

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE INITIAL AUDIT

Group 4 Securicor
Arkansas Juvenile Assessment & Treatment Center
Alexander, Arkansas

November 14-16, 2007

VISITING COMMITTEE MEMBERS

Jeff Rogers, Chairperson
Correctional Consultant
108 Jeannette Avenue
Frankfort, Kentucky 40601
502-320-4769

Mark Anderson
Director of Licensing Accreditation
Tennessee Department of Children's Services
1721 Hitching Post Drive
Knoxville, Tennessee 37931
865-693-4363

Fletcher Morgan
Correctional Consultant
805 New Hampton Way
Merrit Island, Florida 32953
321-453-0900

A. Introduction

The audit of the Arkansas Juvenile Assessment and Treatment Center, Alexander, Arkansas was conducted by the following team: Jeff Rogers, Chairperson; Fletcher Morgan, Member; and Mark Anderson, Member.

B. Facility Demographics

Rated Capacity: 143

Actual Population: 138

Average Daily Population for the last 12 months: 138

Average Length of Stay: Assessment-30-90 days; Long term 9-12 months

Security/Custody Level: minimum to medium

Age Range of Offenders: 10-17*

Gender: Co-ed

Full-Time Staff: 220

10 Administrative, 40.5 Support, 141.5 Program, 28 Security, 18 part-time employees
Other

C. Facility Description

The Arkansas Juvenile Assessment and Treatment Center is located at 1501 Woody Drive in Alexander, Arkansas approximately 15 miles from Little Rock, Arkansas. The location is a semi-rural area of Arkansas with housing developments encroaching on previously undeveloped land surrounding the facility and its 140 plus acres of gently rolling hills and wooded areas. The facility campus consists of 19 buildings spread throughout the campus setting. There are six living units: The Boys Intake Unit; The Girls Intake Unit; Dorm 1; House of Hope; New Dorm; and JUMP Dorm. There is a gymnasium, medical clinic, chapel, kitchen and food preparation area, an administration building containing the facility control center, Education Center, and a building that houses the training and maintenance operations. There is also a building that is used as a warehouse for facility supplies. The JUMP Dorm is set away from the other buildings on the campus. (Jump – Juvenile Upward Mobility Program) The campus is large and golf carts and bicycles are used by some staff members to move around the campus. There are no vehicles other than maintenance vehicles, on-campus transport vans and lawn mowing equipment inside the secure area of the campus. There is ample parking for employees and visitors. The Department of Youth Services maintains an office building inside of the campus, but is a separate entity from the rest of the campus functions. The employees of the DYS are not required to pass through the same security checks as other pedestrians entering the campus. The facility serves youth with a wide variety of dysfunctions. Besides the assessment center process which is short term, there are also longer term treatment units operating within the campus. The length of stay for assessment residents is short term (approximately 30-90 days) however, some residents end up being placed at the facility for long term treatment. The Control Center and other security employees maintain excellent documentation of resident movement both into and out of the campus.

The mission of the G4S Youth Services, LLC, in partnership with its contracting authorities, “seeks to protect the public by reducing juvenile crime and delinquency through the delivery of quality treatment services in a safe and secure environment that teaches youth the values and skills to become law-abiding and responsible citizens.” The G4S philosophy is to always take the high road in any situation involving the treatment of youth. This includes committing funds to obtain the best possible outcome for the youth and worrying about how to pay for it later. The G4S Youth Services took over the operation of the AJATC on January 21, 2007. At that time the facility operations were being investigated by several advocate groups calling for the facility’s closure. The G4S employees are committed to always doing the right thing. Several prominent juvenile justice experts have been utilized to restructure the treatment and education programs as well as the mental and medical health programs at the campus. The G4S is committed to exceeding expectations and not blaming its predecessor. The employees are equipped to handle the responsibility of turning this facility into a successful operation.

D. Pre-Audit Meeting

The team met on November 13, in Bryant, Arkansas, to discuss the information provided by the Association staff and the officials from Arkansas Juvenile Assessment and Treatment Center.

The chairperson divided standards into the following groups:

- Standards #3-JCF-1A-01 to 1G-09 Jeff Rogers (Chairperson)
- Standards #3-JCF-2A-01 to 2G-04 and 4A-01- 4C-50 Fletcher Morgan (Member)
- Standards # 3-JCF-5A-01to 5I-17 Mark Anderson(Member)
- Standards # 3-JCF-3A-01 to 3E-05 Were divided between the team

E. The Audit Process

1. Transportation

The team was escorted to the facility by Lloyd Mixdorf, G4S Consultant.

2. Entrance Interview

The audit team proceeded to the office of Todd Speight, Facility Administrator. The team expressed the appreciation of the Association for the opportunity to be involved with the Arkansas Juvenile Assessment and Treatment Center in the accreditation process.

Mr. Speight escorted the team to the Administration Conference Room where the formal entry meeting was held.

The following persons were in attendance:

Todd Speight	Facility Administrator
Richard Barnett	Assistant Facility Administrator
Norma Wynn	Assistant Facility Administrator
Tony Tanner	Assistant Facility Administrator
Pat Fessel	Assistant Facility Administrator
Mark Benning	Assistant Facility Administrator
Lloyd Mixdorf	G4S Consultant
Darrin Kirkendall	Treatment Director
Phillip Womack	Facility Investigator

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time. The audit chair indicated that a walk through would occur first, followed by a review of mandatory files on the first day. The second day would be the longer of the three days with a visit during the third shift, and the exit would occur on Friday around noon. It was also explained that residents and staff members would be interviewed both formally and informally throughout the process.

3. Facility Tour

The team toured the entire facility from 10:00 a.m. to 1:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Todd Speight	Facility Administrator
Norma Wynn	Assistant Facility Administrator
Tony Tanner	Assistant Facility Administrator
Richard Barnett	Assistant Facility Administrator

Three residents from the resident council also accompanied the auditors and answered questions throughout the walkthrough.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security

The Arkansas Juvenile Assessment and Treatment Center (AJATC) provides direct staff supervision of residents. The parameter is established with a 12 foot

fence with a row of razor ribbon atop the fence. Entry into the facility is through a gated entrance. Parking is immediately in front of the facility. Pedestrian traffic proceeds through a secure fence and to the control center where each pedestrian is searched and scanned for contraband. Any keys carried in are surrendered and a chit is given to the recipient as a receipt. Upon exiting the facility, the chit is returned for the personal keys surrendered. Oncoming staff members are also given assigned keys and radios and a record is made of these exchanges. The key control system in place is well documented and staff members interviewed knew the number of keys in their possession. Tony Tanner is head of security and his staff members are well trained in security procedures. Inventories of restraint equipment used in transportation of residents were accurate and in good repair. The facility also has cameras strategically located throughout the campus. These cameras are used by the facility administrators, and the facility investigator to assist with fact findings during any unusual events that may occur. The best indicator of security is the lack of escapes or attempted escapes. There was one attempt in May 2007. It was not successful. Staff members that had been working at the facility prior to G4S taking over indicated residents had seldom attempted to escape in the past.

Environmental Conditions

The AJATC was built in the 1960's. However, the facility's physical plant was in excellent repair and did not have the appearance of a facility of this age. The dorm and living areas had a very clean appearance and a preventative maintenance plan is in effect. Daily cleaning of the living units and resident rooms is completed by residents. The interactions between staff and residents were respectful. Residents appeared to know what was expected of them and responded to staff member attempts to direct them in a positive way. The noise levels were acceptable throughout the audit period and interviews of residents supported this as did noise level readings taken throughout the facility. Air circulation and lighting levels were also in compliance. There were no offensive odors present during the audit process.

Sanitation

The facility was clean throughout. Health Department Inspections indicate the facility is in compliance with applicable health and sanitation regulations and inspections occur at regular intervals. If deficiencies do occur, they are responded to immediately. A daily cleaning schedule is in effect. The Waste Management Company provides waste disposal for the facility. Lloyd's Pest Control provides pest control services.

Fire Safety

The State Fire Marshall's Office conducts at least an annual inspection of the facility. Mr. Keith McIntyre has conducted the inspection the last three years. The

facility is in compliance with applicable building and fire codes. Emergency drills are conducted on each shift monthly. Documentation of fire safety inspections are maintained on a weekly and monthly basis and conducted by the program safety officer. Fire safety related equipment is maintained per the requirements of the State Fire Marshal and inspection reports of alarms and extinguishers are maintained. Residents interviewed said they knew how to evacuate in the event of an emergency. Evacuation plans were posted throughout the facility and were easy to recognize and read.

Food Service

The ABL Food Service Company is the vendor that provides food service for the AJATC. The audit team sampled one meal during the audit. It was temperature appropriate, tasty, and nutritious. In addition to meals the ABL also provides snacks for the residents. The residents were satisfied with the quality of the food. As with most teenage youth, there is never enough. The residents all appeared healthy. The food preparation area was adequate for the size of the population. Food Inspection reports were satisfactory. Temperatures of various food service equipment and processes are recorded. Inventories of sharps are taken daily and a sign in/out form is utilized. The facility hosts special events throughout the year and an emphasis is always on preparing special food items for everyone's enjoyment. An example was the Family Day 2007 and a special academic recognition day.

Medical Care

The medical department at AJATC is comprised of two contracted physicians, one nurse practitioner, six RN's , three LPN's, and one medical clerk. The Mental Health Department is comprised of one full -time contract psychiatrist, one Clinical (Treatment) Director, two Licensed Master Social Workers, three Licensed Professional Counselors, and two record clerks. The Mental Health Department also has one part-time Licensed Psychologist, one part-time Licensed Clinical Social Worker and one part-time Licensed Professional Counselor. The facility also contracts with Dr. Edward Sherill, for onsite weekly dental services and Rhemona Moore-Frank provides onsite dental hygiene services weekly. The Allcare Pharmacy provides pharmaceutical services to the facility and delivers three times daily. There is a local Walgreen's that is used as a back up in the event of an emergency. There are three medication calls daily. These take place in the clinic and medications are not distributed in the dorms. Medical staff members provide all necessary daily medical care for residents. All other facility staff members are trained in CPR and First Aid. Emergency care is accessed by dialing 911. Upon admission, all residents receive a medical and mental health screening. Medical screenings are completed by nursing staff members, and mental health screenings are done by a licensed therapist. There are six automatic defibrillators located throughout the campus. There are 15 first aid kits located throughout the campus and these are checked at least monthly by medical staff members.

Medical staff members also conduct Chronic Clinics that may include diabetes, hypertension, asthma and/or seizures. Residents identified under one of these categories are seen a minimum of every 90 days, but more often if necessary. During the audit one medication distribution was observed by a member of the team. It went well and there were no problems. Tool, sharps and syringes are logged and counted perpetually. These counts were accurate at the time of the audit. This also includes the dental equipment used by the dentist and hygienist. Residents interviewed indicated they receive proper medical and mental health care. During the audit Dr. Rehtine, Director of Health Services for G4S, was present during the audit and assisted when needed.

One aspect of the medical staff at the AJATC is the large number of youth they see on a daily basis. There are times, when committed youth going elsewhere pass through the facility and receive medical attention. This can create a hectic atmosphere at times, but staff members handle it with ease (or so it seemed). During the audit, it was discovered that there was not an inventory of barbering equipment. The barber cuts hair in the medical clinic. When this was discovered, facility staff members immediately corrected the problem to the satisfaction of the audit team.

Recreation

The recreation program at the AJATC is unique from most. The program is operated by the Boy's and Girls' Club on a contractual basis. It is one of three nationally that has a similar program that is funded through the OJJDP. In addition to the recreation offered in the gymnasium, the program also offers pro-social programming and life skill training. The residents receive the required large muscle activities as well as a broad range of leisure time activities such as board games, card games and television occasionally on weekends.

Religious Programming

Religious programming is voluntary. It is offered two times each week and is non-denominational. Local faith based groups are recruited to provide these services. The Master Schedule list the times and days for this type of programming and is posted in the living units.

Offender Work Programs

There are no residents employed outside the facility. Residents are required to do daily and weekly living chores in their living units and other areas of the facility. Residents may work in the clean up of the kitchen and occasionally with the maintenance staff members.

Academic and Vocational Education

The Education Department is headed by Toni Bone. Her staff consists of six(6) special education teachers, One (1) Title One Reading Teacher, 12 teachers, one (1) guidance counselor, two (2) records specialists, one (1) intake specialist, one (1) administrative assistant and a half-time librarian. While the program is not accredited or licensed by the Arkansas Department of Education, its classes, and credits received by students are recognized by school districts in the state. This has been an issue with G4S and there are attempts being made to resolve this conflict. It is recommended that the ADOE and the Arkansas Department of Youth Services collaborate to resolve this issue. The school system providing education services to the residents at the AJATC should be held in the same status as any other school in the state. The residents interviewed indicated they like school. The small classes and individual attention were cited as important. Residents may work on and obtain their GED while at the facility. Classrooms were of adequate size and design. Computers are used throughout the school. There is also an opportunity to participate in vocational programming.

Social Services

There is a mental health staff comprised of a full-time psychiatrist, Dr. Gary Tharpe, one (1) Licensed Psychologist/Clinical Director, Dr. Darrin Kirkendall, three (3) Licensed Professional Counselors, and two (2) Licensed Master Social Workers. There are three part-time mental health professionals including one (1) Licensed Psychologist, One (1) Licensed Clinical Social Worker, and One (1) Licensed Professional Counselors. Each resident is initially assessed upon arrival and placed in a living unit most suited for his needs. While it is a co-ed population, there are separate dorm/living units for each population. Attempts continue to provide gender specific programming for females. Linda Albright, a nationally recognized Consultant for girls programming, has been working with the facility to implement and maintain these programs. If placed for post-treatment in one of the AJATC units, the youth is assigned a counselor and a treatment team comprised of staff members from all departments of the facility. Upon entry into the program each youth must progress through four behavioral motivation phases/levels. Each level advanced requires more responsibility and compliance with of the program's rules. Also as youth advance, there is an increase in rewards and privileges. Every youth has a treatment plan that addresses the youth's problem areas and goals he must achieve to exit the program successfully. The plan is reviewed every two weeks during treatment team meetings and revised as goals are reached or altered. There has recently been formed a resident council that has representatives from each living unit. Representatives must be considered a peer leader as elected by his peers, and staff members to be on the council. There are three levels of program rules. There are consequences in each level for the rules depending on the infraction. Minor violations are normally handled at the time of the violation. More serious violations may include a formal hearing process and/or criminal charges if warranted. There is also a two level grievance process that assists residents with grievable issues. The less formal system is simply called a "speak out", while the

other level is a formal grievance of rights process. Both processes are monitored. The grievance process is for basic juvenile rights while a “speak out” is for other less serious issues such the of hot dog served wasn’t hot enough.

Visitation

Visitation for residents is limited to those on an approved list generally composed of immediate family members. Exceptions are made on an individual basis. Visitation schedules are posted throughout the dorm and living units. Visitation is encouraged and allows facility staff members to interact and in some cases conduct family counseling sessions.

Library Services

The facility has a part-time librarian (a half position is allocated) who coordinates library services. A wide selection of titles of age appropriate material is available for youth’s reading needs.

Laundry

Clean linens are exchanged weekly. Clean towels and clothing will be washed daily. The facility provides all clothing needs for residents.

F. Examination of Records

Following the facility tour, the team proceeded to the training conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The accreditation files were in excellent order and easy to determine compliance. Highlighting was appropriate. Documentation was of an appropriate amount. The facility has 0 notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had 0 consent decrees, class action lawsuits or adverse judgments.

The Arkansas Juvenile Assessment and Treatment Center has been under scrutiny for a number of years. The main advocacy group in Arkansas is the Disability Rights Center. It has been very critical of how this facility and all juvenile justice operations in Arkansas have been over the past number of years. There have been several name changes of the facility but it is currently called the Arkansas Juvenile Assessment and Treatment Center. In the past it has been called the Alexander Youth Assessment Center among other titles. The facility is responsible for any youth the Arkansas Department of Youth Services deems appropriate. All types of offenders are housed at this campus including sex offenders and offenders with other mental health problems. It also houses your

“normal” juvenile delinquent who is mentally healthy but has criminal issues instead. Many, but not all residents diagnosed with mental health problems that happen to get a delinquent charge as well, end up at the AJATC. The other critical issues cited at the facility in the past included the medical program and the education and special education programs. Having reviewed the reports of the Disability Rights Center, the issues that seem to be the responsibility of the G4S Youth Services in relation to these reports, have been addressed and processes are in place to keep them operating according to what the advocate groups have been asking for. There are still some problems to be addressed in those reports but these are outside the realm of the AJATC management. Specifically, the state Department’s of Education and Mental Health need to work with the Arkansas Department of Juvenile Justice to decide the specific mission of the AJATC and place youth in state programs that best address the needs of the juvenile offender population. These talks have already begun and funds have been allocated for the physical plant at Alexander, but there are still other issues to be resolved to make the AJATC operate at its potential.

Given the length of time that G4S has been in control (January 21, 2001, the facility has done remarkable well to get the operation into compliance with ACA standards and as well as the standards of the regulatory agencies in Arkansas. While the negative reports were concerning issues prior to G4S takeover, the G4S Youth Services have not blamed its predecessor’s and have chosen to embrace its critic’s recommendations to do what is best for the residents at the campus.

Based on the findings of fact during the audit, the team was impressed with the level of commitment from the G4S Youth Services Corporate employees. Its use of nationally recognized experts and the implementation of evidence based practices should be a very positive step in the restructuring the Arkansas Department of Youth Services and the Arkansas Juvenile Assessment and Treatment Center. Positive results are already being seen as G4S continues to implement its evidenced based treatment approach.

2. Significant Incidents/Outcome Measures

The significant incident summary was not completely correct. The auditor is attaching the facility’s own report system documentation for the past three months. There have been a large number of reports of problems but the number of assaults is declining as the staff members form a more cohesive approach to treatment. There are several new types of intervention strategies being implemented at the facility and as the staff members get more experience and training, the numbers should continue to decline. The number of grievances was high, but included in this number is also the number of “speak outs” as well as juvenile right’s issues. G4S staff member Pat Fessel said the more accurate number of true grievances is approximately 15 per month.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Department Visited	Person(s) Contacted
Administration	Todd Speight Mark Benning
Human Resources	Rhonda Tanner
Education	Toni Bone
Treatment	Dr. Darrin Kirkendall
Medical	Vanessa Speight
Investigations	Phillip Womack
Security	Tony Tanner

During the audit, Mr. Kim Lockett, Deputy Director of the Arkansas Department of Youth Services visited with the audit chair during the audit.

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 9:00 a.m. to 3:00 p.m. The majority of staff members are present during this shift. The education schedule dominates most of this shift. Assessment and treatment personnel are present and conducting various assessments and evaluations of residents. Residents after wake up, complete hygiene and housekeeping chores in the living units.

b. Evening Shift

The team was present at the facility during the evening shift from 3:00 p.m. to 7:00 p.m. There is less staff members present during this shift. Teachers and assessment personnel have completed their shifts. During this shift, group and individual counseling occurs, hygiene including showers. The evening meal is eaten in the living unit. Staff members provide direct supervision throughout the shift. Recreation is also done during this shifts as is phone calls, and leisure time activities in the dorms. Special programming such as faith based services may occur during this time.

c. Night Shift

The team was present at the facility during the night shift from 10:00 p.m. to 11:30 p.m. This is a quiet time on campus. Oncoming personnel are briefed of significant events occurring during the day and any other

precautionary information that oncoming staff members may need to know. The facility has ample personnel on during this shift and shift commanders are available for management decisions. Visual checks of residents are made at regular interval. Perimeter and building checks are conducted during this shift and documented.

5. Status of Previously Non-compliant Standards/Plans of Action

This was an initial audit.

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

During the audit 20 residents were interviewed and many others were spoken too during the course of the audit. Residents were very positive about the program. They understood that staff members were there to help them. Every resident interviewed identified at least one staff member they were comfortable talking with about problems in addition to their therapist or case manager. Residents reported feeling safe but residents who had been there before G4S took over, said fights and disruptions in the program were regular occurrences before G4S arrived. Those longer term residents said the program was really working at helping residents as did the residents of recent admission. Residents reported receiving good medical care and food was said to be okay. All residents interviewed said that there was a very positive attitude from the staff members. Like any society, some staff members were more liked than others, but most were viewed as helpful and caring.

2. Staff Interviews

During the audit 30 staff members were interviewed. There was a very positive attitude exhibited by staff members and an open door policy with management staff is observed. Staff members reported receiving training to meet the needs of the job. Particularly noted was the Motivational Interviewing Skill Training that is being introduced into the program as being good for their job performance. The staff members were enthusiastic about their jobs and were excited to know they were getting accredited.

H. Exit Discussion

The exit interview was held at 12:30 p.m. in the training room with Facility Administrator Todd Speight and 20 staff in attendance.

The following persons were also in attendance:

Jean Watkins	ADYS On-site Quality Assurance Monitor
Bob Steel	Ark. Dept. of Youth Services/ Quality Assurance
Kerry Knott	G4S Corporate Office
Lloyd Mixdorf	G4S Corporate Office

Also present via teleconference call was:

Gail Brown	CEO of G4S Youth Services
Chuck Kehoe	G4S Corporate Office

Prior to the exit Mr. Kim Luckett, Deputy Director of the Arkansas Department of Youth Services, visited with the audit chair to discuss the audit. He was unavailable for the exit conference.

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Juvenile Correctional Facilities, Third Edition
Supplement	2006 Standards Supplement
Facility/Program	The Arkansas Juvenile Assessment and Treatment Center
Audit Dates	November 14-16, 2007
Auditor(s)	Jeff Rogers, Chair; Mark Anderson, Member; Fletcher Morgan, Member

	MANDATORY	NON-MANDATORY
Number of Standards in Manual	33	421
Number Not Applicable	1	33
Number Applicable	32	388
Number Non-Compliance	0	3
Number in Compliance	32	385
Percentage (%) of Compliance	100	99%

<p>Number of Standards minus Number of Not Applicable equals Number Applicable</p> <p>Number Applicable minus Number Non-Compliance equals Number Compliance</p> <p>Number Compliance divided by Number Applicable equals Percentage of Compliance</p>
--

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard # 3-JCF-2C-01

LIVING UNITS ARE PRIMARILY DESIGNED FOR SINGLE OCCUPANCY SLEEPING ROOMS; MULTIPLE OCCUPANCY ROOMS DO NOT EXCEED 20 PERCENT OF THE BED CAPACITY OF THE UNIT.

FINDINGS

Multiple occupancy rooms are in excess of 20%

Standard #3-JCF-2C-03

EACH SLEEPING ROOM HAS, AT A MINIMUM, THE FOLLOWING FACILITIES AND CONDITIONS:

- SANITATION FACILITIES, INCLUDING ACCESS TO TOILET FOR USE WITHOUT STAFF ASSISTANCE 24-HOURS A DAY
- A WASHBASIN WITH HOT AND COLD RUNNING WATER
- A BED AND ADEQUATE STORAGE SPACE FOR CLOTHES AND PERSONAL BELONGINGS
- NATURAL LIGHT
- TEMPERATURES THAT ARE APPROPRIATE TO SUMMER AND WINTER COMFORT ZONES
- ACCESS TO SEATING AND WRITING SPACE

FINDINGS

Residents access to bathroom usage requires staff assistance.

Standard #3-JCF-2C-06

JUVENILES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS.

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. THESE RATIOS APPLY UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS

Resident's access to bathroom usage requires staff assistance.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard # 3-JCF-3A-16-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT WHEN A JUVENILE IS PLACED IN A FOUR/FIVE-POINT RESTRAINT (BOTH ARMS AND LEGS SECURED), ADVANCE APPROVAL MUST BE OBTAINED FROM THE WARDEN/SUPERINTENDENT OR DESIGNEE. SUBSEQUENTLY, THE HEALTH AUTHORITY OR DESIGNEE MUST BE NOTIFIED TO ASSESS THE JUVENILE'S MEDICAL AND MENTAL HEALTH CONDITION, AND TO ADVISE WHETHER, ON THE BASIS OF SERIOUS DANGER TO SELF OR OTHERS, THE JUVENILE SHOULD BE PLACED IN A MEDICAL/MENTAL HEALTH UNIT FOR EMERGENCY INVOLUNTARY TREATMENT WITH SEDATION AND/OR OTHER MEDICAL MANAGEMENT, AS APPROPRIATE. IF THE JUVENILE IS NOT TRANSFERRED TO A MEDICAL/MENTAL HEALTH UNIT AND IS RESTRAINED IN A FOUR/FIVE-POINT POSITION, THE FOLLOWING MINIMUM PROCEDURES WILL BE FOLLOWED:

1. DIRECT VISUAL OBSERVATION BY STAFF MUST BE CONTINUOUS PRIOR TO OBTAINING APPROVAL FROM ASSESSMENT BY THE HEALTH AUTHORITY OR DESIGNEE;
2. SUBSEQUENT VISUAL OBSERVATION MUST BE MADE AT LEAST EVERY 15 MINUTES;.
3. RESTRAINT PROCEDURES ARE IN ACCORDANCE WITH GUIDELINES ENDORSED BY THE DESIGNATED HEALTH AUTHORITY.

FINDINGS

The use of four and/or five point restraints are not permitted.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #3-JCF-1A-02

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE PROGRAM MEETS APPLICABLE LICENSING REQUIREMENTS OF THE JURISDICTION IN WHICH IT IS LOCATED.

FINDINGS

There are no licensing requirements for this facility.

Standard #3-JCF-1A-05

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT IF SERVICES FOR ADULT AND JUVENILE OFFENDERS ARE PROVIDED FOR BY THE SAME AGENCY, STATEMENTS OF PHILOSOPHY, POLICY, PROGRAM, AND PROCEDURE DISTINGUISH BETWEEN CRIMINAL CODES AND THE STATUTES THAT ESTABLISH AND GIVE DIRECTION TO PROGRAMS FOR JUVENILES.

FINDINGS

Adult and juvenile services are provided by separate agencies.

Standard #3-JCF-1B-19

JUVENILES' PERSONAL FUNDS HELD BY THE FACILITY ARE CONTROLLED BY ACCEPTED ACCOUNTING PROCEDURES.

FINDINGS

Juveniles do not possess funds while at this facility.

Standard #3-JCF-1B-20

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT JUVENILES CAN DEPOSIT PERSONAL FUNDS IN INTEREST-BEARING ACCOUNTS AND

ACCRUE THE INTEREST EARNED, WHETHER THE INDIVIDUAL'S FUNDS ARE IN A PERSONAL ACCOUNT OR CONSOLIDATED IN A CENTRALIZED ACCOUNT.

FINDINGS

Juveniles do not possess personal funds at this facility.

Standard #3-JCF-1B-21

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ANY FINANCIAL TRANSACTIONS PERMITTED BETWEEN JUVENILES, JUVENILES AND STAFF, OR JUVENILES AND VOLUNTEERS BE APPROVED BY DESIGNATED STAFF.

FINDINGS

Financial transactions involving juveniles are not permitted.

Standard #3-JCF-1C-08

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ALL PERSONNEL COVERED BY MERIT SYSTEMS, CIVIL SERVICE REGULATIONS, OR UNION CONTRACTS ARE SELECTED, RETAINED, AND PROMOTED ON THE BASIS OF MERIT AND SPECIFIED QUALIFICATIONS. NEW EMPLOYEES RECEIVE CREDIT FOR THEIR PRIOR TRAINING.

FINDINGS

G4S Employees are not covered by merit system, union contract or civil service.

Standard #3-JCF-1C-12

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT 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.

FINDINGS

G4S Employees are not covered by merit system, union contract or civil service.

Standard #3-JCF-2B-04

IF THE FACILITY IS ON THE GROUNDS OF ANY OTHER TYPE OF CORRECTIONS FACILITY, IT IS A SEPARATED, SELF-CONTAINED UNIT.

FINDINGS

The facility is not on the grounds of any other facility.

Standard #3-JCF-2B-05

SPECIAL-PURPOSE INSTITUTIONS DO NOT EXCEED RATED CAPACITY.

FINDINGS

This is not a special purpose institution.

Standard #3-JCF-2B-06

WRITTEN POLICY AND PROCEDURE PROVIDE THAT A NEW TRAINING SCHOOL OR SPECIAL-PURPOSE INSTITUTION BE CONSTRUCTED OR AN EXISTING FACILITY BE EXPANDED ONLY AFTER A NEEDS EVALUATION STUDY HAS BEEN COMPLETED BY THE PARENT AGENCY OR OTHER APPROPRIATE AGENCY.

FINDINGS

This is not a new or special purpose institution.

Standard #3-JCF-2B-07

NEW PLANT

THE FACILITY LOCATION IS SELECTED WITH PARTICIPATION FROM THE COMMUNITY IN WHICH IT IS TO BE LOCATED.

FINDINGS

The facility is not new.

Standard #3-JCF-2C-10

SECURITY ROOMS, EXCEPT PADDED SAFETY ROOMS, ARE EQUIPPED WITH PLUMBING AND SECURITY FURNITURE.

FINDINGS

Security rooms are not utilized at this facility.

Standard #3-JCF-3A-27

CHEMICAL AGENTS AND RELATED SECURITY EQUIPMENT ARE INVENTORIED AT LEAST MONTHLY TO DETERMINE THEIR CONDITION AND EXPIRATION DATES.

FINDINGS

Chemical Agents are not utilized at this facility.

Standard #3-JCF-3C-07

DURING ROOM RESTRICTION, STAFF CONTACT IS MADE WITH THE JUVENILE AT LEAST EVERY 15 MINUTES, DEPENDING ON HIS/HER EMOTIONAL STATE. THE JUVENILE ASSISTS IN DETERMINING THE END OF THE RESTRICTION PERIOD.

FINDINGS

Room restriction is not utilized at this facility.

Standard #3-JCF-3C-08

WRITTEN POLICY, PROCEDURE, AND PRACTICE SPECIFY THAT ROOM RESTRICTION FOR MINOR MISBEHAVIOR SERVES ONLY A "COOLING OFF" PURPOSE AND IS SHORT IN DURATION, WITH THE TIME PERIOD—15 TO 60 MINUTES—SPECIFIED AT THE TIME OF ASSIGNMENT.

FINDINGS

Room restriction is not utilized at this facility.

Standard #3-JCF-3C-13

WHEN A JUVENILE HAS BEEN CHARGED WITH A MAJOR RULE VIOLATION REQUIRING CONFINEMENT, THE YOUTH MAY BE CONFINED FOR A PERIOD OF UP TO 24 HOURS FOR THE SAFETY OF THE JUVENILE, OTHER JUVENILES, OR TO ENSURE THE SECURITY OF THE FACILITY. CONFINEMENT FOR PERIODS OF OVER 24 HOURS IS REVIEWED EVERY 24 HOURS BY THE ADMINISTRATOR OR DESIGNEE WHO WAS NOT INVOLVED IN THE INCIDENT.

FINDINGS

This facility does not utilize disciplinary confinement or room restriction.

Standard #3-JCF-3E-02

THE FACILITY ADMINISTRATOR OR SHIFT SUPERVISOR CAN ORDER IMMEDIATE PLACEMENT IN A SPECIAL UNIT WHEN IT IS NECESSARY TO PROTECT THE JUVENILE FROM HIM/HERSELF OR OTHERS. THE ACTION IS REVIEWED WITHIN 72 HOURS BY THE APPROPRIATE AUTHORITY.

FINDINGS

The facility does not utilize special confinement.

Standard #3-JCF-3E-03

THE TRAINING SCHOOL HAS A SANCTIONING SCHEDULE THAT SETS A MAXIMUM OF FIVE DAYS OF CONFINEMENT IN A SECURITY ROOM FOR ANY OFFENSE, UNLESS OTHERWISE PROVIDED BY LAW.

FINDINGS

The facility does not utilize security rooms.

Standard #3-JCF-3E-04

JUVENILES PLACED IN CONFINEMENT ARE CHECKED VISUALLY BY STAFF AT LEAST EVERY 15 MINUTES AND ARE VISITED AT LEAST ONCE EACH DAY BY PERSONNEL FROM ADMINISTRATIVE, CLINICAL, SOCIAL WORK, RELIGIOUS, OR MEDICAL UNITS. A LOG IS KEPT RECORDING WHO AUTHORIZED THE CONFINEMENT, PERSONS VISITING THE JUVENILE, THE PERSON AUTHORIZING RELEASE FROM CONFINEMENT, AND THE TIME OF RELEASE. SUICIDAL JUVENILES ARE UNDER CONTINUOUS/CONTINUING OBSERVATION.

FINDINGS

The facility does not utilize security rooms or special confinements.

Standard #3-JCF-3E-05

WRITTEN POLICY, PROCEDURE, AND PRACTICE SPECIFY THAT JUVENILES PLACED IN CONFINEMENT ARE AFFORDED LIVING CONDITIONS AND PRIVILEGES APPROXIMATING THOSE AVAILABLE TO THE GENERAL JUVENILE POPULATION. EXCEPTIONS ARE JUSTIFIED BY CLEAR AND SUBSTANTIATED EVIDENCE.

FINDINGS

The facility does not utilize security rooms or special confinement.

Standard # 3-JCF-4C-17

WHEN FACILITIES DO NOT HAVE FULL-TIME, QUALIFIED HEALTH-TRAINED PERSONNEL, A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH DELIVERY SERVICES IN THE FACILITY UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR.

FINDINGS

This facility has full-time health trained personnel.

Standard #3-JCF-4C-35

WRITTEN POLICY, PROCEDURE, AND PRACTICE GOVERN THE USE OF RESTRAINTS FOR MEDICAL AND PSYCHIATRIC PURPOSES. AT A MINIMUM, THE POLICY WILL ADDRESS THE FOLLOWING:

- CONDITIONS UNDER WHICH RESTRAINTS MAY BE USED
- TYPES OF RESTRAINTS TO BE APPLIED FOR SPECIFIC CONDITIONS
- IDENTIFICATION OF PERSON OR PERSONS WHO MAY AUTHORIZE THE USE OF RESTRAINTS
- MONITORING PROCEDURES FOR JUVENILES IN RESTRAINTS

FINDINGS

Use of restraints for these purposes are prohibited.

Standard # 3-JCF-5B-09

THERE IS A WRITTEN PLAN FOR TRANSFER OF JUVENILES TO SECURE FACILITIES THAT SPECIFIES THE OBJECTIVES OF THE PLAN, DETAILS THE METHODS FOR ACHIEVING THE OBJECTIVES, AND PROVIDES A MONITORING AND EVALUATION MECHANISM. THE PLAN IS REVIEWED AT LEAST ANNUALLY AND UPDATED IF NECESSARY.

FINDINGS

The facility is not responsible for transfer of youth. This would reside with the Department of Youth Services.

Standard # 3-JCF-5D-03-1

THE JUVENILE WORK PLAN PROVIDES FOR EMPLOYMENT FOR JUVENILES WITH DISABILITIES.

FINDINGS

Residents are not employed within the program.

Standard # 3-JCF-5D-16

JUVENILES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING RATE.

FINDINGS

Residents are not employed in the community.

Standard # 3-JCF-5I-02

TEMPORARY RELEASE PROGRAMS SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF CONDUCT AND SANCTIONS
- A SYSTEM OF SUPERVISION TO MINIMIZE ABUSE OF PROGRAM PRIVILEGES
- A COMPLETE RECORDKEEPING SYSTEM
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDINGS

Temporary release programs are prohibited.

Standard # 3-JCF-5I-03

WRITTEN POLICY, PROCEDURE, AND PRACTICE INCLUDE GRADUATED RELEASE THROUGH A SYSTEMATIC DECREASE IN SUPERVISION AND CORRESPONDING INCREASE IN JUVENILE RESPONSIBILITY AS PART OF THE CLASSIFICATION PROGRAM.

FINDINGS

Graduated release is not utilized at this facility.

Standard #3-JCF-5I-04

WRITTEN POLICY, PROCEDURES, AND PRACTICE SPECIFY THE TYPES OF

BEHAVIOR THAT ARE UNACCEPTABLE DURING TEMPORARY RELEASE AND SANCTIONS THAT MAY BE APPLIED TO JUVENILES WHO EXHIBIT THIS BEHAVIOR.

FINDINGS

Temporary release is not utilized at this facility.

Standard #3-JCF-5I-05

WHERE STATUTES PERMIT, WRITTEN POLICY, PROCEDURE, AND PRACTICE ALLOW FOR JUVENILES' PARTICIPATION IN EMPLOYMENT, RESTITUTION, OR SCHOOL RELEASE PROGRAMS.

FINDINGS

Residents are not allowed to participate in restitution, employment or school release programs.

Standard #3-JCF-5I-07

THE CRITERIA THAT ARE EMPLOYED BY THE RELEASING AUTHORITY IN MAKING DECISIONS ARE AVAILABLE IN WRITTEN FORM AND ARE SPECIFIC ENOUGH TO PERMIT CONSISTENT APPLICATION TO INDIVIDUAL CASES.

FINDINGS

The facility is not responsible for release.

Standard #3-JCF-5I-14

THE RELEASING AUTHORITY DOES NOT ACCEPT THE PRESENCE OF A DETAINEE AS AN AUTOMATIC BAR TO RELEASE. THE AUTHORITY PURSUES THE BASIS OF ANY SUCH DETAINEE AND RELEASES THE JUVENILE TO DETAINEES WHEN APPROPRIATE.

FINDINGS

The facility is not the release authority.

Standard #3-JCF-5I-15

THE AGENCY RESPONSIBLE FOR THE COMMUNITY SUPERVISION OF THE JUVENILE IS AUTHORIZED TO PETITION THE PLACING/RELEASING AUTHORITY IF IT APPEARS THAT THE JUVENILE HAS WILLFULLY FAILED

TO COMPLY WITH ANY PART OF THE DISPOSITION OR RELEASE ORDER. A COPY OF THIS PETITION IS PROVIDED TO THE JUVENILE, HIS/HER ATTORNEY, PARENT, AND/OR GUARDIAN.

FINDINGS

The facility is not responsible for release or community supervision.