authorized weapon by staff or law enforcement shall be documented in an incident report and reported to the juvenile court director by the end of the shift.

**Procedures: Weapons Security Procedures:** Law Enforcement, probation, transportation staff and any armed person requesting authorized admittance to the facility through the vehicle sally port or main entrance must secure their firearms, ammunition and all related security equipment in the gun lockers in the sally port or in a locked vehicle before entering the facility. Firearms are not to be unloaded within the facility. Control verifies this is done before allowing access. Unauthorized firearm, ammunition, or related security equipment in the facility: A staff member discovering an officer in the facility with a firearm, ammunition, and/or other weapon...

- Immediately isolates the officer from juveniles and notifies control and the supervisor.
- Escorts the officer to the nearest gun locker.
- Advises the officer of the policy regarding unauthorized firearms and weapons in the facility.

**Note:** If the staff member determines the incident to be a willful disregard for facility policies, or if the incident puts anyone in immediate danger, he notifies the facility administrator and writes an Incident Report.

**Facility Security Equipment Requirements:** The facility administrator ensures that sufficient security equipment and non-lethal weapons are available to meet security needs in case of emergency in the facility, in cooperation with an outside Emergency Response Team. Security items are stored outside of juvenile housing units and are inventoried at least monthly.

**Use of Weapons in the Facility:** Use of non-lethal approved chemical agents in the facility is under the direction of supervisory staff. If an outside emergency response team has been summoned to the incident, use of non-lethal weapons is under the direction of the administrator, chief of security and Emergency Response Team Commander.

**Pepper Spray Usage:** The use of Oleoresin Capsicum (OC), which is water-based and contains between 1 and 5% pepper spray, is authorized in subduing violent / uncontrollable juveniles when all other authorized methods have failed. Only individuals that have received approved departmental training in the proper use of pepper spray may use pepper spray when justified. In all cases it must be used in accordance with this policy and procedure. Any staff member who uses a chemical agent to control juveniles submits an incident report to the facility administrator or designee immediately following the incident. When pepper spray/ pepper ball is used, a use of force incident report must be completed and submitted to the detention supervisor. When pepper spray/ pepper ball is used to subdue a juvenile, the officer shall include the following information in the use of force incident report:

1. All circumstances surrounding the use of pepper spray;
2. The detainees behavior, attitude and actions prior to the use of pepper spray/ pepper ball
3. The description of first aid measures taken to neutralize the after effects of the pepper spray/ pepper ball
4. Any medical services obtained for staff and detainees; and
5. Any other requirements as defined in policy and procedures.

Medical staff examines and treats all juveniles and staff affected or injured by the use of any non-lethal weapons (including chemical agents) in the facility immediately following the incident. **Note:** Pepper spray shall not be used on juvenile's who have known serious medical conditions as identified by the initial detainee medical screening or other information received from family members or health professional. Some of these conditions where pepper spray usage is not usually recommended are juveniles with severe asthma or other breathing difficulties, pregnancy or heart condition.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-16	Effective Date: 7/15/16
Searches of Persons and Facility	ACA: 3-JDF-3A-19, 20, 21 STATUTE: A.R.S. §§ 13-2505; 13-25143-JDF-3A-29 STATUTE: A.R.S. §§ 13-2505; 13-2514;13-3102; 13-3102.01; 31-129	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Frequent, unannounced searches of juveniles, their cells, and all other areas of the facility are done to ensure facility safety and security. Searches are done to detect and prevent the introduction of contraband, to detect damage, the misuse of facility property, to recover stolen or missing property, and to prevent escapes and disturbances. All searches are done in a manner which avoids unnecessary force, embarrassment, or indignity to the juvenile. Frequent unannounced rounds are conducted by higher level and intermediate level staff. These rounds are conducted as a head count and to deter PREA violations. These rounds are conducted on a daily basis. The Administrator or Asst. Administrator will check the PREA boxes if the PREA Manager and Coordinator are absent. Officers are not to alert detainees that these rounds are being conducted.

**Procedures: Juvenile Searches:** There are two basic types of juvenile searches: strip searches and pat searches. A **strip search** involves the removal of all juvenile's clothing and a visual inspection of the juvenile's body, including mouth, ears, and nostrils. Note: Strip searches are to be conducted by two officers when it is possible to do so and must be the same gender as the detainee. Note: This search does not require an inspection of the juvenile's other body cavities. Cross gender strip searches and body cavity searches conducted by EARJDF staff are prohibited. If necessary, such as in exigent circumstances, these searches will be conducted by an off-site qualified medical practitioner. Approval MUST be obtained from the facility administrator or his designee. The "**pat down search**" is most often used to detect weapons. However, staff should also be concerned with stopping the movement of contraband, which is often smaller and easier to conceal than a weapon. When possible, searches should be conducted in the presence of another officer and/or monitored by cameras in the control room. When conducting a clothed body search, you must use your hands to feel and probe all around the arms, legs and chest and not just "pat" in the most obvious places. Cross gender pat down searches are prohibited. If necessary, such as exigent circumstances, these searches will be conducted by a qualified medical practitioner. The Administrator or designee will document and justify all cross-gender strip searches, cross-gender visual, cavity searches, and cross-gender pat down searches conducted by medical personnel.

**Caution:** Detention Officers should never assume that other staff or agencies' personnel have conducted adequate searches. Detention Officers should always be alert for sharp and/or dangerous items, which may cause serious injury or disease. Staff should ALWAYS wear gloves when conducting searches. Juveniles are not touched more than necessary to thoroughly search their persons and staff should not embarrass or cause indignity to juveniles by remarks or actions.

**Strip Searches:** Juveniles are subject to a strip search at any time if reasonable suspicion exists as determined by a sergeant or designee. These will be done at the following times:

- After a juvenile who is to be housed in the facility is booked, unless prohibited by law.
- After a juvenile has had any type of contact visit, after Court or transport between facilities
- When a juvenile enters or exits behavior modification status, if necessary based on a particular suspicion
- When a juvenile is suspected of having contraband.
- When a juvenile is apprehended after an escape attempt.
- After a juvenile has participated in a disturbance.
- During area searches, when approved by the facility administrator or the shift supervisor. Approval must be based on particular suspicion which is documented in an incident report. The person approving the strip search must also sign the authorization form.
- It is strictly prohibited for staff to strip search or physically examine a transgender or intersex resident for the sole purpose of determining genital status.
- The Administrator, the PREA Coordinator, and resident should be consulted before making the decision on what sex a staff needs to be to perform the strip search. Medical and Mental Health consults will be utilized if necessary.
- Medical records and conversations with the residents can also aid in determining the sex of a resident. If necessary, a broader medical examination can be conducted in private by a qualified medical practitioner to aid in determining a resident's sex.
- All medical exams should be conducted in private by a qualified medical practitioner.
- EARJDF staff shall be trained on the prohibition of cross-gender searches and Medical personnel shall be trained on how to conduct searches of residents in exigent circumstances.

**Pat Searches:** These will be done at the following times:

- Before allowing a juvenile into the intake area from the vehicle sally port or public lobby. (Except when brought in by law enforcement or probation)
- Before putting restraints on a juvenile who is to be transported
- When there is reasonable suspicion that a juvenile has contraband on his person
- During area searches
- Before allowing new juveniles into the secure area of the facility

**Body Cavity Searches:** All decisions to have a manual or instrument inspection of body cavities are made by the facility administrator, asst. administrator or designee. In a case where the facility administrator or his designee requests a body cavity search of a juvenile, the juvenile is taken to the Mt. Graham Community Hospital Emergency Room where a physician performs the exam. There is no body cavity searches performed in the facility. Note: All invasive cavity searches require a search warrant prior to conducting the search, unless the juvenile's life is in imminent danger. Note: In regards to federal juveniles the CCM must be notified prior to a search of this type.

**General Area Search:** Officers do general area searches frequently and irregularly in the corridors, program areas, visitation rooms, closets, medical area, kitchen, laundry and store rooms.

**Perimeter Searches:** Officers do perimeter searches frequently, paying special attention to areas, which are accessible to both the public and maintenance room. The area includes the public lobby, visitation rooms, public restrooms, the parking lot, the vehicle sally port, and the administration entrance.

**Room Searches:** If the room is unoccupied, the officer searches it before he assigns a juvenile to it. If it is occupied, the juvenile is taken from the room and given a pat down before the room is searched. To do an effective room search, the officer will systematically search the cell noting any damages or contraband as follows:

- a) Probes holes and cracks in the walls, floors and ceiling.
- b) Checks for tampering with light fixture faceplates.
- c) Inspects the washbowl, plumbing housing and toilet. Checks with a flat metal instrument, to see if caulking has been removed where fixtures attach to the wall.
- d) Examines the bed and all articles that may be on them
- e) Examines all bedding. Shakes out and feels seams of blankets, sheets, and pillowcases. Runs hands over the mattress and pillow and squeezes their corners. Checks for tears or any openings that have been mended, paying special attention to seams.
- f) Looks through books and magazines. Checks the bindings and covers on hardback books.
- g) Checks for false bottoms on boxes and cups
- h) Examines windows, window frames and vents.
- i) Check doors and grooves in door frames.
- j) Check all locks
- k) Examines all clothing, with special attention to area where material is double-layered. Inserts hand into the full length of shoes, checks for slits in soles and heels, and bends shoes to make sure nothing is hidden, which makes them inflexible.
- l) Examines rolls of toilet paper by squeezing them and checking the hollow centers.
- m) Examines all sides of furniture, being careful to look for hidden sharp instruments before touching.
- n) Uses metal detector to check for metal objects in clothing, mattresses, books, etc

### **Pod Area Searches:**

The pod officer does pod area searches frequently and irregularly. The area includes:

- **Dayrooms** – windows, ceilings, televisions, tables, chairs, and plumbing chases.
- **Recreation Area** – doors, windows, walls, lights, fence covering on top & recreation equipment that may be present.
- **Hallways** – in corners behind fire equipment, (hoses etc.) doors, ceiling, and any other areas deemed suspicious by officer conducting search.

**Searches for Evidence of a Crime:** This is conducted when authorized by the facility administrator, assistant administrator or designee. If a crime has been committed, a staff member initially enters the area only to secure the crime scene. At the discretion of the administrator, a Sheriff's Office investigator may conduct a search of a crime scene, who determines the correct search and seizure procedures to follow in order to ensure legal protection of the juvenile.

**Search Procedures for Visitors:** All personnel who enter the secure area or the visitation rooms during a visit with a juvenile are subject to search and /or scanning with the metal detector wand. However, under normal circumstances, official visitors will not be searched nor scanned unless approved by the supervisor. Unofficial visitors, however, shall be routinely and randomly scanned by the metal detector wand and may be subject to pat (clothed) search for probable cause as outlined previously.

Wand / Electronic Search of any person: Staff will:

1. Test the wand by passing it over a metal object to insure it is working properly.
2. Instruct the individual being searched to remove all objects from their pockets.
3. Instruct the individual to stand with their feet at least shoulder width apart and arms away from their body, parallel to the ground.
4. The officer will start at the head, and pass the wand along the outline of the body, at approximately six inches from the body.
5. If the alarm is activated, staff will attempt to identify the object and determine how to proceed. Remember that no weapons or illegal contraband is allowed in the facility.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-17	Effective Date: 7/15/16
Security and Hazardous Materials	ACA: 3-JDF-3A-10	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish a written reporting system to ensure staff notifies the detention services administrator and/or facility maintenance personnel of unsecured, faulty, unsafe or unsanitary conditions. All areas of the facility shall be inspected daily by staff to determine if any safety or security hazards exist. If a hazard is detected, immediate corrective action shall be taken and a written report shall be made to document the hazard. The area shall be restricted until the hazard is mitigated or eliminated. The reporting and inspection system shall include a process where, at a minimum, a facility walk-through inspection of both the interior and exterior of the entire facility is conducted on each shift. Written policy, procedure and practice shall prevent detainee access to flammable, toxic, and caustic materials except where detainees are trained and directly supervised in the use of cleaning products. All hazardous substances used in the facility shall be securely stored in accordance with applicable fire, safety and health regulations. All material safety data sheets shall be maintained and accessible to staff.

**Procedures:**

**Toxic and Caustic Materials:** Toxic and caustic materials are controlled, handled, labeled, and stored properly.

- Staff are trained in the proper use and safe handling of toxic and caustic materials.
- Safety Data Sheets (SDS), personal protective equipment, emergency spill kits, and eyewash stations are available, as required by federal, state, and local safety codes.

Whenever possible, toxic and caustic chemicals (especially those used in housing areas) should be replaced by a nontoxic or non-caustic alternative. Toxic and caustic chemicals should be inventoried, tracked, and their access/use by juveniles will be strictly controlled and supervised by staff.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-18	Effective Date: 7/15/16
Key Control	ACA: 3-JDF-3A-22	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall establish a written policy for a key accountability system that includes daily inventory and written recording of all assigned, control center, emergency and restricted keys. EARJDF shall establish a system for immediate access to all areas of the facility in case of fire or other emergency. Staff be assigned only the keys pertinent to the post order assignment or job duty. Staff who have routine access to the juvenile population shall not possess keys that allow complete egress out of the facility or access to the control room. Staff shall immediately inform the detention services administrator or designee of any lost or misplaced keys, including a written report containing the facts of the discovery, circumstances and keys involved. Facility keys shall not be duplicated without approval from the detention administrator.

**Procedures:** Officers are allowed to carry housing keys into the housing areas; however, they will ensure keys are securely fastened to the key ring provided. No keys should remain in the officer's hands while in the pod.

**Security:** Staff maintains security of facility keys at all times and adheres to the following:

- Keys are not given to juveniles or other unauthorized persons under any circumstances.
- Keys are secured on the Officers key holder on their belts at all times.
- Staff does not refer to key numbers or key access information in the presence of juveniles.
- Duplication of any keys other than by the key control officer is strictly prohibited.
- No key is taken from the facility without the written approval of the administrator or assistant administrator.

**Master Key Box:** A master key list is kept in the control room safe, which includes all keys kept in the master key box. The list includes the key number and the doors the keys will open. The key control officer is responsible for updating this list regularly to account for any changes in keys assigned to the box.

**Key Assignment List:** A key assignment list is maintained which includes keys assigned to specific areas or persons in the facility. Copies of this list are kept in control and in the administrator's office. Any time a staff member is issued any keys it is documented on the key assignment list. When staff members terminate employment with the facility, they will be required to return all keys issued to them. All staff is issued and sign for a staff entrance key administrative and supervisory and take home sets are signed for by the individual staff. All assigned sets are accounted for in the monthly inventory report.

**Accountability:** At the beginning and end of each shift, the control room officer conducts a count of all keys, to include an inspection of each key on each ring and is able to account for them for the duration of the shift. Accountability for these keys is conducted using the chit system. Officers taking keys will place a chit on that specific key ring. All staff are to immediately inform the detention services administrator or designee of any lost or misplaced keys.

**Emergency keys:** A set of emergency keys is kept in the control room key box for use in case of emergency in the facility. Additional set may be obtained from the electrical room outside the facility in the key box marked "Emergency Keys" and the Y-11 key on all key rings can open this box. These keys are not removed from their designated locations except in emergency situations or for training purposes. During drills, obtaining keys from the control room should be done on a regular basis in order to maintain familiarization with the various keys and the access they provide and their functionality. All large brass security keys are marked for identification by touch in case of fire or other emergency where vision may be impaired.

**AZ. Dept. of Corrections Courtesy Key Hold:** Our facility has a verbal agreement with ADOC to control and issue a key to their staff transport van. It is to be brought in to control by DOC staff when returned and when issued it will be signed out from control. At no time is staff to carry the key on their person. The key has been added to our inventory and is counted with our facility keys each shift.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-03 Detention Operations</b>	<b>Policy # 03-18</b>	<b>Effective Date: 7/15/16</b>
<b>Personal Property Control</b>	<b>ACA: 3-JDF-2E-12</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** EARJDF shall establish a policy that all personal property taken from the juvenile is inventoried and recorded. All property taken shall be inventoried and signed for in the presence of the juvenile by both the juvenile and officer. The juvenile and the releasing detention officer, after verification of inventory, shall sign a receipt for the juvenile's personal property upon release from the facility. The signed receipt shall be maintained in the juvenile's file. Items considered contraband or dangerous to the facility shall be referred to the appropriate authority or disposed of in accordance with the facility policy.

**Procedures:** Personal property retained at the facility is itemized in a written list, prepared by staff. It is signed and verified by the juvenile offender's signature. The signed list is kept in the permanent case file; the juvenile receives a current copy of this list. All personal property retained at the facility will be accurately inventoried and securely stored. The property will be available to the juvenile and will be returned to them at the time of release, with a receipt signed by the juvenile acknowledging return of the property. All cellphones, wallets, or anything of value will be noted on the property list and placed in the safe. All items are clearly marked on the inventory list and tracked on a log located on the control computer.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA General Definitions	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410, 13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**§ 115.5 General definitions.**

For purposes of this part, the term—

Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Agency head means the principal official of an agency.

Community confinement facility means a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

Contractor means a person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Detainee means any person detained in a lockup, regardless of adjudication status.

Direct staff supervision means that security staff are in the same room with, and within reasonable hearing distance of, the resident or inmate.

Employee means a person who works directly for the agency or facility.

Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility means a place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.  
Facility head means the principal official of a facility.

Full compliance means compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Intersex - A person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Medical practitioner - A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner - A licensed mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice act. A "qualified mental health practitioner" refers to a licensed mental health professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search - A running of the hands over the clothed body of a youth by staff to determine whether the individual possesses contraband.

PREA – Prison Rape Elimination Act

PREA Coordinator – Position responsible for developing, implementing, and overseeing the Department's Effort to comply with the PREA standards in all of its juvenile confinement facilities.

PREA Facility Compliance Manager - Position at each juvenile confinement facility operated by the Department responsible for coordinating the facility's efforts to comply with PREA standards.

Prison Rape Elimination Act – The United States Department of Justice final rule of national standards to prevent, detect, and respond to sexual abuse and sexual harassment in juvenile facilities; 28 C.F.R. Part 115.

Residential facility - A facility primarily used for the confinement of youth pursuant to the juvenile justice system or criminal justice system.

Secure juvenile facility - A juvenile facility in which the movements and activities of individual youth may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows youth access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

Security staff - Staff primarily responsible for the supervision and control of youth in housing units, recreational areas, dining areas, and other program areas of the facility.

Sexual abuse by a youth - Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; (2)

Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse by a staff member, contractor, or volunteer - Includes any of the following acts, with or without consent of the youth:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; (2)

Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth, and

(8) Voyeurism by a staff member, contractor, or volunteer.

Sexual harassment - Includes—

(1) Repeated or unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another;

(2) Repeated or unwelcome verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Misconduct – Any act of sexual abuse and/or sexual harassment as defined herein.

Staff – An employee of the Department, an employee of a contracted provider, a person contracted by a contracted provider.

Strip search - A search that requires youth to remove or arrange some or all of their clothing so as to permit a visual inspection of the youth's breasts, buttocks, or genitalia.

Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA Prevention Planning	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410, 13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** The Eastern Arizona Regional Juvenile Detention Facility maintains a zero-tolerance policy towards sexual abuse and harassment of minors. Sexual abuse of minors is unacceptable under any circumstances, and is as dangerous a threat to institutional security as an escape or homicide would be. This PREA policy applies to all employees, contractors and volunteers who work or do business at the EARJDF, who are charged with providing services to juveniles who are in our care, custody or control, and who may come into close contact with them.

**Procedures:** PREA Coordinator

1. The Administrator at EARJDF shall appoint a PREA Coordinator. In this capacity, he/she will:
  - a. Develop and maintain written PREA related policies that follow the State of Arizona’s Juvenile Detention Standards and meet the intent of the PEA Standards;
  - b. Develop and implement a training plan the fulfills the PREA Training Standards;
  - c. Monitor juvenile screening procedures, investigations, and medical and mental health care/treatment according to the PREA Standards;
  - d. Supervise the data collection efforts to ensure compliance with PREA Standards;
  - e. Provide appropriate access and materials to auditors.
- A. Supervision and Monitoring
  1. Detention Officers will provide the supervision necessary to ensure that the juveniles assigned to their care, custody or control, are protected from sexual abuse.
  2. Detention Sergeants and Administrators will ensure that the EARJDF is properly staffed and monitored (i.e. that adequate staffing levels are maintained of 1:8 ratio during waking hours and 1:16 ratio during sleeping hours and that installed video surveillance equipment is functioning), so that the safety of the facility, and the safety of the juveniles confined therein, are maintained.
  3. At all times, staff shall position themselves in a manner that supports adequate supervision of all assigned youth.
  4. Annually, detention management will assess, determine, and document whether adjustments are needed to the staffing plan, staffing patterns, video monitoring system and other monitoring technologies, and the resources the facility has available to ensure adherence to the staffing plan.

5. The Administrator or designee shall regularly conduct and document unannounced rounds, during all shifts, to identify and deter staff sexual abuse and sexual harassment in all areas of the facility.
  - a. Detention Officers are prohibited from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the detention center.
  - b. The Administrator shall routinely monitor all hidden or concealed locations within the facility.

B. Physical Searches

1. Cross-gender physical searches are prohibited.
2. Strip searches will only be conducted on juveniles, by a staff member of the same gender as the juvenile, except when performed by a medical practitioner.
3. Visual body cavity searches will only be conducted by medical personnel, when court ordered.
4. All strip searches must be documented on the Search Form and placed in the juvenile's file.
5. Pat searches will be only conducted on juveniles by officers of the same gender.
6. At no time shall staff search or physically examine a transgender or intersex juvenile for the sole purpose of determining the juvenile's genital status.
7. If the juvenile's genital status is unknown, it may be determined during conversations with the juvenile, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
8. Refer to the policy for **Searches** for more information.

C. Showering, performing bodily functions, and changing clothes

1. All youth are permitted to shower, perform bodily functions, and change clothing without nonmedical staff viewing their genitals, buttocks, breasts (female), except in the case of emergency, by accident, or performing routine cell or room checks.
2. Staff of the opposite gender when entering housing units must announce their presence to alert youth.
3. All staff entering and exiting a unit must be documented in the unit log book.
4. Refer to policy for **Showering** for more information.

D. Staff training regarding physical searches

1. Staff will be provided annual training in how to properly conduct physical searches, to include cross gender pat-down searches, and searches of transgender and intersex juveniles, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
2. New employees will receive this training during orientation.
3. Refer to policy for **Employee Training** for more information.

E. Juveniles with disabilities and/or limited English proficient.

1. Instructions will be given both verbally and/or in writing, during the intake process, to all juveniles detained in EARJDF, informing them about the zero-tolerance policy regarding sexual abuse, and about how to report incidents or suspicions of sexual abuse, in an age-appropriate fashion.
2. A comprehensive orientation is provided to all juveniles during the intake process to include reviewing the Youth PREA Handbook verbally and in writing. The handbook is provided in English and Spanish.
3. Juveniles who are Limited English Proficient (LEP), deaf, blind, or disabled must receive these instructions in a manner which they can understand.
4. Juveniles with special needs are encouraged to report sexual abuse to staff directly, and an interpreter will be provided when needed.
5. Interpretation services may be provided by a bilingual officer or staff member who speaks the same language as the juvenile, but shall not be provided by another juvenile. The interpreter must be able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
6. Supervisors should also consider the same issues with regard to communicating with the juvenile's families, bearing in mind that the families' language abilities may be different from those of the juvenile.
7. Refer to policy **Americans with Disabilities Act** for more information.

F. Hiring and promotion decisions

1. EARJDF hiring/promoting practices will be in compliance with National PREA Standards.
2. The agency shall not hire or promote anyone who may have contact with juveniles, and shall not enlist the services of any contractor who may have contact with juveniles who has engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution.
3. The agency shall not hire or promote anyone who may have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent to refuse

4. The agency shall not hire or promote anyone who has been civilly or administratively adjudicated to have engaged in the activity.
  5. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with juveniles.
  6. The agency will complete a thorough criminal background records check on all potential applicants before hire, to include consulting any child abuse registry maintained by the State of Arizona.
  7. The agency will make its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse of resignation during pending investigation of an allegation of sexual abuse.
  8. The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with juveniles.
  9. The agency will conduct criminal background records checks at least every five years of current employees and contractors who may have contact with juveniles.
  10. The agency shall ask all applicants and employees who may have contact with juveniles directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of review of current employees.
  11. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
  12. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
  13. The agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law.
  14. Refer to policy ***Hiring Qualifications for Detention Officers*** for more information.
- G. Upgrades to facilities and technologies
1. The EARJDF incorporates the use of video monitoring systems to aid in its sexual abuse prevention, detection, and response efforts.
  2. EARJDF periodically conducts an assessment outlining the feasibility of and the need for, new or additional video monitoring technology though out the detention center and develops a plan for securing such technology when needed.

## I. Mandatory Reporting

1. Any incidents or behaviors that cause a reasonable concern of sexually aggressive behavior or demonstrates potential for sexual victimization shall be documented on an incident report form.
  - a. Immediate concerns shall be reviewed by shift supervisor/OIC for intervention.
  - b. All concerns shall be further reviewed by EARJDF Administration.
2. Any employee who is a witness to or has knowledge of any sexual activity, assault and/or rape shall report it to a supervisor or administration staff.
  - a. Any employee, contract service provider, or volunteer who knowingly fails to report sexual activity, assault and/or rape of a youth shall be subject to disciplinary actions and/or criminal prosecution.
  - b. Employees and youth are prohibited from retaliating against anyone reporting allegations of sexual activity/assault. Employees and/or youth who are found to have violated this prohibition shall be subject to disciplinary action.

## J. Youth should voluntarily report allegations

1. Youth who feel threatened, or who are victims of sexual harassment or assault should report the incident to any trusted staff member. Youth may also submit a confidential report in writing on a Health Needs Request form. The youth should place the completed form in the locked PREA request box.

The Administrator or designee shall respond to all reports in a timely manner.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA Responsive Planning	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410, 13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** It is imperative that the department use recommended protocol when investigating a sexual abuse or sexual harassment report. The department must have a policy in place to ensure that all allegations of sexual abuse or harassment are investigated by an agency with legal authority to do so.

**Procedure:**

A. Evidence protocol and forensic medical exams

1. The Graham County Sheriff's Office having jurisdiction over an alleged incident of sexual abuse will be contacted for this purpose immediately, whenever EARJDF receives information that a sexual assault has occurred, involving any juvenile in its care, custody or control.
2. The Graham County Sheriff's Office having jurisdiction shall be asked to follow the requirements of Prison Rape Elimination Act.
3. Detention and/or Correctional Health staff will coordinate transportation of the victim for medical care, as needed; and a forensic examination performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) will be available to the victim per the investigating agency's evidence gathering protocols, at no cost to the victim.
4. As requested by the victim, the agency shall make available to the victim a victim advocate from a rape crisis center. The advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
5. A memorandum of understanding between EARJDF and a victim advocacy center shall be kept on file.

B. Referrals of allegations for investigations

1. All allegations of sexual abuse or sexual harassment will be investigated. The Administrator or designee will determine if it will be an administrative or criminal investigation.
2. If an allegation involves potentially criminal behavior, it will be immediately referred to the Graham County Sheriff's Office.
  - a. Graham County Sheriff's Office shall make determination whether a forensic examination is needed in addition to a forensic interview.
  - b. All juveniles must be interviewed by a certified forensic interviewer which will be arranged through Graham County Sheriff's Office Investigators. At no time shall staff or medical personnel interview the victim or suspect concerning the allegations until forensic interviews are completed.

c. Efforts should be in place to preserve possible evidentiary items which may include bedding clothing etc. Preservation may also involve having victim abstain from wiping, defecating or bathing.

d. All evidence and related items will be turned over to and stored at the Graham County Sheriff's Office.

C. Immediate steps shall be taken to respond to a sexual assault.

1. Any employee that is a witness to or has knowledge of any sexual activity, assault and/or rape shall take immediate steps to **stop** the activity/assault, separate the participants (aggressor/victim), and report it to a supervisor or administration staff.
2. Any employee, contractor, or volunteer that receives a report of a sexual assault or the potential for sexual assault, whether verbally or in writing shall immediately notify the shift supervisor/OIC.
  - a. Victim shall be kept separate from the alleged aggressor. Victims of sexual assault will be treated in a sensitive and nonjudgmental manner.
  - b. The supervisor/OIC shall ensure the crime scene is secure.
3. The supervisor/OIC or designee shall immediately notify:
  - a. On-site Correctional Health medical staff.
  - b. Graham County Sheriff's Office.
  - c. PREA Coordinator

The Administrator shall notify the Director of Juvenile Court Services, who shall, in-turn, notify the Presiding Juvenile Court Judge.

4. Appropriate emergency care shall be provided.
  - a. **Life-saving efforts always take priority over evidence collection. Detention/Medical staff shall not wait for professional emergency responders before providing CPR or attempting to staunch severe blood loss, etc.**
  - b. To avoid unnecessary destruction of vital evidence, provide life-saving emergency aid only. Staff shall direct the youth not to urinate, shower, wash, or disinfect affected areas.
  - c. Staff shall take care to collect, document and preserve items used during emergency aid that may also contain biological evidence (bodily fluids, hair, etc.).

D. Preservation of Evidence

1. Detention and/or medical staff shall advise the youth not to urinate, shower or otherwise clean themselves. If the assault was oral, youth will not be allowed to drink or

brush their teeth, or otherwise take any action that could damage or destroy evidence.

2. To avoid compromising valuable evidence, Detention Officers shall secure the scene of the assault pending investigation by Graham County Sheriff's Office.
3. Law enforcement officers shall collect and assume custody of evidence specimens collected at the EARJDF.

E. This policy will be available on the Department's website at [www.graham.az.gov](http://www.graham.az.gov).

F. Criminal and administrative agency investigations

1. For criminal investigations, the Graham County Sheriff's Office will be called immediately. EARJDF will work closely and simultaneously with the Graham County Sheriff's Office.
2. For internal investigations, the Administrator at EARJDF or designee will begin the investigation and determine the need for police involvement.
3. When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
4. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims.
5. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical DNA evidence any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
6. The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.
7. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
8. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
9. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
10. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

11. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
12. The agency shall retain all written reports referenced I paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by juvenile resident and applicable law requires a shorter period of retention.
13. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
14. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
15. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
Training and Education	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410, 13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** It is the policy of the department to ensure that all employees, volunteers, and contractors receive PREA training and education.

**Procedure:** Employee training:

6. EARJDF trains applicable employees to be able to fulfill their responsibilities under EARJDF's sexual abuse policies and procedures; the PREA standards; and under relevant Federal, State, and local law.
7. EARJDF maintains certified PREA instructors, per the direction of the Arizona Office of the Courts (AOC), and sends staff to recertification training as required. These instructors provide the AOC's approved PREA training.
8. The AOC's approved PREA training provides employees with the knowledge and skills needed to:
  - a. Understand zero tolerance for sexual abuse and sexual harassment;
  - b. Prevent sexual abuse from occurring;
  - c. Identify signs that sexual abuse may be occurring;
  - d. Take the appropriate actions when they learn of recent or historical incidents of sexual abuse;
  - e. Communicate effectively and professionally with all juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
  - f. Understand a juvenile's right to be free from sexual abuse;
  - g. Understand the rights of juveniles and employees to be free from retaliation for reporting sexual abuse;
  - h. Understand the dynamics of sexual abuse in confinement;
  - i. Detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles;
  - j. Avoid inappropriate relationships with juveniles;
  - k. Comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
  - l. Relevant laws regarding the applicable age of consent.

9. Training will be tailored to the unique needs and attributes of juveniles in the facility and to the gender of the juveniles within the facility.
10. New employees will be provided this training at time of orientation.
11. Current employees will receive a minimum of two hours of PREA training annually.
12. Training will be documented, through employee signature, that the employees understand the training they have received. Such documentation shall be filed in the training records.

A. Volunteer and Contractor training:

1. EARJDF ensures that all volunteers and contractors who have contact with juveniles have been trained on their responsibilities under the EARJDF's sexual abuse policies and procedures; the PREA standards; and relevant Federal, State, and local law.
2. All volunteers and contractors who have contact with juveniles must be notified of EARJDF's zero-tolerance policy regarding sexual abuse, and will be provided the PREA Volunteer Handbook.
  - a. Documentation will be maintained by the Training Coordinator.
3. PREA zero-tolerance pamphlets will be available in the main lobby of the facility.
4. All visitors, volunteers, and contractors will sign in on the log acknowledging their understanding of the agencies zero-tolerance policy. This signature sheet will be maintained in the reception's log book.
5. Juvenile Court Employees, Detention staff, contract personnel and volunteers are required to:
  - a. Immediately inform detention management should you have any reasonable suspicion a juvenile is or has been a victim of abuse, sexual misconduct, or any violation of PREA.
  - b. Report or cause reports to be filed with law enforcement or Child Protective Services pursuant to A.R.S. § 13-3620.
6. A failure of a Juvenile Court Employee, Detention staff, contract personnel and volunteers to report incidents of suspected abuse considered a violation of the Juvenile Court's obligation and duty in the care of juveniles may be considered a violation of PREA and/or criminal or civil law.
7. Any person who is a Juvenile Court Employee, Detention staff, contract personnel or volunteer who violates this policy or fails to report a suspected violation of PREA may be subjected to administrative action, up to and including termination of employment, civil damages and prosecution for a violation of Arizona Revised Statutes.

B. Juvenile Education:

1. During intake processing, juveniles shall be given a comprehensive PREA training explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual harassment.
2. The juvenile will also be provided with a Youth Handbook during intake. This handbook will be reviewed with the juvenile by the officer.
3. The juvenile will sign the Intake Orientation Sheet to acknowledge they understand and agree with the agency's PREA policy. This form will be maintained in the juvenile's file.
4. PREA posters in English and Spanish will be visible in all area of the facility that juveniles have access too.
5. Graphic Novels will be accessible in each housing unit, medical office, intake and school for juveniles to read.
6. Juveniles who are Limited English Proficient (LEP), deaf, or disabled must receive these instructions in a manner which they can understand.

C. For language translation services, American Sign Language interpreter services, or for services for the blind, staff will utilize the Pinal County Superior Court's Interpreter's Office contractual services. Information on services is maintained in the Intake Unit.

D. Specialized training: Investigations

1. The Florence Police Department must receive training in conducting such investigations in confinement settings.
2. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a cause for administrative action or prosecution referral.
3. Documentation of such training shall be maintained in the employee training file and/or available upon request through the Florence Police Department Human Resources Department.

E. Specialized training: Medical and Mental Health Care

1. All Medical and Mental Health staff assigned to the PCYJC will receive training in:
  - a. How to detect and assess signs of sexual abuse and sexual harassment;
  - b. How to preserve physical evidence of sexual abuse and sexual harassment,
  - c. How to respond effectively and professionally to young victims of sexual abuse and sexual harassment;

- d. How and to whom to report allegations of sexual abuse and sexual harassment;
  - e. Zero tolerance for sexual abuse and sexual harassment;
  - f. Prevent sexual abuse from occurring;
  - g. Identify signs that sexual abuse may be occurring;
  - h. Take the appropriate actions when they learn of recent or historical incidents of sexual abuse;
  - i. Communicate effectively and professional with all juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
  - j. Understand the rights of juveniles and employees to be free from retaliation for reporting sexual abuse;
  - k. Understand the rights of juveniles and employees to be free from retaliation for reporting sexual abuse;
  - l. Understand the dynamics of sexual abuse in confinement;
  - m. Understand the common reactions of sexual abuse and sexual harassment victims;
  - n. Detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles;
  - o. Avoid inappropriate relationships with juveniles;
  - p. Comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
  - q. Relevant laws regarding the applicable age of consent.
2. Training will be documented, through employee signature, that the employees understand the training they have received. Such documentation shall be filed in the training records.

**Definitions:**

**Graphic Novels:** Books made up of comics content pertaining to sexual abuse and sexual harassment.

**Sexual abuse:** Encompasses (1) resident-on-resident sexual abuse, (2) resident-on-resident sexual harassment, (3) staff-on-resident sexual abuse, and (4) staff-on-resident sexual harassment.

**Sexual harassment:** Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one person directed toward another.

**Zero-tolerance:** The policy or practice of not tolerating undesirable behavior, such as sexual abuse and sexual harassment.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA Screening for Risk of Sexual Victimization and Abusiveness	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410,13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** It is the policy of the department to implement a screening assessment at time of intake to make informed decisions as to the determination of assignments and placements of all detained youth.

**Procedures:**

- A. During intake, detention staff will conduct a classification assessment of each juvenile being booked, utilizing the approved classification questionnaire.
- B. The following information will be obtained by interviewing the juvenile, and by reviewing JOLTS data, detention behavioral records, and other relevant documentation from the juvenile's files:
  1. The juvenile's age.
  2. The juvenile's physical size and stature,
  3. Current charges and offense history,
  4. Any physical disabilities the juvenile reports having,
  5. If the juvenile reports that there is anything regarding their own sexual orientation or gender identity that may pose a threat to their own personal safety and welfare,
  6. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- C. Screening, identification, monitoring and counseling of youth with history of sexual victimization or sexually aggressive e behavior.
  1. Upon arrival, youth shall be screened for risk factors that include reports of prior victimization, sexually predatory behavior, current/past violent criminal charges, or current/past sexualized behavior.
  2. Youth identified as at-risk for either predatory behavior or victimization will be assigned to a cell with single occupancy as indicated below.
    - a. A sexual victimization predictor scale score of 9 or higher.
    - b. A sexual aggressor predictor scale score of 9 or higher.
    - c. Information gathered and any decisions made regarding housing shall be placed in the youth's file for reference in future assignments.
  3. The daily behavior of all youth shall be monitored and evaluated as part of an on-going identification of risk.
- D. If the screening indicates that a youth has experienced prior sexual victimization, regardless of where it occurred, staff shall refer the youth to the detention Counselor and Correctional Health.
  1. The Sergeant or OIC and medical staff shall have a follow-up meeting with the youth within 14 days of intake.

- E. If the screening indicates that a youth has previously perpetrated sexual abuse, regardless of where it occurred, staff shall refer the youth to the detention Counselor.
  - 1. The Sergeant or OIC shall have a follow-up meeting with the youth within 14 days of intake.
- F. Medical and/or mental health staff shall report prior sexual victimization to Child Protective Services (CPS) immediately.
- G. All information received related to sexual victimization or abuse that occurred in a setting outside of detention, shall be strictly limited to medical and mental health staff and other staff as deemed necessary in order to make informed decisions regarding housing, program assignments, etc.
- H. Detention staff will use the information obtained during the intake process to classify all juveniles, and place them into an appropriate housing units and cells, with the goal of keeping all residents safe and from sexual abuse.
- I. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular room or unit, solely on the basis of such identification or status, nor shall detention officers consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
  - 1. When determining assignments for a transgender or intersex youth, the determining factor to be considered is whether a placement would ensure the youth's health and safety, and if this would present management or security problems.
  - 2. A great deal of consideration in determination of where to place the resident should be vested in where the resident would feel the safest. Intake staff shall consult the Detention Operations Coordinator for clarification, if needed.
- J. Pinaleno School will request educational records from each juvenile's school of record, including any psycho-educational evaluations done on the child.
  - 1. The following information, once obtained, will be passed to detention management for the purpose of making any accommodations necessary to ensure the safety of the child:
    - a. The juvenile's level of emotional and cognitive development.
    - b. Any mental illness or mental disabilities the juvenile may have.
    - c. Any intellectual/developmental disabilities the juvenile may have.
  - 2. Once a juveniles is assigned to a housing unit, if new information is received from medical, Pinaleno School, Juvenile Probation, the juvenile's family, counselors, or any other source, that suggests the juvenile's classification needs to be changed; then, a Sergeant or OIC will review this new information and reclassify the juveniles as appropriate.
- K. It is important that the information in the screening instrument, and the information received during the screening, be used for its designated purpose, and that appropriate confidentiality of the information is observed.
- L. Informed consent from the youth is not required as long as the youth is under the age of 18.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA Reporting, Responding, and Data Collection	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410,13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**POLICY:** It is the policy of the EARJDF to establish mechanisms for youth and staff to report sexual abuse and sexual harassment allegations in safe and efficient manner.

**PROCEDURES:**

A. Youth Reporting.

1. EARJDF shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
2. EARJDF shall also provide at least one way for youth to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials, allowing the youth to remain anonymous upon request. Youth detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
  - a. Information will be available in each housing unit and intake displayed on posters with the number to the CPS Hotline and probation.
  - b. Information can also be found in the youth PREA handbook.
3. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
  - a. Staff shall document on an Incident Report. **(All incident reports are to be kept confidential)**
4. The facility shall provide youth with access to tools necessary to make a written report.
5. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of youth.
  - a. Staff can arrange a private meeting with the Administrator or Assistant Administrator/ PREA Coordinator
6. This information will be reviewed with youth at time of intake.

B. Exhaustion of administrative remedies.

1. EARJDF shall not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse.
2. EARJDF may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

3. EARJDF shall not require a youth to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
4. Nothing in this section shall restrict the EARJDF's ability to defend against a lawsuit filed by a youth on the ground that the applicable statute of limitations has expired.
5. The agency shall ensure that:
  - a. A youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
  - b. Such grievance is not referred to a staff member who is the subject of the complaint.
6. EARJDF shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
  - a. Computation of the 90-day time period shall not include time consumed by youth in preparing any administrative appeal.
  - b. EARJDF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the youth in writing of any such extension and provide a date by which a decision will be made.
7. At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.
8. EARJDF may discipline a youth for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the youth filed the grievance in bad faith.

#### C. Staff Reporting.

1. EARJDF shall require all staff to report immediately and according to this policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. EARJDF shall also require all staff to comply with any applicable mandatory child abuse reporting laws.
3. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. Staff shall keep confidential any information related to the sexual abuse incident.
4. Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials as well as to the designated State or local services agency where required by mandatory reporting laws.

- a. Such practitioners shall be required to inform youth at the initiation of services of their duty to report and the limitations of confidentiality.
5. Upon receiving any allegation of sexual abuse, the Administrator at the facility or designee shall promptly report the allegation to the Graham County Sheriff's Office and to the alleged victim/s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. Parents should be notified within 24 hours.
6. If the alleged victim is under the guardianship of Child Protective Services, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
7. If a juvenile court retains jurisdiction over the alleged victim, the Administrator at the facility or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within three days of receiving the allegation.
8. The Administrator at the facility or designee shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Graham County Sheriff's Office designated investigators.

D. Staff first responder duties.

1. Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report shall be required to:
  - a. Separate the alleged victim and abuser;
  - b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Do not clean up the scene or the victim until directed by the local law enforcement agency or the Administrator.
  - c. Notify the Administrator or designee immediately;
  - d. If the abuse occurred within a time period that still allows for the collection of physical evidence (normally 72 hours or as determined by the local law enforcement agency), request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
  - e. If the abuse occurred within a time period that still allows for the collection of physical evidence (within 72 hours), ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriated, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
  - f. Youth who are alleged victims of sexual abuse will be treated in a sensitive and nonjudgmental manner;
2. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff immediately.

E. Coordinated Response Plan

1. All reports shall be thoroughly investigated by the Administrator or designee.
2. When the alleged predator is an employee, care shall be taken to remove the employee from supervision of all youth pending the outcome of the investigation.
  - a. The Director of Juvenile Court Services and the Presiding Juvenile Court Judge shall be advised of the allegations, the pending investigation and the projected time-line for resolution.
  - b. Re-assignment of duties and/or assignment to administrative leave shall be at the discretion of the Administrator or designee.
  - c. The employee shall be notified of the investigation.
  - d. A thorough investigation shall be completed in a timely manner.
  - e. The employee shall be notified of the outcome of the investigation.
  - f. All internal investigation activity shall immediately cease upon the discovery of criminal activity or suspected criminal activity. The Administrator shall report the discovery to the Graham County Sheriff's Office for investigation.
3. When the alleged predator and the victim are both youth, care shall be taken to keep them separate, pending the outcome of the investigation.
  - a. The, Administrator or designee, may coordinate the location of one and/or both of the participants if it is determined that such action would improve the safety of the youth or the integrity of the pending investigation.
  - b. A thorough investigation shall be completed in a timely manner.
  - c. All internal investigation activity shall immediately cease upon the discovery of criminal activity or suspected criminal activity. The Administrator shall report the discovery to the Graham County Sheriff's Office for investigation.
4. Administration and staff shall cooperate with local law enforcement in all formal inquiries and investigations.
  - a. Detention staff shall not release documentation without explicit authorization by the Administrator or Assistant Administrator. All requests for copies of departmental documentation or reports must be submitted to the Chief of Probation, CCM, or Marshals Office.
    1. Discipline and/or additional criminal charges for the alleged aggressor may occur pending the results of the internal and external investigations.
    2. Employees and youth are prohibited from retaliating against, intimidating or otherwise interfering with anyone involved in the investigation. Employees and/or youth who are found to have violated this prohibition shall be subject to disciplinary action.
5. The Administrator and/or official investigators shall ensure all sexual abuse allegations are reported to Child Protective Services (CPS) 1-888-767-2445.
6. The Chief of Probation, CCM, or Marshals Office and/or official investigators shall ensure all PREA allegations are reported to the parent(s)/guardian(s) of all youth involved in the incident. Parent(s)/Guardian(s) do not require notification if parental rights have been

terminated or the youth is a ward of CPS.

7. Immediate steps shall be taken to respond to a sexual assault.
8. Any employee that is a witness to or has knowledge of any sexual activity, assault and/or rape shall take immediate steps to **stop** the activity/assault, separate the participants (aggressor/victim), and report it to a supervisor or administration staff.
9. Any employee, contractor, or volunteer that receives a report of a sexual assault or the potential for sexual assault, whether verbally or in writing shall immediately notify the shift supervisor/OIC.
  - c. Victim shall be kept separate from the alleged aggressor. Victims of sexual assault will be treated in a sensitive and nonjudgmental manner.
  - d. The supervisor/OIC shall ensure the crime scene is secure.
10. The supervisor/OIC or designee shall notify:
  - d. Medical staff.
  - e. Graham County Sheriff's Office.
  - f. Chief of Probation, CCM, or Marshals Office.
  - g. Administrator
  - h. PREA Coordinator/ Manager
11. Appropriate emergency care shall be provided.
  - d. **Life-saving efforts always takes priority over evidence collection. Detention/Medical staff shall not wait for professional emergency responders before providing CPR or attempting to staunch severe blood loss, etc.**
  - e. To avoid unnecessary destruction of vital evidence, provide life-saving emergency aid only. Staff shall direct the youth not to urinate, shower, wash, or disinfect affected areas.
  - f. Staff shall take care to collect, document and preserve items used during emergency aid that may also contain biological evidence (bodily fluids, hair, etc.).
12. Detention and/or medical staff shall advise the youth not to urinate, shower or otherwise clean themselves. If the assault was oral, youth will not be allowed to drink or brush their teeth, or otherwise take any action that could damage or destroy evidence.
13. To avoid compromising valuable evidence, Detention Officers shall secure the scene of the assault pending investigation by the Graham County Sheriff's Department.
14. Law enforcement officers shall collect and assume custody of evidence specimens collected at the facility.
15. Youth shall be transported to the medical facility certified in the treatment of rape victims and the collection of evidence requested by the investigating law enforcement agency.

16. Law enforcement officers shall assume custody of evidence specimens collected at the emergency room.

F. EARJDF protection against retaliation.

1. EARJDF shall establish a policy to protect all youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other youth or staff and the Administrator or designee is charged with monitoring retaliation.
2. EARJDF shall employ multiple protection measures, such as housing changes or transfers from youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youth or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
3. For at least 90 days following a report of sexual abuse, EARJDF shall monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation.
  - a. Items EARJDF should monitor include any youth disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
  - b. EARJDF shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
4. In the case of youth, such monitoring shall also include periodic status checks.
5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
6. An EARJDF's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

G. Data Collection and Review

1. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
3. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
4. The review team shall:
  - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification,

- status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - d. Assess the adequacy of staffing levels in that area during different shifts;
  - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - f. Prepare a report of its findings, and any recommendations for improvement and submit such report to the Administrator or designee.
5. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.
7. All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the state record retention schedule.

**Definitions:**

**Grievance:** A complaint submitted by a youth alleging injustice or violation of protected rights

**Sexual Abuse:** Encompasses (1) youth-on-youth sexual abuse, (2) youth-on-youth sexual harassment, (3) staff-on-youth sexual abuse, and (4) staff-on-youth sexual harassment.

**Sexual Assault Response Team (SART):** A multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services.

**Sexual Harassment:** Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one person directed toward another.

**Staff First Responders:** The first staff member to respond to the report of allegations made of sexual abuse or sexual harassment.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA Discipline	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410,13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

## Disciplinary

### 1. Staff Disciplinary Sanctions

- A. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- B. Termination shall be the presumptive disciplinary sanction for staff who have been substantiated for sexual abuse.
- C. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- D. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

### 2. Corrective action for contractors and volunteers

- A. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.
- B. The facility shall take appropriate remedial measures and shall prohibit further contact with residents.

### 3. Interventions and disciplinary sanctions for residents

- A. A youth may be subject to disciplinary sanctions pursuant to the agency's formal disciplinary procedures or following a criminal finding.
- B. Disciplinary sanctions imposed by the facility shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
- C. The disciplinary process shall consider whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- D. Facilities with sex offender units offering therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, shall consider whether to offer the offending youth participation in such interventions.
- E. The facility may not require participation in such interventions as a condition of access to general programming or education
- F. The facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact.
- G. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

- H. Sexual activity between residents is prohibited, however for such activity to constitute sexual abuse it must be coerced.

#### **I. Notifications to Youth**

**1. Following an investigation into a youth's allegation of sexual abuse suffered in an agency facility, the agency shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.**

**2. Following a youth's allegation that a staff member has committed sexual abuse against the youth, the agency shall subsequently inform the youth (unless the agency has determined that the allegation is unfounded) whenever:**

- a. The staff member is no longer posted within the youth's unit;
- b. The staff member is no longer employed at the facility;
- c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or
- d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

**3. Following a youth's allegation that he or she has been sexually abused by another youth, the agency shall subsequently inform the alleged victim whenever:**

- a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**4. All such notifications or attempted notifications shall be documented. DJJOY's obligation to report under this standard shall terminate if the resident is released from the agency's custody.**

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-19	Effective Date: 7/15/16
PREA Data Collection for Corrective Action	Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410,13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities	
Approved By: Charles Gatwood – Administrator // Signature on File		

**POLICY:** In compliance with PREA, the DOJ reviews data collected on sexual abuse allegations to assess and improve the effectiveness of EARJDF's sexual abuse prevention, detection, and response policies, procedures and training. This review must result in the creation of an annual report detailing the agency's findings and corrective actions for each facility.

**PROCEDURES:**

**A. Data collection**

1. The EARJDF collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
2. EARJDF aggregates the incident-based sexual abuse data annually. The incident-based data collected includes the data necessary to answer all of the questions from the Department of Justice - Survey of Sexual Violence.

**B. Data review**

1. The sexual abuse response team at the facility review data and aggregate it in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response in policies, practices, and training throughout the department. Areas reviewed include such examples as:
  - a) Identifying problem areas;
  - b) Detailing corrective action on an ongoing basis; and
  - c) Preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole.
2. The annual report includes a comparison of the current year's data and corrective actions that were reported by the SART with those from prior years and provides an assessment of EARJDF progress in addressing sexual abuse.

**C. Data distribution**

1. Report drafting
  - a) The draft report must be submitted to the Administrator's office in printed and electronic formats for initial review 90 days prior to June 30. The draft report must indicate approval by the Administrator upon submission to the County for the website.
  - b) The draft report must be submitted and include all mandated information.
2. Once approved by the Administrator, the annual report is electronically is also made available to the public through the EARJDF's public website. EARJDF may redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.
3. All aggregated sexual abuse data is made available to the public annually through the EARJDF's public website. EARJDF must redact specific material from the report with personal identifiers.
4. EARJDF maintains sexual abuse data as established in the PREA Annual Report.
5. Upon request, the EARJDF provides data from the previous calendar year to the Department of Justice (no later than June 30). **REVIEW:** Annually

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-03 Detention Operations</b>	<b>Policy # 03-19</b>	<b>Effective Date: 7/15/16</b>
<b>PREA Auditing and Corrective Action</b>	<b>Prison Rape Elimination Act of 2003, A.R. S. §§ 13-1405, 13-1404, 13-1406, 13-1410,13-1419, 13-3620; Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Audits**

1. The Department PREA Coordinator will ensure that facilities, including contracted facilities, are audited in compliance with PREA standards.
2. Each year of a three-year period, the facility will be audited by an independent organization that falls into one of the three following categories:
  - a. A juvenile detention monitoring body that is not part of the Department but that is qualified to conduct PREA Audits.
  - b. Other outside individuals with relevant experience.
3. No audit may be conducted by an auditor who has received financial compensation from the agency within the three years prior to the Department’s retention of the auditor, and the Department shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the Department’ retention of the auditor, with the exception of contracting for subsequent audits.
4. Auditors must be certified by the Department of Justice (DOJ) to conduct such audits, and ensure that the auditor, if retained again, has been re-certified every three years.
5. Auditors shall have access to enter and tour all facilities, including those contracted, to review documents, and interview staff and youth to conduct a comprehensive audit.
6. All facility reports shall be published on the Department’s Web site and be readily available to the public.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-03 Detention Operations	Policy # 03-20	Effective Date: 7/15/16
Food Service Management	ACA: 3-JDF-4A-01, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14 STATUTE: U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, 2001 Food Code	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall ensure that the food service provider is in compliance with all applicable federal, state and local codes. Menus shall specify foods to be served and shall be planned a minimum of one week in advance, dated and posted where they can easily be viewed by staff and juveniles, corrected if changed prior to serving, and kept on file for one year. Juveniles shall not be served the same menu twice in one day. The detention services administrator shall provide for special diets as prescribed by a medical professional or for juveniles whose religious beliefs require the adherence to religious dietary laws. Meals shall be provided at routine times established by the facility. Daily caloric intake shall be appropriate and is suggested to fall between 1800 and 2400 calories. A trained staff shall oversee food service operations and ensure quality and compliance with applicable federal, state and local codes. Food shall not be withheld or substituted as a disciplinary tool.

**Procedures:** The food service manager will receive annual training in food service related areas. The food service manager, under the direction of the facility/program Administrator, will ensure the accurate documentation of meals served, inventories, and sanitation/safety. The Meal Roster will be used to document meals served to facility visitors. The Daily Temperature Log will be used to document the temperatures of all refrigerators, freezers and dishwasher wash and rinse cycles. The Meal Count will be used to document the total number of meals served at each meal period. The Food Safety and Sanitation Weekly Checklist will be used to document a weekly inspection of safety/sanitation measures taken in the food service area. The Kitchen Area Cleaning Schedule will be used to document the required cleaning of the food service area and its appliances and equipment. The food service manager will maintain other records to include:

- Inventories of utensils and equipment;
- Monthly food inventories;
- Inventories of flammable and caustic chemicals;
- Health and safety clearance;
- Special diets.

Records will be maintained for four years.

Menus will be planned taking into consideration food flavor, texture, temperature, appearance and palatability. Selection of menu items may vary according to the season of the year. Factors such as age, geographic location, and ethnic makeup of the youth will be considered in menu planning. Observation and documentation of youth eating habits, e.g., frequency of consumption, plate waste, or requests for foods will also be considered during menu planning.

The facility's menus are prepared by a contracted agency with their dietician's approval. Menus will be posted and followed except under documented extenuating circumstances. Substitutions of food items may be made due to the temporary or unforeseen unavailability of a menu item. However, items with equivalent nutritional value will be substituted whenever possible. Substitutions will not be made for the purpose of staff food preference or individual youth preference. Provided basic nutritional goals are met, variations in the menus may be allowed, based on weekend and holiday food service demands.

Special therapeutic diets will be prepared and served as ordered by a physician, physician's assistant, nurse practitioner or dentist. Therapeutic diets will be ordered using the Special Diet form, which will be submitted to the food service manager. The diet must be specific and include the name of the person authorizing the diet and the date(s) the diet will be in effect. Verbal orders from the physician, physician's assistant, nurse practitioner, or dentist must be co-signed during the ordering provider's next visit to the facility. However, a nurse may sign the verbal orders.

The Administrator or designee must approve religious diets. Religious diets will be ordered using the Special Diet form, which will be submitted to the food service manager. Religious diets must be specific and include the name of the person authorizing the diet and the date(s) the diet will be in effect. A copy of the religious diet will be placed in the youth's case record.

All youth must be served the same food in the same quantities. Menus and/or meal portions will not be altered for suicide precautions or youth in isolation, detention, segregation, etc. Isolated youth may be issued disposable eating utensils at the discretion of the Administrator or designee. Finger foods will only be served upon a physician's order.

The officer serving to the juveniles will be responsible for recording the meal issuance to each juvenile in the meal log binder. Juveniles will have at least 20 minutes of dining time for each meal.

Pod officers supervise meals. This presence will contribute to a controlled dining experience for the juveniles. The officer will make sure that food is not being wasted and to keep juveniles from abusing each other.

Alternative meal services is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the on-duty shift supervisor and on duty nurse. The Treatment Team regularly reviews alternative meal service, and shall ensure that the substitution period does not exceed 7 days.

The Food Service Manager will inspect each food service program at least annually. Facility food service programs will be subject to periodic unannounced visits by the local health department to determine compliance with health and sanitation requirements. The report is posted in the food service area. The facility maintains written verification that all contracted food service providers comply with all applicable food service regulations.

Food service staff will document daily checks of temperatures of refrigerators, freezers and dishwashers.

1. All refrigerators and freezers will have a working inside thermometer.
2. Freezer temperatures will be maintained at 0°F.
3. Refrigerator temperatures will be maintained at 35°F to 40°F.
4. Dishes will be washed at 140°F to 180° unless a sanitizer is used on the final rinse.

The Daily Temperature Log will be used to document the temperatures of all refrigerators, freezers and dishwasher wash and rinse cycles. Temperature logs will be maintained for a minimum of 90 days for audit purposes.

The Food Service Manager or designee will make an informal daily inspection of all food service areas, including dining, storage and meal preparation areas.

Fresh, refrigerated, frozen and dry food will be stored and utilized in accordance with recognized food industry standards as follows: All leftovers will be dated prior to refrigeration, Shelf goods will be maintained at 45° to 80°F, refrigerated foods at 40°F or below and frozen foods at 0°F or below, Food stocks will be rotated to ensure that the oldest foods are used first. Expired foods will be promptly discarded, No food stocks will be stored on the floor or in proximity to chemicals, and Food stocks and paper products will be stored at least 6 inches off the floor and 12 inches from the ceiling.

Garbage will be disposed of in accordance with applicable sanitation practices and codes.

Eating utensils will be accounted for before and after each meal. Food service tools and knives will be securely stored and inventoried.

The Food Service Manager will ensure that all food service staff wear hair restraints and frequently wash their hands, especially upon reporting for duty and after using toilet facilities. The Food Service Manager will continually monitor food service staff for cleanliness.

## **NUTRITION AND PHYSICAL FITNESS**

Eastern Arizona Regional Juvenile Detention Facility (EARJDF) recognizes that childhood obesity has reached critical levels in Arizona and throughout Graham and Greenlee Counties. Overweight children are at a higher risk for developing severe long-term health problems, and overweight children are affected by discrimination, psychological stress, and low self-esteem. However, research indicates that obesity and subsequent diseases are largely preventable through diet and regular physical activity. Research also indicates that becoming physically active and maintaining a regular physical activity program significantly reduces the risk of some obesity and some cancers, diabetes and other chronic diseases.

Children who eat well-balanced meals and are healthy are more likely to learn in the classroom. EARJDF supports increased emphasis on nutrition as well as physical activity at all grade levels to enhance the well-being of our youth. Therefore, it is the policy of EARJDF to:

1. Provide students access to nutritious food;
2. Provide opportunities for physical activity and developmentally appropriate exercise; and
3. Provide accurate information related to these topics.

The administrator shall develop and implement a comprehensive nutrition program consistent with state and federal requirements for districts sponsoring the National School Lunch Program and the School Breakfast Program. To implement the program, the superintendent or designee should adopt and implement a comprehensive curriculum on health, fitness, and nutrition consistent with the Essential Academic Learning Requirements (EALRs). The curriculum will provide opportunities for developmentally appropriate instruction for grades 4-12. The input of staff, students, parents or guardians and public health professions in the development of the curriculum is encouraged.

Evaluation procedures will utilize classroom-based assessment or other strategies and will be in place as required by state timelines.

EARJDF shall provide school breakfasts and lunches that meet the nutritional standards required by state and federal school breakfast and lunch programs. Meals served in school before the end of the last lunch period shall conform to the U.S. Dietary Guidelines for Americans.

Any food sales of an occasional nature and all vending machine items should conform to regulation as outlined in procedure.

## **FOOD SERVICES PROGRAM**

EARJDF supports the philosophy of the National School Lunch and Breakfast programs and shall provide wholesome and nutritious meals for children in the district's schools. The Graham County Board of Supervisors authorizes the Administrator to administer the food services program, provided that any decision to enter into a contract with a private food service agency shall require the approval of the board.

## **PHYSICAL EDUCATION**

### **Health and Fitness Curriculum**

EARJDF shall adopt and implement a health and fitness curriculum. The curriculum will provide opportunities for developmentally appropriate instruction for grades 4-12.

Suitable adapted physical education shall be included as part of individual education plans for students with chronic health problems, other disabling conditions, or other special needs that preclude such student's participation in regular physical education instruction or activities.



# PHYSICAL PLANT

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EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-01	Effective Date: 7/15/16
BUILDING CODES	ACA: 3-JDF-2A-01, 02, 03 Uniform Building Code 1997 Uniform Mechanical Codes 1997 Uniform Plumbing Code 1997 Uniform Fire Code 1997 National Electrical Code 1999	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall coordinate with other local responsible parties to ensure that the detention facility conforms to applicable zoning ordinances, or through legal means attempt to comply with or change such laws, codes, or seek appropriate variances. EARJDF shall coordinate with other local responsible parties to ensure the detention facility conforms to applicable federal, state and/or local building codes.

**Procedures:** Our facility conforms to all applicable federal, state, and/or local building codes and zoning ordinances as outlined in letter of compliance from the local city building inspector. This includes compliance with all fire codes as well as compliance with codes related to interior furnishings. Our facility has separate and adequate space for mechanical and electrical equipment.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-02	Effective Date: 7/15/16
FIRE CODES	ACA: 3-JDF-2A-03, 04 Uniform Building Code 1997 Uniform Mechanical Codes 1997 Uniform Plumbing Code 1997 Uniform Fire Code 1997 National Electrical Code 1999	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall conform to applicable, federal, state, and local fire safety codes. Code compliance shall be documented by the inspecting authority having jurisdiction and available upon request. A fire alarm and automatic detection system shall be required, as approved by the authority having jurisdiction, or there shall be a compliance plan for addressing these or other deficiencies. EARJDF shall ensure that only the authority having jurisdiction related to fire codes shall approve any variances, exceptions or equivalencies that do not constitute a serious life safety threat to the occupants of the facility. No facility furnishings, ceilings, partitions, or floors shall be constructed of foamed plastics or foamed rubber unless the fire performance characteristics of the material are known and acceptable in accordance with recognized codes.

**Procedures:** Our facility conforms to all applicable federal, state, and/or local building codes and zoning ordinances as outlined in letter of compliance from the local city building inspector. This includes compliance with all fire codes as well as compliance with codes related to interior furnishings. Our facility has separate and adequate space for mechanical and electrical equipment.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-03	Effective Date: 7/15/16
Plant Location	ACA: 3-JDF-2B-03, 05, 07 STATUTE: A.R.S. § 8-305(A)	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** The detention facility shall be located in such a fashion as to ensure sight and sound separation from the adult inmate population and within reasonable accessibility to the community and its available resources, services and accommodations. Site selection of a new detention facility shall incorporate community involvement.

**Procedures:** The Facility is located within reasonable accessibility to the community and its available resources, services and accommodations. Location of our facility was decided by both Graham and Greenlee County Board of Supervisors, along with suggestions from the local community in which the facility is located. NOTE: Facility location was chosen in order to facilitate use of community services, but more importantly to ensure the continued support and contact with the families of the juveniles that are housed in our facility.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-04	Effective Date: 7/15/16
Plant Size	ACA: 3-JDF-2B-01 , 02	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** The juvenile detention facility shall be designed with living units that support flexibility, creativity and innovation. Physical plant design and staff office locations shall facilitate personal contact and interaction between staff and juveniles. The facility design shall support juvenile housing in accordance with the juvenile classification plan. Detention facilities constructed after 2010 shall not exceed a bed capacity of 150 juveniles. The detention facility shall operate with living units no more than 16 juveniles each. The average daily juvenile population of the facility shall not exceed the rated bed capacity. The facility shall have a sufficient number of rooms or living units in a configuration allowing various categories of juveniles to be housed separately. This may include the separation of younger and older juveniles.

**Procedures:** The juvenile detention facility shall operate with living units which actively encourage flexibility, creativity and innovation. In meeting appropriate means of control, incentives for positive behaviors and well-defined means of accountability for negative behaviors shall be emphasized. Note: This is being accomplished through the usage of proven direct supervision techniques. The facility operates with living units of no more than 12 juveniles each. Our rated maximum capacity is 48 juveniles. The facility shall not exceed the maximum capacity at any time. The facility has a sufficient number of living areas that are designed to house juveniles in single cells. This allows the facility to use a classification system when necessary, that includes separation of younger and older juveniles, juveniles which have been adjudicated for serious offenses, protective custody cases and separation by gender.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-05	Effective Date: 7/15/16
Sleeping Space	ACA: 3-JDF-2C-02, 03, 04	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** The juvenile detention facility shall provide a sleeping room that actively promotes a safe, clean, and healthy environment as well as providing adequate space for each juvenile. There shall be separate sleeping rooms for male and female juveniles. All new construction, remodeling and renovations shall provide in each sleeping room the following: sanitation facilities, access to toilet facilities that are available without staff assistance 24 hours a day, a wash basin with hot and cold water, a bed, desk and chair/stool, natural light, temperature appropriate to summer and winter comfort zones. Each sleeping room in which juveniles are confined shall provide at least 35 square feet of unencumbered space. Areas designated as multiple occupancy rooms shall provide:

- a) A bed for each juvenile.
- b) A writing surface.
- c) Adequate storage space for clothing and personal belongings for each juvenile.
- d) Access to toilets and washbasins with hot and cold running water 24 hours per day.
- e) 25 square feet of unencumbered space per juvenile.
- f) 80 square feet per juvenile whenever confinement exceeds 10 hours per day but not including normal sleeping hours.
- g) Some degree of privacy.

**Procedures:** All sleeping rooms or cells are single occupancy in each pod except for one cell. Each sleeping room or cell has at least one dimension of the unencumbered space that is no less than 7 feet. Each sleeping room or cell contains the following:

- Commode and washbasin with hot and cold running water.
- Light appropriate for reading during regular waking hours.
- Temperature consistent with comfort levels for summer and winter weather.
- Bed above floor level.
- Multiple occupancy does not exceed 20% of the facility's rated bed capacity.
- Multiple occupancy shall not exceed two juveniles per sleeping room or sleeping area whenever possible. Male and Female juvenile's never occupy the same sleeping room or cell.

The physical plant is designed to facilitate personal contact, communication, and interaction between staff and children, whereby children may be supervised by staff in all areas being consistent with safety and security standards of the facility. The facility is designed and constructed to allow children to be grouped in living and activity areas in accordance with a classification plan. The facility is designed so that sleeping rooms, activity areas, and staff officers are in close proximity to each other, thus allowing audiovisual coverage which will permit adequate security, control, custody, and supervisory functions. Staff are stationed in each pod, so that they are readily accessible to juveniles at all times. This prevents isolation of staff, which will enhance staff effectiveness by encouraging quality interpersonal relationships through proven direct supervision techniques.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-06</b>	<b>Effective Date: 7/15/16</b>
<b>Dayrooms</b>	<b>ACA: 3-JDF-2C-04</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** Day rooms with sufficient space shall be provided for the use of multipurpose programming activities. Day rooms shall provide sufficient seating and writing surfaces for the maximum number of juveniles expected to use the day room at one time.

**Procedures:** All Day rooms provide no less than 35 square feet of unencumbered floor space per juvenile for the maximum number of juveniles expected to use the day room at one time. All Day rooms provide sufficient seating and writing furnishings for each juvenile using the day room at one time. Furnishings are consistent with the level of detention required of the assigned juveniles. Furnishings are provided with consideration given to the range of activities that will occur in the dayroom. All furnishings are constructed and designed to prevent harm to youth and others as well as to resist vandalism and facilitate ease of maintenance. All furnishings provide resistance to wear and moisture and are fire and flame resistive.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-06</b>	<b>Effective Date: 7/15/16</b>
<b>Dormitory Toilets</b>	<b>ACA: 3-JDF-2C-06</b> <b>STATUTE: 42 U.S.C. §§ 12101-12213</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** Toilets are provided at a minimum ratio of one for every 12 juveniles in male facilities and one for every eight juveniles in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with five or more juveniles have a minimum of two toilets. A toilet per unit shall be in compliance with the American with Disabilities Act of 1990, and shall be accessible within 20 feet of the day room, classroom or other common area. Lavatories shall be screened for privacy and one lavatory shall be staff dedicated.

**Procedures:** Toilets are provided at a minimum ratio of one toilet for every eight juveniles of either gender. Urinals are not substituted for a toilet for any of our juveniles. Our toilets are constructed of 16-gauge stainless steel. Toilets are graded to withstand 5,000 pounds pressure. Construction and installation meets the American institute of Architecture detention standards and requirements.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-07</b>	<b>Effective Date: 7/15/16</b>
<b>Water Basins</b>	<b>ACA: 3-JDF--2C-07, 08 STATUTE: 42 U.S.C. §§ 12101-12213</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** There shall be at least one basin designed to meet the standards of the Americans with Disabilities Act of 1990. Juveniles have access to operable wash basins with hot and cold running water in the housing units at a minimum ration of one basin for every 12 occupants. The water temperature shall range from 100°F to 120°F.

**Procedures:** The minimum ratio is one basin for every twelve juveniles. The basins are constructed of stainless steel, which is not readily capable of breakage or conversion to use as a weapon or suicide instrument. An external shut-off valve is readily accessible to all security personnel.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-08</b>	<b>Effective Date: 7/15/16</b>
<b>Showers</b>	<b>ACA: 3-JDF-2C-08</b> <b>STATUTE: 42 U.S.C. §§ 12101-12213</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** There shall be at least one shower unit designed to meet the standards of the Americans with Disabilities Act of 1990. The shower fixtures shall be designed to prevent removal or breakage and be suicide and tamper resistant. Juveniles have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight juveniles. Water for showers is thermostatically controlled to temperatures ranging from 100 to 120 degrees Fahrenheit to ensure the safety of juveniles and to promote hygienic practices.

**Procedures:** Juveniles have access to showers at a minimum ratio of one shower fixture for every six juveniles. Water for showers are controlled to temperatures ranging between 100 – 120 degrees Fahrenheit to ensure the safety of the juveniles and to promote the best hygienic practices possible. A weekly check of temperatures is done and recorded by supervisory personnel. An external shut-off valve is readily accessible to all security personnel.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-09</b>	<b>Effective Date: 7/15/16</b>
<b>Visitation Area</b>	<b>ACA: 3-JDF-2E-03 RULE: 23(B)(6), Juvenile Court Rules of Procedure</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** EARJDF shall ensure that the detention facility provides designated confidential visiting space for all privileged visits. EARJDF shall provide designated visiting space for juveniles and their approved visitors which may include but not be limited to: parent, guardian, custodian or other family members.

**Procedures:** The facility has two non-contact visitation rooms for parents, guardians and other approved visitors. There is also one contact visitation room for detainees to meet with their lawyer or other approved persons. There is a comfortable waiting room adjacent to the front lobby for visitors to wait while the detainee is being brought forward for a visit. Visitations are by appointment only and are limited to 30 minutes. There is one visitation period each weekday evening and two periods each day on weekends and certain holidays.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-10</b>	<b>Effective Date: 7/15/16</b>
<b>Classrooms</b>	<b>ACA: 3-JDF-2E-05</b> <b>STATUTE: A.R.S.§ 15-913</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** EARJDF shall ensure that the detention facility provides adequate classroom space in accordance with local or state educational statutes or requirements, should they exist.

**Procedures:** The facility has two large classrooms and a teacher's office. Detainees attend formal schooling 4 hours each weekday. The classrooms each have two large skylights, which offer abundant natural lighting, and the skylights can be electronically closed to provide a darkened environment for showing educational videos. Each classroom is equipped with a Learn Lab consisting six state-of-the-art student computer systems. The classrooms are designed to hold twelve students each, in conjunction with Pod size, to facilitate individualized teaching. The classrooms are located separately from the pod areas and have a separate entrance to an outdoor recreation area.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-11</b>	<b>Effective Date: 7/15/16</b>
<b>Dining</b>	<b>ACA: 3-JDF-2E-06</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** EARJDF shall ensure that the detention facility provides at least 15 square feet of floor space per person using the dining area; space is provided for group dining except where security or safety considerations justify otherwise.

**Procedures:** There are three tables in each pod the juveniles eat all meals at these tables and they provide at least 15 feet of floor space per person using the dining area.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-12</b>	<b>Effective Date: 7/15/16</b>
<b>Housekeeping</b>	<b>ACA: 3-JDF-2E-10</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** The director of juvenile court services shall ensure that written policies and procedures outlining facility sanitation and daily housekeeping are in place and available to all staff. Locked and secured janitorial closets, equipped with a sink, ventilation, and sufficient space to store cleaning supplies for the adjacent area, shall be provided as necessary throughout the facility. Juveniles shall be directly supervised by staff when accessing janitorial closets or cabinets.

**Procedures:** Cleaning is completed daily on each shift. The pod officer provides cleaning supplies and supervises the juveniles until cleaning is completed. Juveniles are reprimanded when housekeeping is unsatisfactory. Pod officers inspect their assigned housing areas on a continual basis to ensure that juvenile living areas are also kept clean and orderly. All juveniles are not allowed to enter the closets to get cleaning supplies. The Officer opens the closet gets the cleaning supplies and closes the closet after themselves.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-13	Effective Date: 7/15/16
American with Disabilities Act	ACA: 3-JDF-2C-09, 2F-02 STATUTE: Rehabilitation Act of 1973-Section 504; 42 U.S.C. §§ 12101-12213	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** EARJDF shall be cognizant of the major provisions of the Americans with Disabilities Act of 1990 and program accordingly. The juvenile court director shall ensure Juvenile detention facilities shall provide access to all handicapped clients, visitors and staff, except as provided by law. In the event that physical facilities do not allow handicapped reasonable accommodations, these physical barriers shall not prevent service delivery.

**Procedures:**

**Handicap Accessibility:** All parts of the facility that are accessible to the public are accessible to and usable by handicapped staff and visitors. The detention facility shall not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure non-discriminatory treatment

**Handicap Housing:** All housing areas have one cell designated as a handicap cell that provides for the juveniles safety and security and are designed for this purpose and provide easy integration with the general population. Juveniles with disabilities are allowed equal access to services, programs or activities unless it is necessary for the provisions of the service, program and/or activity.

<b>EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY</b>		
<b>Section-04 Physical Plant</b>	<b>Policy # 04-14</b>	<b>Effective Date: 7/15/16</b>
<b>Mechanical Equipment</b>	<b>ACA: 3-JDF-2E-13</b>	
<b>Approved By: Charles Gatwood – Administrator // Signature on File</b>		

**Policy:** EARJDF shall ensure adequate space shall be provided for an alternate source of emergency power, (generator) capable of operating lighting, ventilation, communication systems, electronic door locks, and other control room functions in the event that regular electrical service is interrupted. If located indoors, ventilation shall be provided. If located outdoors, access to the generator must be restricted by a fence or other architectural feature. EARJDF shall ensure periodic checks are conducted on all mechanical equipment.

**Procedures:** Preventative Maintenance Log - Back-up Generator,- Preventative maintenance information, such as the equipment model, serial number, operating hours, maintenance items, problems and recommendations as well as information regarding inspections and system tests shall be documented and maintained by the County Highway Department.

**Note: Facility Generator Specifications:**

**Type & Model: Industrial, 200KW, Serial Number: 1990988786, Tank Size: 220 Gallon**  
**As per Rocky Mountain Cummings Diesel the facility can operate on emergency power as follows:**  
**On ¼ Power Load = 39 Hrs. / On ½ Power Load = 22 Hrs. / On ¾ Power Load = 16 Hrs.**  
**On 100% Power Load = 13 Hrs.**

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-15	Effective Date: 7/15/16
Control Center	ACA: 3-JDF-2G-01	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** Doors to the central control center shall remain locked and secured at all times, and no unauthorized persons shall be permitted inside. At least one detention officer shall staff the Control Room at all times. Staff shall have access to a wash basin and toilet. The central control center shall contain sufficient space for monitoring and coordination of all internal and external security systems, communication systems, safety alarms and detection systems, and other mechanical and electrical systems. The control centers shall be located in areas that allow constant visual supervision.

**Procedures:** There will always be a minimum of two doors locked between the juveniles and outside. The main door for public entrance shall remain locked at all times but shall be closely monitored by Control to allow access by authorized visitors, vendors and maintenance personnel. The central control room on a 24-hour basis monitors the perimeters of the facility. Any and all intrusions within the perimeter are reported immediately to the shift supervisor. No admittance is permitted into the detention facility via the side sally port unless the person requesting admittance is a probation officer, a detention facility staff, or law enforcement.

**All doors from the staging area will remain closed and locked at all times.**

When a detainee is to have a contact visit with an attorney, clergy or a probation officer, the person visiting the detainee is to be admitted to the contact visitation room first.

- After the doors are secured, the detainee will be removed first from the contact visiting room and secured in a locked room before the visitor is released from the building.
- The door leading to the offices and locker room shall remain closed and locked at all times.
- The doors to the visitation rooms will remain closed and locked on the security side at all times.
- The outside door to "A" pod exercise yard & "D" pod exercise yard shall remain secured at all times.
- All doors to the sally ports will remain secured when not in use.
- The inner access doors between "A" and "B" pod, and between "C" and "D" pod shall remain secure when not in use.
- The doors to the exercise yards (from inside each pod) shall remain secure when not in use.
- The doors to the D pod exercise yard from the classroom hallway shall remain secure at all times.
- The doors to the control room shall remain closed and locked at all times.
- The staff entrance door shall remain secure when not in use.
- The outside Walk-thru and vehicle gates to the West sally port shall remain secure when not in use.

EASTERN ARIZONA REGIONAL JUVENILE DETENTION FACILITY		
Section-04 Physical Plant	Policy # 04-16	Effective Date: 7/15/16
FACILITY SECURITY	ACA: 3-JDF-2G-02	
Approved By: Charles Gatwood – Administrator // Signature on File		

**Policy:** All means of entry to, and exit from, the detention facility shall be under the exclusive control of detention staff. Construction of the facility shall include external doors, windows or gates which prevent unauthorized entrance to, or exit from, the facility. The main admissions entrance, used to admit juveniles to the facility shall be designed and constructed as a secure sally port.

**Procedures:** All means of entry to, and exit from, the detention facility shall be under the exclusive control of detention staff. Restrictive construction and procedures shall create an environment that instills a sense of safety and security of the juveniles and staff. Construction of the facility includes external doors, windows or gates which prevent unauthorized persons entrance to, or exit from the facility. The main admissions entrance, used by law enforcement to admit juveniles to the facility is designed as secure, sally port construction. There will always be a minimum of two doors locked between the juveniles and outside. The main door for public entrance shall remain locked at all times but shall be closely monitored by Control to allow access by authorized visitors, vendors and maintenance personnel. The central control room on a 24-hour basis monitors the perimeters of the facility. Any and all intrusions within the perimeter are reported immediately to the shift supervisor. No admittance is permitted into the detention facility via the side sally port unless the person requesting admittance is a probation officer, a detention facility staff, or law enforcement.

**All doors from the staging area will remain closed and locked at all times.**

- When a detainee is to have a contact visit with an attorney, clergy or a probation officer, the person visiting the detainee is to be admitted to the contact visitation room first.
- After the doors are secured, the detainee will be removed first from the contact visiting room and secured in a locked room before the visitor is released from the building.
- The door leading to the offices and locker room shall remain closed and locked at all times.
- The doors to the visitation rooms will remain closed and locked on the security side at all times.
- The outside door to "A" pod exercise yard & "D" pod exercise yard shall remain secured at all times.
- All doors to the sally ports will remain secured when not in use.
- The inner access doors between "A" and "B" pod, and between "C" and "D" pod shall remain secure when not in use.
- The doors to the exercise yards (from inside each pod) shall remain secure when not in use.
- The doors to the D pod exercise yard from the classroom hallway shall remain secure at all times.
- The doors to the control room shall remain closed and locked at all times.
- The staff entrance door shall remain secure when not in use.
- The outside Walk-thru and vehicle gates to the West sally port shall remain secure when not in use.

Supervisors of each shift conduct random perimeter checks and document them on the Daily Shift Supervisor's Report. Staff will carry radios at all times and flashlights at night when doing perimeter checks. The following are checked during the perimeter security walkthrough

- Cameras
- Lights
- Walls
- Windows
- Doors
- Fences
- Gates

Equipment found in need of repair is recorded on Maintenance Request forms and forwarded to the maintenance department. Items that are considered to be contraband are confiscated from perimeter grounds. Intruders will be reported to local law enforcement and an Incident Report is completed with items placed in the evidence locker.