

# **Detention Policy Book**

Updated 05/23/13

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# Detention Program Statement

## Section 100 – Policy 1.1- Page 1 of 2

### Introduction/Mission-Vision Statement/Detention Purpose

#### **INTRODUCTION:**

This policy manual has been developed for your guidance and to help you provide leadership and consistency to the youth whom you supervise. We urge you to thoroughly acquaint yourself with this policy manual and refer to it when necessary. You are also encouraged to critically review this manual in an attempt to help us improve policies and procedures when necessary. We invite your suggestions for such improvements. We must, of course, strictly adhere to the policies and procedures as stated in this manual until suggested changes are officially adopted.

The Detention Center is a department within the Family Division of Circuit Court. Employees are subject to all policies and regulations found in this manual. Employees are also subject to all policies of Saginaw County. Please acquaint yourself thoroughly with these regulations. If you have questions, please ask a supervisor or an Administrator.

#### **(Revised 05/11)**

The Saginaw County Juvenile Detention Center is committed to the highest level of professionalism and therefore adheres to a core set of values and guiding principles. These values and principles, along with our mission and vision are articulated here:

#### **OUR MISSION:**

To provide a safe, supportive and structured environment that promotes positive changes in the life of each resident.

#### **Our VISION:**

To be innovative in providing exceptional services that enable residents to become more productive members of their community.

#### **CORE VALUES:**

We believe that safety is achieved through a secure environment built upon rapport, patience and understanding. We believe that trust, honesty and integrity are essential in developing positive growth and healthy relationships.

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Introduction/Mission-Vision Statement/Detention Purpose

We believe professionalism must be reflected in our attitudes, actions and appearance.

We believe that our staff is the foundation of successful programming.

We believe that teamwork is necessary in accomplishing our mission.

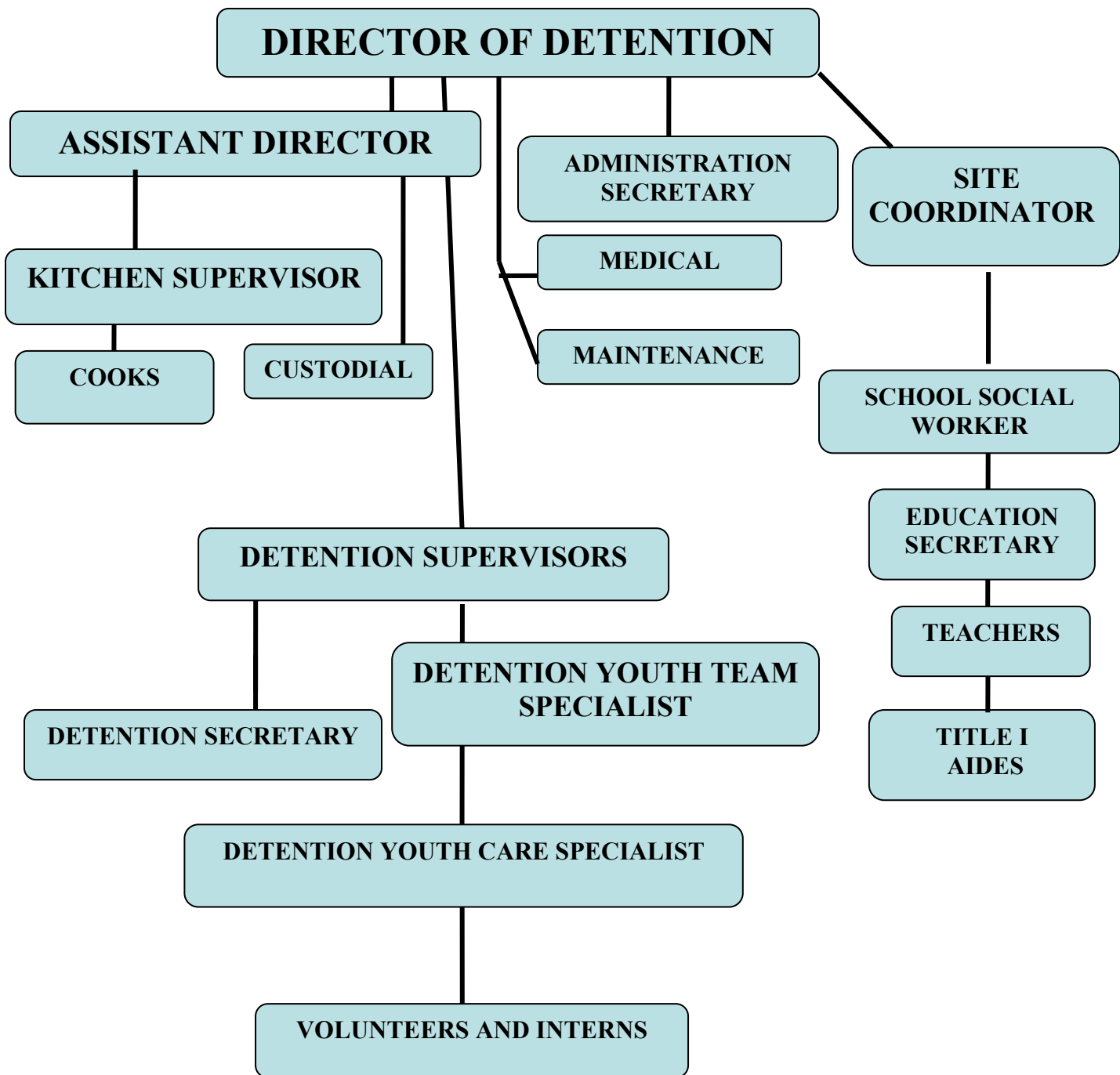
**OUR GUIDING PRINCIPLES:**

1. We will respect and protect the rights, dignity and diversity of all people.
2. We will model and teach positive behavior before we expect it.
3. We will recognize the importance of family involvement in creating positive change.
4. We will uphold fair and consistent expectations of residents and hold them accountable for their actions.
5. We will protect public safety by providing a program that is safe for resident, staff and the community.

**DETENTION PURPOSE:**

The detention facility is established to provide short-term care and secure custody to juveniles who are accused of a crime or have been adjudicated through proper court proceedings. The detention facility is responsible to:

1. Provide for the juvenile's basic needs, such as shelter, food, clothing and medical care.
2. Prevent the abridgement of the juvenile's legal rights during his or her detainment at the facility.
3. Provide for physical, emotional, psychological, religious, educational and social needs of the juvenile during detainment.
4. House the juvenile in a safe, humane environment, maintaining the level of security necessary to prevent escape and assure that the juvenile lives free of fear of assault or intimidation by staff or other juveniles.



NOTE: In the absence of the Detention Administration: Detention Director, Assistant Director; Detention Supervisors assume all responsibility and authority. Employees accepting shifts outside of their classification also accept and are responsible for all duties related to the shift. A Detention Youth Care Specialist accepting a supervisor's shift also accepts the responsibilities of that position.

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Detention Program and Services

**DETENTION PROGRAM AND SERVICES: (REVISED 01/06)**

The detention center provides the following services to detained youth:

- **Nutritional and Food Service Program** – The detention center participates in the federally assisted National School Lunch and School Breakfast Program.
- **Religious Services** – The juvenile center provides non-denominational religious programming services on site. Religious programming is provided by Youth for Christ (YFC) and Forgotten Youth Ministries (FYM). All religious programming is strictly voluntarily for residents.
- **Educational Programming** – The juvenile center provides appropriate educational programming in compliance with all State and Licensing Regulations. The program is operated by the Saginaw ISD (Intermediate School District).
- **Recreational Programming** – The juvenile center provides daily recreational activities including physical education class and team sporting events. Weather permitting, residents are provided the opportunity to participate in outdoor activities.
- **Health Services** – The detention center provides a nursing professional to respond to routine medical concerns including dental services and make the necessary referrals to the physician contracted to provide services to the center. Health services for residents are provided by Secure Care – a professional health care provider.
- **Psychiatric/Psychological Services** – The detention center contracts for mental health services with a limited license psychologist and also works closely with CMH (Community Mental Health).



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Detention Contact Numbers

**DETENTION CONTACT NUMBERS (11/23)**

When contacting the Juvenile Detention Center, dial (989) 799-2821. Extension 4210 dials into the Supervisor's office.

In the event of phone failure, the Detention Center has a cell phone for emergency purposes. The phone number is (989) 702-3491.

# Personnel Management and Regulations

## Section 200 – Policy 2.1 - Page 1 of 2

### Dress Code and Appearance

#### **INTRODUCTION:**

As a detention staff member, you are a representative of the Juvenile Detention Center and Saginaw County. Whether you are on or off duty, you are expected to conduct yourself in such a manner as not to reflect any discredit to the Juvenile Detention Center or Saginaw County.

#### **APPEARANCE:**

Staff must present a professional appearance at all times. Your personal appearance and attitude will create the impression perceived by the residents and the public.

1. The Detention facility provides staff shirts to staff to provide a more unified appearance. Staff shirts must be worn by all staff, tucked in and in clean, presentable appearance. Staff shirts **will not** be worn while engaging in off-duty activities or employment not related to the Juvenile Center.
2. Staff are required to wear dress khaki, blue, black or other Docker type pants. Denim blue jeans that are in good condition will also be acceptable. Pants must be properly fitting; not excessively baggy, worn, frayed, torn, ripped or faded. Pants shall not have logos other than the manufacturer's logo.
3. Casual shoes that provide good traction or non-marking athletic shoes must be worn. Sandals or other open toe shoes are not permitted.
4. Support Staff will wear dress clothes Monday through Thursday. Dress clothes include dress slacks, dress shirts, etc. Support staff may also wear their staff shirts. Fridays have been designated as "casual day" and during this time support staff may wear blue jeans or jeans of other colors. All pants must be properly fitting and in good condition.
5. Supervisors are required to wear their staff shirts and dress pants. Saturdays have been designated as "casual day" for supervisors. On Saturdays, supervisors are permitted to wear blue jeans or jeans of other colors. All pants must be properly fitting and in good condition.

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Dress Code and Appearance

**SOME ADDITIONAL GUIDELINES REGARDING APPEARANCE: (REVISED 05/09)**

- Staff are advised not to wear jewelry, such as necklaces, bracelets, earrings etc. as such items will not be replaced if they are lost or broken.
- Staff should not wear clothing with slogans or pictures, torn clothing, or excessively revealing or baggy clothing.
- Athletic-wear such as sweatpants or athletic shorts are not permitted.
- Presentable shorts (and Capri's) are permissible between May 1<sup>st</sup> – September 30<sup>th</sup>. Shorts are to be in good condition; no sweat Pant or jean material is permitted. Cargo shorts that are in good condition and not excessively baggy are permitted.
- A watch is permissible to assist in maintaining work schedules and visual checks.
- Hats are not permitted inside the facility.

# Personnel Management and Regulations

## Section 200 – Policy 2.2 - Page 1 of 2

### Code of Ethics

#### **EMPLOYEE CODE OF ETHICS:**

The nature of our work requires the highest standards of personal conduct both on and off the job. As a detention staff member, you are a representative of your employer. You are expected to conduct yourself in a manner not to reflect any discredit to your employer. These work rules are designed to ensure the highest degree of professionalism among detention staff. A violation of any policy or regulation established by the detention center, or Saginaw County may subject an employee to discipline up to and including discharge. The detention center policy manual is available throughout the facility.

#### **PROFESSIONAL CONDUCT/PRACTICES: (REVISED 03/11)**

1. Staff members will respect and protect the civil and legal rights of all residents.
2. Staff members will serve each resident with appropriate concern for the resident's welfare and with no purpose of personal gain.
3. Relationships with colleagues will be of such character so as to promote mutual respect within the profession and improvement of its quality and service.
4. Statements critical of colleagues will be made only if they are verifiable and constructive in purpose.
5. Staff members will respect the importance of all elements of the criminal justice system and display professional cooperation with every segment.
6. No staff member will use his/her official position to secure special privileges or advantages.
7. Staff will maintain the integrity of private information, they will neither seek personal data beyond that needed to perform their responsibilities nor reveal case information to anyone not having proper professional use for such.
8. No staff member, while acting in an official capacity, will allow personal interest to impair objectivity in the performance of duty.
9. No staff member will use his/her official position to promote any partisan political purposes.
10. No staff member will speak to the media or in any other public venue without first receiving authority to do so from the Director. In the event that a staff member is permitted to speak publicly, he/she will clearly distinguish between personal views or positions, and those that are statements or the position of the detention center.

# Personnel Management and Regulations

## Section 200 – Policy 2.2 - Page 2 of 2

### Code of Ethics

11. Each employee will report, without reservation, any corrupt or unethical behavior which could affect either a resident or the integrity of the organization.
12. Staff members will not discriminate against any resident, employee or any individual on the basis of race, gender, sexual orientation, age, religion, creed or national origin.
- 13 All staff will conduct themselves with the highest degree of professionalism and will maintain professional boundaries with residents, their families, and any other visitors of the detention center.
14. Staff members will demonstrate truthfulness, honesty and fairness in all professional practices.

**A violation of the Code of Ethics or professional conduct practices is grounds for disciplinary action up to and including discharge.**

#### **OPEN COMMUNICATION:**

For the purpose of securing a healthy working environment and to promote open communication, staff are advised of the following:

Personal or work-related problems must not negatively affect your job performance. If such problems become an issue at work, you may discuss this with your supervisor or an Administrator. Confidentiality will be respected. Employees are expected to cooperate and communicate with each other while working together. If you have difficulty with another individual in terms of a personality conflict, or an individual's work performance, conduct or decisions, you are expected to discuss this with the individual and your supervisor to solve the problem quickly and professionally. Staff may also utilize the **E**mployee **A**ssistance **P**rogram (E.A.P) of Saginaw County for problems or issues that you are experiencing. Please speak to an Administrator if you would like to know more about this program.

# Personnel Management and Regulations

## Section 200- Policy 2.3 - Page 1 of 3

### Work Rules

#### **GENERAL WORK RULES:** (REVISED 03/11)

While unacceptable behavior is an exception to the usual professional performance of detention employees, it is nonetheless necessary that each employee know and understand the consequences of misconduct. While this list is not all inclusive and does not include all possible types of misconduct; it is a general guide for behavior that is deemed unacceptable. Any violation of any of these rules may result in discipline, up to and including discharge – even if it is a first offense.

1. Falsifying time work records for yourself or another employee.
2. Refusal to perform or respond to a clear, concise work directive by your supervisor unless such directive threatens health or safety. (REVISED 11/04)
3. Possession of alcoholic beverages, and/or under the influence of alcohol in the workplace.
4. Sale or possession of and/or under the influence of a controlled substance in the workplace not legally prescribed by a licensed physician. (Legally prescribed medication which may affect work performance must be reported to the supervisor prior to beginning work.)
5. Threatening bodily harm, fighting, or engaging in disorderly conduct.
6. Employees, volunteers, or visitors are prohibited from carrying a weapon and/or concealed weapon (including spray devices) on the job or on the employer's property at any time. Law enforcement officials will secure their weapons in the gun locker before entering the facility.
7. Willful damage to, or destruction of the employer's property, unauthorized use of the employer's property, or removal of the employer's property from the premises; or unauthorized possession of another person's property or belongings.
8. Falsification of **any** employer document including an application for employment or documents concerning benefits and/or privileges.
9. Misconduct on or off the job that has an adverse impact on the employer, its employees, or facilities.
10. No staff member will accept any gift or favor that would imply an obligation that is inconsistent with the free and objective exercise of professional responsibilities.
11. Divulging confidential information acquired on the job.
12. Sleeping while on the job.
13. Carelessness and/or horseplay resulting in injury to person(s) in the workplace or damage to the employer's property.
14. Failure to wear protective clothing or safety equipment.

# Personnel Management and Regulations

## Section 200- Policy 2.3 - Page 2 of 3

### Work Rules

15. Leaving work area without authorization.
16. Offensive conduct and/or offensive language toward person(s) in the workplace including sexual harassment. (Sexual harassment includes, but is not limited to, unwelcomed sexual advances, request for sexual favors and verbal or physical conduct of a sexual nature that creates an offensive employment environment.)
17. Poor work performance, which includes failure to follow detention policy and procedures including improper supervision of detained residents.
18. Excessive absenteeism or tardiness.
19. Treatment of a resident or any other person in the workplace in a physically or verbally abusive, or negligent manner, as well as offensive or demeaning conduct or language directed toward a resident(s) or any other person in the workplace.
20. Falsifying any work, accident report, incident report, visual check report or any and all other reports used for work purposes.
21. Participation in a work slow down or other effort to disrupt normal work activity and operations. This also includes holding back, hindering or limiting work or influencing others to do so.
22. Soliciting business for personal gain during working hours or conducting personal affairs or business during working hours.
23. Employees must notify the Director in writing of any and all outside employment. Outside employment must not compromise your primary responsibilities to the Juvenile Center, as demonstrated by absenteeism, tardiness, or inability to work overtime. Outside employment must not involve a conflict of interest as determined by the Director.
24. Illegal gambling in the workplace.
25. Failure to report an on-the-job injury within 24 hours of the occurrence. If you are injured while on duty, notify your supervisor and complete an accident report. If you need treatment, the supervisor will tell you where to go.
26. Stealing from the employer or other employees.
27. Smoking or carrying incinerary devices (matches, lighters) inside the building is prohibited. All smoking material, including smokeless tobacco, must be kept in the break room. Only one Youth Care Specialist may be outside on a break at a time. Staff must remain close to door #75 during breaks in case of an emergency.
28. Staff are expected to attend staff meetings on days that they are scheduled to work. All staff are encouraged to attend staff meetings, whether working or not.

# Personnel Management and Regulations

## Section 200- Policy 2.3 - Page 3 of 3

### Work Rules

29. Removing or duplicating any and all written material including memos, reports, minutes of meetings, or any other employer generated document is strictly prohibited.
30. All information about residents is confidential. Detention staff members, consultants, contract personnel or volunteers may not release any information to the general public or news media about any resident who is in detention or has been in detention. All inquiries concerning detained residents shall be referred to the facility director. In addition, there shall be no distribution of any information pertaining to the facility, residents, or staff which includes, but is not limited to, Xeroxing, faxing, or any electronic distribution of documents to the public without approval of the facility director.
31. Staff are not authorized to take a resident out of detention without first receiving authorization from the detention supervisor. Residents will only leave for medical emergencies or routine medical appointments as arranged by the nurse **and** the detention supervisor.
32. All calls or requests from the media for statements, interviews, or information about the detention center must be given to the director. The director (or designee) is the only authorized representative to address media questions about the detention center.
33. Failure to report to work for three (3) consecutive workdays without notification to the supervisor will be considered a voluntary resignation, unless substantial evidence is submitted giving good cause why contact with the employer could not be made.
34. Cell phones and other smart device use (i.e. earbuds, smartwatches) is prohibited in the Detention facility unless an employee is on an approved break. Cell phones and other smart devices must be kept in the staff lounge. Employees are also expected to be familiar with and adhere to the County policy regarding cell phone use in a motor vehicle. (Revised 10/25)
35. Staff must be of good moral character, emotionally stable, and of sufficient health, ability, experience, and education to perform the duties assigned.
36. Staff must report any criminal conviction, including misdemeanors, to the Detention Administration immediately.
37. Staff must maintain an operable phone and keep the detention center provided with a current phone number where they can be reached.
38. Upon a staff member having knowledge that he/she may have a professional conflict of interest (relative is a resident in the detention center, staff is personally connected with a resident, or a member of a resident's family, etc.), staff will immediately notify their supervisor and the Detention Administration. The employee will not have direct or indirect contact with the person without authorization of the facility Administration.



# Personnel Management and Regulations

## Section 200 – Policy 2.4 - Page 1 of 1

### Miscellaneous Work Rules

#### **STAFF BREAKS:**

Youth care specialists will receive a break with the approval of the Detention Supervisor. Breaks are limited to twenty (20) minutes each. Staff must receive permission from the supervisor prior to starting a break and must notify the supervisor when the break is completed. Breaks may be interrupted due to emergencies!

#### **MEALS:**

An employee who is supervising residents has the choice of eating the meal provided by the detention center or providing their own meal. Staff who wish to bring their own meals are advised that the meal must be eaten during their scheduled break with no guarantee that it will not be interrupted. The employees' meal is to be eaten in the staff room only.

#### **TELEPHONES:**

Personal cell phones must be kept in the break room. No cell phones are allowed to be used in or around the building unless the employee is on an approved break.

Our telephones are business phones and must be available for business use. It is asked that:

1. Personal calls are kept to a minimum in both frequency and duration.
2. Long-distance calls cannot be made unless charges are reversed.

# Personnel Management and Regulations

## Section 200 – Policy 2.5 - Page 1 of 4

### Employment Standards

#### **JOB OPENINGS AND STAFF PROMOTION:**

Staff selection and promotion is based on experience, education, and the ability to perform the duties required by the position. Past performance and experience will also be considered. No restrictions will be placed into effect which would restrict selection or promotion of qualified staff from outside the facility.

#### **PHYSICAL EXAMINATIONS:**

Each employee is required to have a physical examination prior to hire. The facility Administration will receive pass/fail results of the physical only. All information is strictly confidential.

#### **RECORDS CHECKS: (Revised 12/09)**

Because of the sensitive nature of employment at the Saginaw County Juvenile Detention Center, all prospective staff must submit to a background investigation prior to hire. The background investigation includes an evaluation of a criminal history, driving record, protective service record check, and employment history. Prospective employees must have a valid driver's license and a satisfactory driving record. A criminal record shall not necessarily disqualify a prospective employee but will be evaluated according to the seriousness of the offense and its relation to, and probable effect on job performance. An employee's criminal history and driving records may be checked on an annual basis subsequent to hire. Protective service checks may also be made on an annual basis.

#### **INITIAL EMPLOYEE TRAINING:**

New employees of the detention center will receive 80 hours of on-the-job training. Included in this training is a component on fire emergency procedures, crisis prevention intervention, suicide prevention, safety and security and general childcare guidelines.

# Personnel Management and Regulations

## Section 200 – Policy 2.5 - Page 2 of 4

### Employment Standards

#### **DRUG TESTING: (Revised 12/09)**

Employees may be subject to random drug testing, pursuant to juvenile detention center policy and collective bargaining agreements.

#### **ACCESS TO PERSONNEL FILE:**

If you wish to review your personnel file, you may do so provided an appointment is made with the Director of Detention.

#### **VEHICLE USE:**

County policy dictates that County employees must meet certain criteria in reference to vehicle use – whether it is a county vehicle or your own personal vehicle.

- You must possess a current and valid Michigan driver's license.
- If your license has been suspended, revoked, restricted in such a manner as to conflict with your job requirements, or if you have acquired five (5) or more points on your license, you must immediately report this information to the Director.
- No incidents of reckless or careless driving within the past three (3) years.
- Failure to comply with this policy may result in discipline, up to and including discharge.

The county has furnished an automobile for use at the Detention Center. Please observe the following: **(Revised 2/09)**

- A. The vehicle will only be used for official work-related matters for the transportation of residents by a childcare staff.
- B. Residents must be secured with handcuffs/belly chains and must be seated in the backseat passenger side.
- C. Permission must be received to use the vehicle; granted by a Detention Supervisor or Administrator.
- D. Use the vehicle to go directly to the work-related matter and return. Do not make any non-work-related side trips or stops.

# Personnel Management and Regulations

## Section 200 – Policy 2.5 - Page 3 of 4

### Employment Standards

There is also a log in the vehicle. Please include the following:

1. Date
2. Starting mileage
3. Destination
4. Ending Mileage
5. Staff Signature

#### **PROVISIONAL APPOINTMENTS:**

The facility administration reserves the right to place employees on specific shifts when their physical limitations require such action, such as light duty work or other concern. Work assignments and hours will be based on the employer's current need. This may result in your reassignment to another work duty and/or alternate work schedule. An employee could also be assigned to light duty work in another County department.

#### **RECORDS/STAFF INFORMATION: (Revised 07/03)**

All inquiries concerning personal information about detention staff must be referred to the Director. Examples of such calls include employment verification, credit checks, employment history, quality of work performance etc. Line staff, including supervisors, are not to discuss or release any information of this nature. Further, only generic letters of reference will be sent out indicating when an employee started work and when an employee ended work and whether or not the employee met the needs and requirements of the position.

#### **EVALUATIONS: (Revised 11/03)**

You will receive a performance evaluation within the first six months of hire, and annually thereafter.

Staff are expected to achieve adequate scores in all areas of the evaluation.

Probationary employees are not considered regular full-time employees until the successful completion of the probationary period.

# Personnel Management and Regulations

## Section 200 – Policy 2.5 - Page 4 of 4

### Employment Standards

- DYCS are evaluated by a Detention Supervisor.
- Support staff (medical, kitchen, janitorial, maintenance, clerical) are evaluated by the Administration.
- Supervisors are also evaluated by the Administration.
- The Assistant Director is evaluated by the Director.

#### **IN-SERVICE TRAINING AND EMPLOYEE DEVELOPMENT:**

The juvenile center provides continuing education seminars and training for all employees. State licensing regulations require at least 24 hours of annual training for each employee. You are expected to attend all training and seminars that you have been scheduled to attend.

When attending training programs; whether off site or at the Juvenile Detention Center, you are expected to:

1. Be on time.
2. Wear your detention staff shirt unless otherwise directed.
3. Represent the Detention Center by being professional and polite to the speaker(s) and other participants.
4. Attend all training sessions in entirety.

# Personnel Management and Regulations

## Section 200 – Policy 2.6 - Page 1 of 4

### Work Schedules and Attendance

#### **REPORTING ON AND OFF DUTY: (Revised 3/10)**

When reporting on duty, inform the detention supervisor and receive a set of keys and a radio from the out-going youth care staff or from the supervisor. Proceed to your work area as directed by the supervisor for shift change information. Staff are expected to be at their assigned post by the beginning of each shift.

At the end of the shift, give your keys to the in-coming youth care staff or the supervisor and receive authorization from the supervisor to leave.

#### **TIMECARD AND CLOCK:**

When arriving to or leaving from work, you must always punch in or out via the time clock. All lates and overtime will be assessed according to the time clock.

#### **WORK SCHEDULES:**

The work schedule is posted in advance in the Supervisor's office. You are expected to work your scheduled shifts. The schedule is usually posted six weeks in advance.

#### **ATTENDANCE (UTO): (REVISED 3/10)**

Staff are expected to maintain acceptable attendance, as your attendance is critical to the safety and security of the detention center. Unscheduled time off (UTO) is when staff call in sick or leave work early. UTO time occurs when an employee gives less than 24 hours notice to the employer.

Full-time employees are limited to 64 hours of UTO in a twelve (12) month period. Part-time, on-call and probationary employees are limited to 40 hours of UTO time in a twelve (12) month period.

Employees who exceed this limit in a one-year period will be subject to disciplinary action.

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Work Schedules and Attendance

**\*\*When an employee utilizes UTO time for two (2) or more consecutive days, only the first day (even if it is a partial day) will be counted toward the UTO limit.**

**UNSCHEDULED TIME OFF (UTO) POLICY:**

**ADDITIONAL CONSEQUENCES:**

- 56 hours - counseling notice.
- Over 65 – 72 hours – Written Reprimand.
- 0 – 8 additional hours – Counseling period + 1 day suspension.
- 0 – 8 additional hours – 3-day suspension.
- 0 – 8 additional hours – Disciplinary action up to and including discharge.

**UTO POLICY FOR PERMENANT PART-TIME STAFF & ON-CALL STAFF:**

- At 40 hours you will receive a counseling notice.
- 41 – 48 hours – Written Reprimand.
- 0 – 8 additional hours – Counseling period + 1 day suspension.
- 0 – 8 additional hours – 3-day suspension.
- 0 –8 additional hours – Disciplinary Action up to and including discharge.

**NOTIFICATION OF ILLNESS:**

You are required to personally (do not have someone else call for you) notify the supervisor on duty that you are ill a minimum of two (2) hours prior to the start of your shift.

**EMERGENCY ABSENCE (LEAVING) WORK:**

In order to ensure proper coverage of the detention center, you are not permitted to leave the facility while on duty except in case of emergency at the instruction of the Supervisor or an Administrator. Supervisors: please advise the Administration in writing of any such instances.

# Personnel Management and Regulations

## Section 200 – Policy 2.6 - Page 3 of 4

### Work Schedules and Attendance

#### **LATE POLICY:** (REVISED 6/22)

Arriving to work late adversely affects the smooth operation of the detention facility. Detention operates on a "late is late" policy; in other words – one minute late is still late. If you are going to be late, you must call within 15 minutes of the start of your shift. Please review the following policy with reference to late employees.

Attendance record will run for a full calendar year (January 1 – December 31<sup>st</sup>).

- A 4<sup>th</sup> late will result in a counseling memo.
- A 5<sup>th</sup> late will result in a letter of reprimand.
- A 7<sup>th</sup> late will result in a one (1) day suspension.
- A 9<sup>th</sup> late will result in a two (2) day suspension.
- 10 lates will result in a five (5) day suspension.
- 11 lates – ten (10) day "suspended" suspension.
- 12 lates - last chance counseling period.
- 13 lates – termination.

#### **LATE SLIPS:**

If you arrive late for work, please fill out a "reason for late" slip and turn it in to the Detention Supervisor prior to proceeding to your work area.

#### **"NO CALL/NO SHOW" - DEFINITION:** (REVISED 3/10)

You will be considered a "no-call/no-show" if:

- A. You have not called or cannot be reached within 15 minutes of the start of your shift. If this occurs, you will be charged a late and will accrue an unexcused absence.
- B. You have called in late, but do not arrive for work within two hours of the start of your shift. If this occurs, you will be charged a late and will accrue an unexcused absence. You will not be permitted to work your shift if you have not arrived for work within two (2) hours.



# Personnel Management and Regulations

## Section 200 – Policy 2.6 - Page 4 of 4

### Work Schedules and Attendance

- C. You have not called and have not arrived for your scheduled shift. If this occurs, you will accrue an unexcused absence.

#### **UNEXCUSED ABSENCE:** (REVISED 03/10)

An unexcused absence occurs:

1. When a staff member does not arrive for work as scheduled and without proper notification.
2. An employee has not contacted detention within 15 minutes of the start of the shift.
3. When a staff member does not arrive for work within two hours of the beginning of his/her shift.
4. An employee does not have enough time in their PTO bank to cover vacation or sick time.

Unexcused absences will subject staff to disciplinary action.

# Personnel Management and Regulations

## Section 200 – Policy 2.7- Page 1 of 3

### Overtime Procedures

**The juvenile center is a 24 hour a day operation and must be appropriately staffed at all times. The following procedures apply to overtime:**

1. No overtime will be given unless it is first authorized by a supervisor or an Administrator.
2. You must fill out an overtime slip for payroll purposes any time you have accrued overtime.

#### **OVERTIME – YOUTH CARE SPECIALISTS: (UPDATED 03/10)**

Overtime will be utilized in the event that mandatory staffing levels cannot be maintained. Staffing level standards will dictate when overtime becomes mandatory.

1. Mandatory overtime will be used only to cover emergency vacancies resulting in staff shortages.
2. The least senior staff person on duty will be required to remain on duty until a replacement staff can be located. If the least senior person has been required to remain on duty due to a mandatory overtime situation within the past 14 days, the next least senior person will be required to remain on duty. Mandatory overtime will only be ordered if voluntary overtime has not been accepted. **\*\*FOR PURPOSES OF THIS POLICY, MANDATORY OVERTIME IS DEFINED AS A FULL SHIFT. \*\***
3. Staff (regardless of seniority) must be eliminated if they have already worked 16 hours straight.
4. Staff who have other full-time employment must also be eliminated if the overtime would result in the employee working 24 hours straight.
5. Staff are not allowed to leave detention once ordered to remain on duty until after a replacement has arrived.

# Personnel Management and Regulations

## Section 200 – Policy 2.7- Page 2 of 3

### Overtime Procedures

#### **SUPERVISOR'S OVERTIME (REVISED 03/10)**

Overtime in the supervisor's office will be offered on a seniority basis.

#### **On-Call Supervisors:**

To assist in covering the supervisor's vacancies, the administration will select and train on call supervisors from the ranks of full-time DYCS. Selection is based on administrative discretion and not seniority.

**DTO/STO Vacancies:** Vacation requests will be approved and filled as staffing levels permit. Overtime will be offered to full-time supervisors first. Only trained on-call supervisors are permitted to fill normally scheduled supervisory vacancies if a full-time supervisor is unwilling to work the shift.

If a shift cannot be filled with either a full-time supervisor, or a trained on-call supervisor, the vacation request will be denied and the supervisor requesting the time off will be expected to work the shift.

**UTO/Emergency Vacancy:** Unscheduled time off (UTO) or emergency absences are to be filled in the following manner:

1. Full-time supervisors are contacted in order of seniority.
2. Trained on-call supervisors are contacted next to fill the vacancy. All efforts should be made to cover the shift with staff who will not work in excess of 16 hours in a 24-hour period.
3. If the shift cannot be filled by utilizing the above method, the on-duty supervisor will remain on duty and attempt to split the shift with the next on-coming supervisor.
4. If this method fails, the supervisor on duty shall utilize the on-call\* supervisor and order mandatory coverage.
5. The on-duty supervisor will never leave their shift vacant and will remain on duty until appropriate coverage can be secured. If there is difficulty filling a vacancy by utilizing mandatory coverage, the supervisor on duty shall contact the Administrator on duty immediately.

# Personnel Management and Regulations

## Section 200 – Policy 2.7- Page 3 of 3

### Overtime Procedures

**\*On-Call Supervisor:** Because of the current 12-hour schedule, on-call status is shared between two supervisors who are on opposite shifts.

First and Second shift supervisors are on call for a two-week period.

Weeks 1 and 2 are covered by two supervisors; Week 3 and 4 are covered by the other two supervisors.

One of the two on-call supervisors is expected to arrive for work within 3 hours of being contacted for mandatory OT.

**A supervisory shift is never to be covered by anyone except trained on-call supervisors unless Administrative Approval has been given.**

#### **STAFF WORKING 24 HOURS STRAIGHT:**

In an extreme emergency, with administrative approval, staff may be authorized to work 24 hours straight. If the supervisor cannot contact the administration, the supervisor has the authority to authorize this. This procedure will only be utilized when all other methods for filling a shift have been exhausted.

# Personnel Management and Regulations

## Section 200 – Policy 2.8 - Page 1 of 1

### Vacation Time

#### **FILLING VACATION (STO/DTO) REQUESTS: (REVISED 03/10)**

**STO** stands for “**scheduled time off**” and is a period of time off 3-10 days in duration. Such requests are submitted in January and the most senior employee receives his or her first choice. As with any time off request, the administration must approve the actual vacation period. That is, the selection is based on seniority, approval is based on the administration’s ability to cover. No more than one individual may be off on a STO request at one time.

**DTO** stands for “**discretionary time off**” and is different from scheduled time off because coverage is not based on seniority. The administration and supervisors will make every effort to cover such requests. However, as is the case with scheduled time off, such requests may or may not be approved depending on available staff coverage. Staff must submit DTO requests at least 48 hours in advance. Attempts to fill DTO requests must first be offered to on-call staff. If the request has been made 7 days in advance, the shift *may* be covered by a full-time staff member, provided no on-call staff are available. Every effort must be made to avoid overtime in filling DTO requests.

**All DTO requests must be approved by a full-time supervisor. DTO requests cannot be approved by an on-call supervisor.**

When filling DTO requests, supervisors must remember to maintain a 50% ratio of full-time to on-call staff, as well as this will help ensure that there is proper coverage of the building by experienced staff.

If the above ratios cannot be maintained due to a vacancy, the supervisor will refer any request for DTO or STO to the Administration.

\*When an employee calls in sick for a shift, the requirement of the 50% ratio of full time to on-call staff is not required as the situation was unanticipated and out of our control. If necessary for the security of the building, however, the supervisor may request that a full-time person from a different shift cover the vacancy to help maintain the ratio.

# Personnel Management and Regulations

## Section 200 – Policy 2.9 - Page 1 of 1

### Stand-by Position

#### **STAND-BY POSITION: (Revised 03/10)**

The stand-by position is utilized to limit the need for mandatory overtime and on an as-needed basis, as determined by the detention supervisor. This position shall be used to provide additional security during special activities or events and may be scheduled on a partial shift basis.

Supervisors are expected to follow the current staffing level procedures before utilizing the stand-by position, unless authorized by the Administration first or in an emergency situation.

Youth Care Staff scheduled in the stand-by position are expected to contact the supervisor two hours in advance of the start of the shift to see if they are needed.

If you are scheduled for a stand-by shift, you may be called in up to 1 hour past the  
start of shift to cover a vacancy.

# Personnel Management and Regulations

## Section 200 – Policy 2.10 - Page 1 of 1

### Switching Shifts

#### **SWITCHING SHIFTS:**

Staff are permitted to switch shifts provided the following criteria is maintained:

1. Staff must have supervisory approval for any and all switches.
2. Switching can only occur between full-time/full-time staff and on-call/on-call staff. On-call staff are not permitted to switch shifts with a full-time employee and vice versa.
3. Switching can only occur in the same 40-hour work week (Sunday – Saturday).
4. Only one switch is allowed per pay period per employee.
5. Switching will not involve overtime.
6. Switched days are considered regularly scheduled workdays.
7. Switching is limited to two staff only.
8. Switching on a holiday must be approved by an Administrator. All other switches must be approved by a full-time supervisor.
9. Both staff must sign the switching contract book and have it signed by a supervisor for approval.
10. Only Supervisors will change the schedule to reflect the switch.

Failure to comply with these guidelines will result in a loss of switching privileges for 30 days – 1<sup>st</sup> offense. Second offense will result in 60-day loss of privilege and a 3<sup>rd</sup> offense will result in an indefinite loss of this privilege.

The administration, as is the case for all policies, reserves the right to alter or discontinue this policy.

Personnel Management and Regulations  
Section 200 – Policy 2.11 - Page 1 of 1  
Non-Union Grievance Procedure

**NON-UNION GRIEVANCE PROCEDURE:**

Non-union staff may file a grievance via the following procedure:

1. Verbal Appeal – This is between the employee and his/her immediate supervisor. The appeal must occur within three (3) days. The employee should have reasonable knowledge that the situation occurred.
2. If a settlement cannot be reached, then the employee will reduce the grievance to writing and issue it to their immediate supervisor. The supervisor has seven (7) days to respond to the employee in writing.
3. If a resolution cannot be attained at step 2, the employee will have five (5) days to issue his/her appeal to the Assistant Director. The Assistant Director will have ten (10) working days to respond to the grievance in writing.
4. If a resolution cannot be reached between the parties in step 3, the employee will have five (5) days to issue the written grievance to the Director. The Director will have 15 working days to respond in writing.
5. Final Step: If an employee feels the grievance was not resolved at step 4, the employee will advise the Director within five (5) days of their desire to appeal to the Chief Judge.

The decision of the Chief Judge will be final and binding without further recourse on the part of the employee.

Timelines may be extended by mutual agreement at any step between the employee and the particular supervisor.



# Personnel Management and Regulations

## Section 200 – Policy 2.12 - Page 1 of 4

### Professional Boundaries

#### **PROFESSIONAL BOUNDARIES** (Revised 03/11)

##### **Policy:**

All employees of the Saginaw County Juvenile Detention Center are required to maintain professional boundaries with anyone who is in contact with staff as a result of their professional duties at the detention center. This policy sets forth guidelines addressing the expectation of the employer in reference to professional boundaries.

##### **A. Rationale & Definition**

The maintenance of professional boundaries is integral to effective care, welfare and treatment of detained youth, and provides the basis for professional relationships. The employee's role is primarily identified as one of support to a resident's achievement of appropriate behavior while detained. A professional relationship implies that the relationship does not extend outside of professional duties and that all planned interactions between staff and residents occur during the hours of work and are authorized by the policies and procedures of the detention center. Professional boundaries are also defined by the clear demarcation of the employee's role as a professional in all interactions with other professionals, the visiting public, and resident's families.

##### **B. Factors Related to Time:**

Personal, non-professional relationships are prohibited while residents or any member of a resident's family are actively involved with the court or the juvenile detention facility. This prohibition extends release until a resident's case is closed by the court and until they attain the age of 18.

##### **C. Examples of Unprofessional Boundaries:**

Prohibited activities and relationships that are indicative of an unprofessional relationship include but are not limited to the following:

- Establishing inappropriate boundaries with residents wherein the boundaries of a staff/resident relationship are blurred (such as developing friendships with residents, keeping secrets with residents, etc.)
- Initiating or engaging in any unauthorized contact with residents or their families following discharge from the facility, including telephone contact, written correspondence, face-to-face contact, contact via messenger, or contact via any social networking media (Facebook, Twitter, etc.)

# Personnel Management and Regulations

## Section 200 – Policy 2.12 - Page 2 of 4

### Professional Boundaries

- Initiating or encouraging personal relationships of any kind with residents or their families.
- Discussing facility business outside the scope of the professional responsibilities associated with any position in detention.
- Discussing staff issues or concerns with residents.
- Disclosing personal information and/or activities with residents or their families.
- Borrowing from or loaning personal property or money to residents.
- Buying and/or giving gifts to a resident that are unauthorized by the detention Administration.
- Receiving gifts from residents or their families.
- Discussing or disclosing staff communication unless under the direction of the Administration.
- Gossiping with residents or making negative comments about other residents, staff members, the facility, or court officials.
- Not serving as an appropriate role model to residents through individual actions (such as cheating in a game, encouraging dishonesty, etc.)
- Encouraging residents to engage in illegal or illicit behaviors.
- Taking resident(s) on any unauthorized outings, including conducting personal business while in the presence of residents.
- Attempting to impose personal values (such as religious views, issues of morality, etc.) on residents.

**This list is not intended to be exhaustive as issues related to professional boundaries are widespread and, at times, require further examination by the Administration to determine if professional boundaries have been breached.**

Personnel Management and Regulations  
Section 200 – Policy 2.12 - Page 3 of 4  
Professional Boundaries

D. **Duty to Report (Revised 03/11)**

- If an employee witnesses another employee behaving in a manner that is contradictory to a professional relationship and/or could be potentially detrimental to a resident, the witnessing employee has a responsibility to report the behavior/relationship to the administration.

**Any** planned post-discharge contact with former residents or their family members must be **approved by the facility Administration** in advance. A request for such contact must be made in writing and with justification for the contact. If written approval is granted by the Administration, each incident of contact must be logged in the "Past Resident Contact Log." Failure to report any interaction will be interpreted as a willful violation of the Professional Boundary Policy.

- All incidental contacts with past residents must be reported within 72 hours of the contact. This includes, but is not limited to written contact, phone or computerized contact of any nature, as well as face-to-face contact. This report must be made in writing on the "Past Resident Contact Log." Failure to report will be interpreted as a willful violation of the Professional Boundary Policy.

E. **Mail Sent to the Facility by former Residents**

- Letters from former residents sent to the facility for staff will be given to staff, however, staff must report the contact in the "Past Resident Contact Log" upon receiving the letter.

If a staff member desires to send or receive additional correspondence from a resident, the staff member must seek permission and receive **written approval** from the Administration. All subsequent correspondence must be logged in the "Past Resident Contact Log."

Personnel Management and Regulations  
Section 200 – Policy 2.12 - Page 4 of 4  
Professional Boundaries

**F. Phone Calls to the Facility from Former Residents**

- Phone calls to the facility from former residents will generally not be forwarded to staff. The person answering any such call must log the contact in the "Past Resident Contact Log."

**G. Disciplinary Procedures**

Violation of this policy will result in discipline up to and including dismissal.

Personnel Management and Regulations  
Section 200 – Policy 2.13 - Page 1 of 3  
Prison Rape Elimination Act (PREA)

**PRISON RAPE ELIMINATION ACT (PREA) (REVISED 05/07)**

**Explanation:**

In 2003 Congress passed the Prison Rape Elimination Act. The act applies not only to prisons but to all correctional facilities, including Juvenile Detention Centers. Hence, the law applies to this facility and to you, as an employee of this facility.

**Definition:**

The law not only applies to the act of criminal sexual conduct, but to a variety of inappropriate behavior between youth or between staff and youth. Specific definitions are as noted:

1. Nonconsensual sexual acts – contact with any person without his or her consent. **Please note: residents are not able to legally consent to any sexual activity – whether between youth or between youth and staff.**

**Sexual Acts are defined as follows:**

- A. Contact between the penis and the vagina, or the penis and the anus including penetration; however slight, or
  - B. Contact between the mouth and the penis, vagina, or anus; or:
  - C. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
2. Abusive sexual contacts: Contact with any person without his or her consent or contact with a person who is unable to consent or refused. This involves intentional touching of the genitalia, anus, groin, breasts, inner thigh, or buttocks – either directly or through the clothing.
  3. Staff sexual misconduct: Any behavior or act of a sexual nature directed toward a resident by an employee, volunteer, official visitor, or an agency representative. Sexual acts include but are not limited to: intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire.
  4. Staff sexual harassment: Repeated verbal statements or comments of a sexual nature made toward a resident by an employee, volunteer, official visitor, or agency representative, including:

# Personnel Management and Regulations

## Section 200 – Policy 2.13 - Page 2 of 3

### Prison Rape Elimination Act (PREA)

- A. Demeaning references to gender or derogatory comments about body or clothing.
- B. Profanity or obscene language or gestures.
- C. Occurrences of indecent exposure, invasion of privacy or voyeurism.

**Note: Any of these would also be in direct violation of our boundaries policy and several staff work rules.**

#### **Zero Tolerance Policy:**

This facility has a **zero tolerance** for any of the above listed behavior or any associated behavior. Residents of this facility cannot legally consent to sexual acts or behavior with other residents or with a staff member.

#### **Procedure for Reporting Allegations:**

All allegations made by a resident in reference to this policy will be considered serious and shall be investigated immediately. Staff are required to report any suspected violation of this policy immediately. The report must be made verbally to a supervisor or an administrator. A written report will also be required. If a complaint is written by a juvenile in the form of a grievance, the grievance procedure shall be followed, and the grievance must be forwarded to a supervisor and/or an administrator immediately. As with all resident grievances, the original grievance must be forwarded to the Assistant Director for review.

#### **Duty to Report**

**Issues of confidentiality do not apply in reference to the Prison Rape Elimination Act. All reported sexual assaults or inappropriate sexual behavior must be documented, reported, and investigated by all staff including medical personnel, mental health counselors, or anyone else working or volunteering within the Juvenile Detention Center.**

**Reports will be made in writing directly to a detention supervisor and/or a detention administrator.**

# Personnel Management and Regulations

## Section 200 – Policy 2.13 - Page 3 of 3

### Prison Rape Elimination Act (PREA)

#### **Consequences for Not Reporting:**

Administrators and staff may face civil and criminal liability for failing to protect youth in their programs. Remember all allegations by a youth in reference to this policy must be reported and taken seriously.

#### **Warning Signs:**

Staff must pay attention and shall report issues that indicate that inappropriate behavior may be occurring between a staff and a resident. Staff should pay attention to other staff spending long periods of time with the same resident, supervising or requesting to supervise a resident in an isolated area of the building, or taking a resident out of the unit late at night. Other warning signs include staff not enforcing the rules or showing favoritism for certain youth, as well as staff flirting or making inappropriate comments to youth. Look for such issues as allowing a resident to make a special phone call, getting special treats or additional treats, or some form of special treatment, all of which involve favoritism. Staff need to report these issues directly to an Administrator or supervisor.

#### **Staff Behavior:**

Staff are expected to act professionally in front of the residents at all times. Do not flirt with other staff; maintain professional boundaries and model professional, respectful and safe behavior.

#### **Educating Residents About PREA:**

The PREA policy will also include an educational component for the residents. The orientation program and Resident and Parent Information Handbook has been updated to include information about PREA. Residents are advised to report sexual threats immediately.

#### **PREA Grievance Process:**

Residents have the right to grieve all aspects of their treatment without interference from staff. The grievance procedure allows a resident to use different methods for filing a grievance. Residents may write a grievance directly to a supervisor or an administrator or they may choose to place a grievance in the grievance box in the unit. Regardless of how a resident chooses to file a grievance, staff must understand that any interference with the grievance procedure shall be grounds for serious disciplinary action up to and including discharge.

Personnel Management and Regulations  
Section 200 – Policy 2.14 Page 1 of 3  
Staffing Ratios for all shifts and activities

The following charts demonstrate the minimum staffing levels for detention. **(Revised 05/13)**

**Waking Hour Shifts:** (Defined as 1<sup>st</sup> and 2<sup>nd</sup> shift)

Total Number of Residents	Minimum number of TOTAL DYCS/DYTS Staff		Minimum number of Male/Female DYCS Staff	Supervision Required	Required Staffing Ratios
0-28	DYCS	DYTS	2 Female/2 Male	1 supervisor or DPI	50% Full time to Part time DYCS Staff*
	3	1			
29-42	5	1	2 Female/2 Male	1 supervisor or DPI	50% Full time to Part time DYCS Staff*
43-56	7	1	2 Female/2 Male	1 supervisor or DPI	50% Full time to Part time DYCS Staff*
57 +	8	1	2 Female/2 Male	1 supervisor or DPI	50% Full time to Part time DYCS Staff*

\*\*50% full time/part time ratio applies to male and female shifts independently and only in reference to requests for DTO/STO time off. Time off will generally not be granted if 50% ratio of full time staff cannot be maintained. Administration must approve exceptions to this standard.

\*\*\*Licensing requires 1:8 staff to resident ratio on all waking hour shifts. \*\*\*

**3<sup>rd</sup> Shift Staffing Requirements:**

DAY OF THE WEEK	Sunday/ Monday	Tuesday/ Wednesday	Thursday-Saturday
TOTAL STAFF REQUIRED FOR SHIFT	3	3	3
REQUIRED SUPERVISION	1 supervisor or on-call supervisor required	1 DPI or on-call supervisor required	1 supervisor or on-call supervisor required
		DPI is defined as F/T 3 <sup>rd</sup> Shift, non-probationary employee	
REQUIRED DYCS	1 Male DYCS 1 Female DYCS	1 female staff (may also be serving as DPI)  1 male staff (may also be serving as DPI)	1 Male DYCS 1 Female DYCS



<b>OTHER INFORMATION</b>	If overcrowding occurs on the 3 <sup>rd</sup> shift on any day, add one (1) additional staff.	Staffing combination may be 2 female staff/1 male, or 2 male staff/1 female  Displaced F/T DYCS will be covered by on-call staff; or by using blended seniority list of F/T DYCS	
<b>REQUIRED STAFF TO RESIDENT RATIO (LICENSING)</b>	1:20	1:20	1:20

Personnel Management and Regulations  
Section 200 – Policy 2.14 Page 2 of 3  
Staffing Ratios for all shifts and activities

**GYM PROGRAMMING (also Church, Special Programs, Etc.) (Updated 05/11)**

Desired staff to resident ratios:

Residents	Staff
1-8	1
9-14	2
15-28	3
29-35	4

**NO MORE THAN 35 RESIDENTS WILL BE PERMITTED IN THE GYM UNLESS WITH ADMINISTRATIVE APPROVAL.**

**OUTSIDE PLAY AREA RATIOS:**

Residents	Staff
0-14	2
15-21	3
22-28	4

**NO MORE THAN 28 RESIDENTS WILL BE PERMITTED OUTSIDE AT ONE TIME UNLESS WITH ADMINISTRATIVE APPROVAL. A MINIMUM OF TWO (2) STAFF MUST BE OUTSIDE AT ANY TIME.**

**MOVIE NIGHT, GAME NIGHT ACTIVITIES**

No more than 12 residents at one time.

Residents	Staff
0-8	1
9-12	2

Personnel Management and Regulations  
Section 200 – Policy 2.14 Page 3 of 3  
Staffing Ratios for all shifts and activities

**WEIGHT ROOM RATIOS**

**NO MORE THAN 7 RESIDENTS ARE PERMITTED IN THE WEIGHT ROOM AT ONE TIME.**

Ratio guideline is:

One staff to seven residents (1:7).

**VACANCIES DUE TO VACATION REQUESTS AND UNSCHEDULED TIME OFF:**

The supervisor will consider the minimum staffing levels when deciding whether or not to fill vacancies due to vacation requests or UTO. If the minimum number of staff can be maintained, based on the detention census, supervisors shall NOT fill such vacancies with additional (on-call) staff. The 50% full-time to part-time ratio of staff does not apply to emergency/short notice vacancies.

**DYTS COVERAGE**

The DYTS will be included in the staffing ratio for the period that she/he is scheduled to work i.e. 12-8pm; 9-5pm or 2-10pm. In the event that the DYTS person shift does not coincide with that of the DYCS, additional coverage may be arranged with prior administrative approval.

Personnel Management and Regulations  
Section 200 – Policy 2.15 - Page 1 of 1  
Email Procedures, Expectations/Procedures for Using Email

**EMAIL PROCEDURES:** (REVISED 09/09)

Email is a central component of our ability to communicate within our facility and will be used to exchange and share information with staff, and, of course, for staff to communicate with supervisors and the administration.

**EXPECTATIONS/PROCEDURES FOR USING EMAIL:**

1. Staff will be responsible for checking their email every day that they are scheduled to work.
2. Staff coming on board at the beginning of their shift will check their email within the first hour of their shift. On first shift, unit staff can check their email after the residents go to school or while a floater is present in the unit before school. Second shift staff will also need to check their email within the first hour of their shift. DO NOT check or respond to email when you are alone in the unit, as this will compromise your supervision or the residents.
3. Staff are responsible for the content of all email messages as meeting notification, training announcements, etc. will be made through email. Hard copies of "All Staff" email will also be printed and available for reference and will be placed on the clipboard in the staff lounge, as per current procedures.
4. Email use must be in accordance with the County's Internet/Email user agreements. Any violation of this policy may result in progressive disciplinary action, up to and including discharge.

# Discipline and Group Management

## Section 300 – Policy 3.1 Page 1 of 1

### Introduction and Prohibited Discipline

#### **INTRODUCTION:**

This section of the policy book is provided as a guideline to help youth care staff deal with behavioral problems of residents. This section should also help you work *with* the residents in developing self-discipline, accepting responsibility, and developing inner control over their impulses. This is one of the most critical functions of the Youth Care Staff.

Disciplining residents is not the most enjoyable task for youth care staff. Discipline – if handled incorrectly – can lead to long-lasting feelings of anger, fear, bitterness and resentment in residents. Our goal as detention staff must be to help teach residents the difference between what is acceptable and not acceptable and that there are always consequences for our actions.

#### **PROHIBITED DISCIPLINE:**

1. Discipline must be non-punitive in nature and must always be relevant to the growth and development of the resident.
2. Residents may not be subjected to any of the following:
  - Corporal or cruel punishment
  - Humiliation
  - Mental abuse
  - Punitive interference with daily physiological functions
3. Work detail may be used as a disciplinary measure, but only when the prescribed work is directly related to the resident's offense. For example, a resident may be required to sand his/her door after having damaged it with scratches/graffiti.

Discipline and Group Management  
Section 300 – Policy 3.2 Page 1 of 1  
Group Lockup

**GROUP LOCKUP**

There are only a few times that you may lock your entire group up. These are listed below:

1. Shakedowns.
2. Conducting an investigation.
3. During a potentially riotous situation.

The detention supervisor must authorize in advance any group lockup. It is also the supervisor's responsibility to document the reason for the lock up and duration of the lockup. You will also need to document this on your unit log.

# Discipline and Group Management

## Section 300 - Policy 3.3 – Page 1 of 4

### Types of Confinement

Below, you will find detention guidelines for various types of confinement. Please make sure you are very familiar with these guidelines and remember that any type of confinement must receive immediate supervisory approval.

#### **ROOM CONFINEMENT (R.C.): (Revised 5/13)**

A resident may be placed in his/her individual room for the following reasons:

1. For sleeping during normal sleeping hours.
2. For medical reasons by order of the detention medical department.
3. For privacy when a resident voluntarily requests to be confined in his/her room. \*Residents on a voluntary must exit their room and rejoin the group whenever the unit leaves the dayroom. \*
4. For confinement during an emergency situation to maintain safety and security of residents and staff.
5. For behavioral management/confinement when a resident is in danger of harming others.
6. For confinement when the facility's normal security precautions are inadequate to prevent a resident's escape.

**The Detention Supervisor must authorize all room confinement (including time-outs) prior to, or immediately thereafter, the resident has been placed in his/her room. The supervisor will decide whether or not the resident's behavior, attitude or emotional status warrants continued room confinement.**

When residents are placed in their rooms for disciplinary reasons please remember:

- Residents can be placed in their room on room confinement by staff initiative for behavioral reasons only; based on Detention's Disciplinary Guidelines.
- If the room confinement is longer than one hour, staff must write an incident report. A Room Monitoring sheet must be placed on a resident door.

## Discipline and Group Management

### Section 300 - Policy 3.3 – Page 2 of 4

#### Types of Confinement

- Any time a resident is placed in his/her room for disciplinary reasons, he/she must be informed of the reason for the confinement prior to entering the room or as soon as possible thereafter. The resident must also be informed of the length of the confinement as soon as possible.
- All room confinements must be logged on the room confinement monitoring record, and on the supervisor's activity log – complete with an explanation of the offense, time in and out.
- Visual checks must be made on all residents on **any** type of room confinement.
- The resident will also be afforded a grievance procedure, if he/she chooses to exercise this right, provided he/she has met the grievance criteria.

#### **UNIT CONFINEMENT (U.C.):**

Unit confinement is utilized when a resident is considered to be a security risk or is potentially harmful to others. Unit confinement means that at no time will the resident leave their unit area – with a few minor exceptions (emergencies, to see the medical department, or seeing a probation officer or other court personnel). Administrative personnel must approve any unit confinement for a resident, and removal from unit confinement is also at the discretion of the administration. Unit confinement is limited to a maximum of ten (10) days. Residents who are on unit confinement *may* be allowed to attend school.

#### **BUILDING CONFINEMENT (B.C.):**

Building confinement may be utilized when a resident poses a security risk or has indicated an interest in escaping from the facility. Residents on building confinement may not leave the building or go outside under any circumstance other than during an emergency situation. Building confinement must be reviewed by the Administration every ten (10) days. Placement on building confinement status must be authorized by the Administration. This status will not be changed until after administrative review.

## Discipline and Group Management

### Section 300 - Policy 3.3 – Page 3 of 4

#### Types of Confinement

##### **ACTIVITY CONFINEMENT (A.C.): (Revised 10/06)**

Activity confinement results when a resident has engaged in documented behavior that is deemed to threaten the security of the building and/or other residents (gang related behavior). Placing a resident on activity confinement requires administrative approval and must be reviewed by the administration every ten (10) days thereafter.

##### **MEDICAL ISOLATION (M.I.):**

Medical Isolation is utilized when the medical department deems it necessary to maintain the health and safety of others in the building. During medical isolation a resident is confined to their room and is to have no contact with other residents whatsoever. Medical isolation status may only be applied or revoked by the medical department.

##### **MEDICAL RESTRICTON (M.R.):**

Medical restrictions are utilized when a resident has some kind of medical problem which would be aggravated by physical activity or participation in gym time. Medical restriction status may only be applied by the medical department or – in the absence of medical department personnel – the detention supervisor. Residents on medical restrictions may not participate in **any** physical recreation activities as specified by the medical department. However, the resident may go with

his/her group to the gym or outside without participating in the activity. Residents on medical restrictions are expected to sit quietly by the wall. Medial restrictions may only be revoked by the medical department.

##### **CAFETERIA CONFINEMENT (C.C.):**

Cafeteria confinement is utilized when a resident has exhibited negative behavior during a meal period in the cafeteria. Residents placed on cafeteria confinement may not eat in the cafeteria with their group for a period of time not to exceed 10 days. The resident will be served each meal in his/her room, and will be allowed to rejoin the group upon completion of mealtime.



## Discipline and Group Management

### Section 300 - Policy 3.3 – Page 4 of 4

#### Types of Confinement

##### **Voluntary Laydown:**

Residents are not permitted to take voluntary laydowns any time Monday – Friday. Residents may take a voluntary laydown on Sundays or holidays. Voluntary laydowns must not interfere with routine unit activities, such as clean-up, gym, or mealtime. Residents must exit their rooms when the unit leaves the unit area. Residents are permitted to have their bedding during voluntary laydowns.

##### **Sick Residents:**

Residents who are sick and are requesting to laydown must first be evaluated by the medical department. In the absence of medical department staff, the supervisor will make this determination. If the medical department (or supervisor) determines that a resident is legitimately sick, a medical alert will be issued, and the resident will be restricted to bed rest for the entire day. An incident report will be written documenting that the resident is ill and confined to bed rest for the day. The resident will be allowed to keep all bedding.

##### **Other Information:**

Residents will be permitted to wear their jumpsuits and sweatshirts, while they are in their rooms for disciplinary purposes. Jumpsuits will be removed from the residents' room at bedtime. At night residents will check their jumpsuits at their doors. Girls will also check their bras at the door.

Discipline and Group Management  
Section 300 - Policy 3.4 – Page 1 of 1  
Resident Bedding and Room Confinement

In the morning, residents shall fold their blankets neatly and place them on the block in their room. If a resident is placed in his/her room at any time for disciplinary reason, staff shall remove the bedding and pajamas (tops and bottoms) prior to the resident entering the room.

The bedding will be placed outside the resident's door, and will remain outside of the room until the room confinement is complete, or until bedtime.

Bedtime is defined as 8:00pm. All residents shall have their bedding placed in their rooms at this time.

Discipline and Group Management  
Section 300 - Policy 3.5 – Page 1 of 1  
Mattress Removal Policy

Mattress Removal Policy – (Updated 11/12/08)

Staff will remove all items from a resident's room when he/she is placed on any type of room confinement; including timeouts. This includes the residents' mattress and pillow, as well as their toilet paper.

All items must be returned to the resident by 8:30 pm, unless the resident is hostile and uncooperative at that time. In this case, the mattress must be returned as soon as the resident can agree to cooperate with staff. Of course, the supervisor must approve the decision to keep the mattress from the resident for a longer period of time.

# Discipline and Group Management

## Section 300 – 3.6 – Page 1 of 1

### Re-entry Procedures

#### **Re-entry Program (Revised 5-13):**

A re-entry program is utilized after a resident has displayed consistent behavioral problems documented through incident reports, or because of a single serious incident which involved physical violence toward another resident or staff.

Authorization for a re-entry must be made by an administrator only. A re-entry means that a resident starts out on room confinement and will be slowly “phased in” to regular group activities.

#### **PROCEDURES FOR Re-Entry Program:**

1. A youth care specialist or detention supervisor makes a **recommendation** for a re-entry program through documentation on an incident report. A review of the resident’s prior behavior must be on the incident report to provide support for the recommendation of the re-entry program. A re-entry program up to 48 hours can be approved by the Shift Supervisor. Over 48 hours requires an administrator approval.
2. A re-entry program schedule will be written on an incident report by an Administrator, detention supervisor or DYTS.
3. Residents are considered to be on unit confinement when they are on a re-entry unless specifically detailed otherwise on the re-entry schedule. (Such as allowing a resident to attend school).
4. Residents on a re-entry program are not permitted to go to the café, church, or other mixed activities.

The hours out may vary throughout the day and on different shifts.

1. The re-entry program will be explained to the resident by the detention supervisor or an Administrator. The resident will be told what kind of behavior is expected, and the consequences for not following the re-entry schedule.
2. The supervisor will monitor the progress of the resident – and will note this information on the supervisor’s log.
3. If a resident receives an incident report while on a re-entry, he/she may receive additional room confinement and/or start the re-entry schedule over at day one depending on the seriousness of the offense.
4. Other disciplinary measures (such as unit confinement) may be utilized following completion of the re-entry. Additional consequences will be administered at the discretion of the Detention Administration. Positive motivators such as a behavioral contract may also be utilized throughout are-entry schedule.

# Discipline and Group Management

## Section 300 – Policy 3.7 – Page 1 of 3

### Detention Disciplinary Guidelines

#### **DETENTION'S DISCIPLINARY GUIDELINES:**

These guidelines are also available to all staff and to each resident and parent in Detention's resident and parent information handbook.

Please remember to consider the following when determining the consequences for a particular negative behavior:

1. The seriousness of the present negative behavior.
2. Prior negative behavior through a review of the resident's point sheets and incident reports.
3. The potential endangerment to other residents or staff.
4. The resident's emotional level in reference to his/her ability to return to the group without continued negative behavior.

#### **BEHAVIORAL PROBLEMS – GROUP INTERVENTION PROGRAM/ BEHAVIOR DEFINITIONS**

##### Problem Behaviors Usually Handled through Group Intervention

1. Failure to maintain health care
2. Failure to maintain Living area (unit)
3. Use of offensive language or gestures
4. Provoking individuals into misbehavior
5. Disruptive behavior
6. Unauthorized gambling or trading
7. Defacing property
8. Verbal aggression toward staff or peers
9. Failure to follow unit policy
10. Self harm
11. Stealing
12. Contraband
13. Non- participation in program
14. Inciting group misconduct

# Discipline and Group Management

## Section 300 – Policy 3.7 – Page 2 of 3

### Detention Disciplinary Guidelines

15. Leaving supervised area without permission
16. Failure to follow staff orders
17. Interfering with staff duties

#### Problem Behaviors Handled Through Direct Staff Intervention

1. AWOL
2. Refusal to accept group intervention (help)
3. Physically assaultive actions upon staff or peers
4. Malicious destruction of property
5. Sexual Misconduct
6. Weapons
7. Group support of negative behavior

#### **BEHAVIORAL PROBLEMS DEFINITIONS**

1. **Failure to maintain health care** - not taking daily showers, care of hair, brushing teeth, changing clothes daily, improper use of hygiene supplies
2. **Failure to maintain living area (unit)** – failing to clean and maintain personal rooms, participate in unit clean up, improper use of equipment supplies
3. **Use of offensive language or gestures** – use of verbal remarks or physical gestures directed toward others that are threatening or insulting in nature
4. **Provoking individuals into misbehavior** – misleading others into misbehavior by challenging, daring, gossiping etc.
5. **Disruptive behavior** – causing a disturbance through horseplay, excessive noise, pushing etc.
6. **Unauthorized gambling or trading** – no trading or gambling for food (snacks, desserts, etc.), personal possessions or county property
7. **Defacing property** – no writing, carving or otherwise destructive behavior toward the property of others
8. **Verbal aggression toward staff or peers** – no threatening or derogatory remarks to staff or peers
9. **Failure to follow SCJDC/Unit policy** – ignoring or disregarding SCJDC and unit policies
10. **Self harm** – cutting or scratching parts of the body, tattooing, or any otherwise harmful behavior

# Discipline and Group Management

## Section 300 – Policy 3.7 – Page 3 of 3

### Detention Disciplinary Guidelines

11. **Stealing** – possession of articles belonging to others without permission
12. **Contraband** – the possession of any articles that could possibly threaten the safety of individuals or the building
13. **Non –participation in program** – failing to participate in program without staff's permission
14. **Inciting group misconduct** – any overt (or covert) act intended to disrupt the order and safety of program
15. **Leaving supervised area without permission** – not obtaining staff's permission before leaving any area
16. **Failure to follow staff orders** – not responding to staff directions
17. **Interfering with staff duties** – entering office without permission, disrupting staff's efforts to counsel resident, distracting staff's attention from a problem situation

#### Problem behaviors handled through direct staff intervention

1. **AWOL** – leaving the building without permission or failing to return to at designated time, demonstration a clear intent to truant by plotting or preparing materials to truant
2. **Refusal to accept group intervention (help)** – not responding positively to group intervention
3. **Assaultive actions upon staff or peers** - any physical act, that could be harmful to a staff person or resident
4. **Malicious destruction of property** – any behavior that requires repair/replacement of the destroyed item or area
5. **Sexual misconduct** - any unlawful sex act
6. **Weapons** - possession of manufacture of any item that could be used in a harmful manner
7. **Group support of negative behavior** - refusal by group to correct behavior that is harmful to peers or the group process

# Discipline and Group Management

## Section 300 – 3.8 - Page 1 of 2

### Principles of Supervision

#### **PRINCIPLES OF SUPERVISION:**

Respect and genuine concern for the residents in your care is the cornerstone for the development of a constructive relationship. This respect and concern is most strongly reflected through the type of discipline enforced by staff. All discipline must be aimed at the development of a positive relationship and behavior change, rather than trying to “make things tough for the residents.”

Please review the following:

1. Staff shall be fair, firm and consistent.
2. Staff members shall demonstrate good listening skills.
3. Corporal punishment is never to be used with any youth.
4. All information given to a staff member by a resident shall be thoroughly and carefully checked to determine its accuracy.
5. Staff shall never leave residents unsupervised.
6. Staff shall represent an appropriate positive adult role model at all times.
7. Staff are not to participate in “horseplay” with residents.
8. Staff are expected to set examples of positive, appropriate, behaviors at all times. Do not practice, “do as I say, not as I do.”
9. The roll and function of staff members is to provide a positive environment of structure and safety and to consistently enforce policy and procedure. Staff must strive to portray a positive adult role model.
10. Expectations of residents must be realistic. Do not demand more from a resident than he or she is capable of doing.
11. The role or function of a staff member is never to be delegated to a resident.
12. Staff must be aware of tension producing situations and provide support to residents during these instances. i.e. court hearings, visits from parents, caseworkers, attorneys, etc.



Discipline and Group Management  
Section 300 – 3.8 - Page 2 of 2  
Principles of Supervision

**PRINCIPLES OF SUPERVISION – continued:**

13. Do not take sides or judge youth. Be objective when communicating with residents.
14. Staff are not to participate in “name calling.” Residents must be addressed by their proper name. Residents must also call staff by their proper name.
15. Staff are reminded that residents are often unpredictable. Constant alertness, supervision, and common sense are essential and reduce instances of aggression.
16. Residents are prohibited from correcting or disciplining their peers.
17. Staff must never talk about other staff in front of residents.
18. Staff must never use profanity.

# General Procedure

## Section 300 – Policy 3.9 – Page 1 of 1

### Resident Grievance Procedure

#### **RESIDENT GRIEVANCE PROCEDURE:** (REVISED 11/03)

Residents have the right to grieve any and all aspects of their care – and the grievance procedure is not limited to strictly disciplinary action. Residents have the right to this process without fear of punishment, reprisal, or intimidation.

1. The resident will request a grievance form from the Youth Care Specialist. The Youth Care Specialist will provide the resident with a grievance form, pencil, and envelope.
2. The resident may either place their completed grievance in the grievance box in the unit or give it to the youth care staff to take to the on-duty supervisor. Residents must write the grievance to the supervisor who was on duty at the time the incident occurred.
3. The supervisor will either meet with the resident or write his/her decision on the grievance form. A copy of the grievance will be sent to the resident. This will occur within 3 days.
4. If the resident feels the grievance has not been resolved at this level, he/she has the right to forward the grievance to the Assistant Director for review.
5. If the resident feels the grievance has not been resolved by the Assistant Director, he/she may make a final appeal to the Director. The Director's decision is final.

**\*\*Residents also have the right to file a written grievance directly to an Administrator for review.**

#### **RESIDENT RESPONSIBILITIES – GRIEVANCE PROCEDURE:**

Residents are allowed to grieve any aspect of their care, or disciplinary action taken against them provided they:

1. Enter their room immediately and without physical resistance if room confinement has been ordered.
2. The resident is calm, not hostile or aggressive and is in control of him/her.

Discipline and Group Management  
Section 300 – 3.10 – Page 1 of 1  
Resident Orientation Program

**(REVISED 05/09)**

Detention will offer all new residents an orientation program. The purpose of the program is to establish an immediate rapport with residents and to explain the detention program and expected behavior. Staff will review the Detention Orientation Video with the resident and allow for questions from the resident. The resident will be given an opportunity to review the Resident and Parent Handbook and will take a short quiz to ensure their understanding of the Detention program.

# Discipline and Group Management

## Section 300 – 3.11 – Page 1 of 2

### Juvenile Rights and Responsibilities

#### **Juvenile Rights**

All detained juveniles have certain rights and responsibilities that must be recognized. These are clearly defined and both residents and staff must be familiar with them. Complaints about the violation of these rights will be subject to administrative review and juveniles who do not follow these responsibilities, resulting in a rule violation, are subject to the disciplinary process.

1. Juveniles have the right to expect that they will be treated respectfully, impartially and fairly, and will be addressed by name in a dignified conversational tone.
2. Juveniles have the right to be informed of the rules, procedures and schedules concerning the operation of the detention facility.
3. Juveniles have the right to not be subjected to corporal punishment, harassment, intimidation, threats, harm, assault, humiliation, or the interference of normal bodily function.
4. Juvenile have the right not to be discriminated against because of race, national origin, color, creed, sex, or physical handicap and will have the same access to all services and programs.
5. Juveniles have the right to participate in religious services and religious counseling on a voluntary basis, subject only to the limitations necessary to maintain order and security. They will have access to clergy, spiritual advisers, publication, and related services which allow them to adhere to their religious practices.
6. Juveniles have the right to nutritious meals, proper bedding and clean clothing, daily showers, toilet facilities, adequate lighting, proper ventilation for warmth and fresh air and an overall safe environment maintained in compliance with state and local fire and health regulations.
7. Residents have the responsibility to maintain their hair, fingernails, and personal hygiene in accordance with facility rules and regulations.
8. Juveniles have the right to appropriate medical and dental treatment.
9. Juveniles have the right to both indoor and outdoor recreational opportunities and equipment. Any limitations imposed will be to maintain safety, security, and order.
10. Juveniles have the right to report any problems or complaints concerning their care while in the facility without fear of punishment in accordance with detention's grievance procedure.

## Discipline and Group Management

### Section 300 – 3.11 – Page 2 of 2

### Juvenile Rights and Responsibilities

11. Juveniles have the right to appeal any disciplinary measures taken against them for the violation of a facility rule, and the right to have a response to their appeal in accordance with detention's grievance procedure.

#### **Juvenile Responsibilities**

The detention center staff clearly has the right to require the following expectations from the juveniles in reference to the acceptance of certain basic responsibilities.

1. Juveniles have the responsibility of following the rules, procedures, schedules, and directions of the staff while in the facility.
2. Juveniles have the responsibility not to discriminate against other juveniles or staff or not using language or behavior in a manner which would imply prejudice or discrimination.
3. Juveniles have the responsibility to request medical and dental care when they need it.
4. Juveniles have the responsibility to help clean and maintain living quarters.
5. Juveniles have the responsibility to conduct themselves properly during visits, and not accepting or passing contraband, or violating the law through the mail.
6. Juveniles have the responsibility for maintaining their clothes in an odor free condition and not destroying clothing issued to them by the detention facility.
7. Juveniles have the responsibility of reporting any infringement on their rights to staff.
8. Juveniles have the responsibility for following the grievance procedure in making complaints and reporting to the facility's supervisors any actions taken against them by any other juvenile or staff member.

## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **GROUP INTERVENTION PROGRAM**

#### **OVERVIEW**

#### **Concepts of Problem Solving vs. Problem Control:**

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The Group Intervention Program takes a proactive approach in dealing with negative behaviors. Using as its basis the Positive Peer model, the program focuses on problem solving rather than problem control. The underlying theory being that adolescents are naturally in an oppositional phase of development and, thereby, rejecting the advice and counsel of adults in favor of that of their peers the program seeks to encourage positive leadership within each group of juveniles. As incentive, no extra privileges are earned unless and until, a resident attains Honors Level status which requires 30 days of positive leadership. This includes taking responsibility for one's own behaviors, as well as holding one's group members accountable for their behaviors.

#### **Leadership:**

**A positive leader** treats all others with respect; follows all program expectations; checks the negative behaviors of his/her group members in a positive, helpful manner while accepting the same from others; sets realistic goals for him/herself during daily formal group and demonstrates daily progress toward those goals; gives constructive input on the goals of group members; and calls and facilitates Group Assistances (our formal problem-solving sessions) when necessary and appropriate. A resident who desires to work for Honors Level must declare his/her intent by application, and receive support from the group, who must nominate them, and staff members vote on those nominated, taking into consideration progress reports on which Youth Specialist staff document the behavior, program work, and goals progress of every resident on every shift. In order to be eligible for Honors Level nomination, a resident must have no moderate infractions within the past 2 (two) weeks.

Being a participating member of the group is the basis for the whole program. A youth's level of participation in the group will determine the amount of freedom of choice in his/her daily life as well as the type and number of privileges he/she will have. When youth (at times needing group support) are able to control their behavior, help peers and assume the Responsibility of functioning in an acceptable and appropriate manner, staff are to support this behavior by verbal complimenting the group that they are doing a good job and handling their responsibilities.

## Discipline and Group Management

### Section 300 – Policy 3.12 – Page 2 of 23

#### Group Intervention Program

This referred to as giving the group positive feedback. The peer group is expected to follow the existing rules and guidelines at SCJDC. Staff should always use the group as the first means to respond to their group members- pointing out negative behavior. The object is to get youth to become responsible for their own behavior through peer intervention. If the group doesn't confront the behavior, staff takes actions to stop the negative behavior and to motivate the group to take on their responsibilities.

The most important responsibilities for youth during the program day are:

1. Point out to peers that their behavior is or may become hurtful to themselves or other people.
2. Ask the person showing hurtful behavior to stop the behavior.
3. Help that person to understand how it was a hurtful behavior and to accept the responsibility for that behavior.
4. Not support the negative behavior of another peer in any way.
5. Listen to and use positive input from peers.

These responsibilities are more important than any other responsibilities such as showers, recreation, school, etc. When a peer is showing he/she needs help, the group should stop whatever they are doing and offer that help. If the peer repeatedly refuses to accept the group's help and suggestions on how he/she may control their behavior, the staff must take the responsibility for that youth.

When the group is showing maturity and taking responsibility for its behavior, the staff may choose to utilize positive reinforcements- by delegating and/or transferring responsibility to the peer group. There are three levels of responsibility in the group process:

- A. Individual Responsibility – SCJDC/GIP asks each specific youth to take responsibility for his/her behavior. Every effort of the staff and the peer group is aimed at helping the individual to understand that certain behaviors are hurting him/her and others.
- B. Group Responsibility – SCJDC/GIP asks that when an individual does not accept the responsibilities of not hurt him/her or others, the peer group will intervene. This is done by having group members offer positive support and pointing out negative behaviors of group members for corrective change.

When a youth refused to control his own behavior and refuses the help of his peer group, staff will assist the group in working out a resolution to the behavior such as problem clarification, redirecting, establishing reasonable goals and compliance, labeling of behavior, clarification of group process (i.e. talking one at a time), reducing the group frustration and anger, identification of areas where progress has been made and putting the

## Discipline and Group Management

### Section 300 – Policy 3.12 – Page 3 of 23

#### Group Intervention Program

incident into perspective. Should the youth continue to refuse the assistance of the group; the staff team will then utilize appropriate intervention strategies.

- C. Staff Responsibility – Staff intervention is a result of poor judgment on the part of a youth or group such as loss of responsibility, privileges, and program participation. When staff members have to intervene with the group or with individuals in the group, the staff should always try to make the intervention relate to the behavior as much as they can, and the consequences should be as immediate as possible for effectiveness.

When a youth is removed from group meetings, program etc. direct staff intervention is required. The following procedures are to be used: Examples are as follows:

1. He/she may sit in front of his/her door until the group meeting is over. Use of room confinement should be the last resort.
2. If room confinement is necessary, the resident may be given an assignment related to the behavior that led to his removal from group meetings. This assignment shall be given as soon as the resident is willing to accept it. Expectations for coming out of room confinement will be documented on the room confinement sheet. Residents shall be given the expectations for reentering the group. Be specific about expectations, don't change rules in midstream restriction is modified.
3. The group is told of the expectations for the resident to reenter the group. Certain members of the group, or the whole group, should be allowed to talk to their group member for the purposes of exhibiting care and concern, i.e. try to get group member back into the group as soon as possible (staff discussion). Staff must be present during these discussions.

The use of room confinement must always adhere to agency standard procedures. Staff should always allow the group to address most problem behaviors initially for the purpose of resolving and correction. When and if the group completes this task and if it is accomplished successfully by the group, staff should compliment and support the group for its endeavors. Staff should always be there to assist, guide, direct and monitor situations where the group is giving help to its peers to ensure that the group is functioning and participating in a helpful, positive manner. If a youth is not being supportive, he should not be allowed to participate or be removed until



## Discipline and Group Management

### Section 300 – Policy 3.12 – Page 4 of 23

#### Group Intervention Program

the matter is resolved. At that time, the group should focus on the individuals who are not supportive in a positive manner (one at a time).

Staff are to utilize the peer group as a first means of intervention in addressing and/or resolving negative behaviors. Staff are to evaluate the group to determine the most appropriate intervention for correction of the behavior. Unless each resident has significantly contributed to the problem through their negative behavior or attitude, the staff (team) should not evoke a group consequence. Every attempt should be made to identify, early, individual group members with problems so they may be dealt with individually.

Unit staff should allow the youth group the opportunity to interact with peers for the purpose of returning the youth to group status. This shall be done as soon as possible.

Depending on resources available and activities scheduled by staff teams, and/or the SCJD Unit Committee, Honors Level residents are eligible to participate in the following kinds of activities:

- Late weekend nights at the movies
- Special treats, dinners, entertainment, etc
- Special visiting privileges
- Extended visiting hours
- Extra telephone privileges
- Use of radio with headphones
- Later bedtime

#### **Honors Level Application Process**

Residents desirous of applying for honors status will submit their application on **Mondays Only**. Residents will request an application from DYCS staff. The application will be signed by the resident and submitted to the DYCS staff who will be responsible for ensuring that the honors application is brought to the supervisor's office. The supervisor will ensure that all honors applications are given to the school program for their review on **Tuesday mornings**. Once the application is reviewed by representatives from the school program, it will be forwarded with comments to the supervisor.

## Discipline and Group Management

### Section 300 – Policy 3.12 – Pages 5 of 23

#### Group Intervention Program

The supervisor will review the application with DYCS staff from both first and second shift during the unit meetings. A resident's status will be approved or disapproved on the day of the unit meeting. The supervisor has the final discretion in whether or not a resident is promoted to honors based on feedback from the school personnel and unit staff. A detailed, written response must be given to the resident if it is determined **not** to promote a resident to honors. The supervisor shall be responsible for ensuring that the resident receives this response on the day of the unit meeting.

Residents who are not approved to be promoted to honor's level will be able to submit another request the following week given that he/she has maintained appropriate behavior..

#### **Removal from Honors Status**

The goal of the honors program is to recognize only residents capable of showing day-to-day honors behavior. A resident's honors status will be reviewed at each weekly unit meeting.

Resident demonstrates behavior outside of the scope of the honors level requirements, he/she will subject themselves to removal from honors status. This may occur when:

- Resident receives an incident report or require staff interventions for behavior problems.
- Resident does not demonstrate the basic requirements of the honors level.

Nominations for "Honors Level" clients are made by peers during the Group Meeting. The Detention Youth Team Specialist (DYTS) will evaluate peers to determine which clients will be nominated for Honors Level. The Staff Team will make the final decisions during Unit Meeting. "Honors Level" nominees are reviewed and decided upon each week. If a problem behavior occurs which requires direct staff intervention and consequences, you will relinquish Honors level status.

Criteria for Being Nominated for Honors Level:

1. In program at least two weeks prior to selection.
2. Is a positive peer role model.
3. Is an active participant, positive, supportive group member?
4. Confronts negative group behavior in a positive manner.
5. Accepts correction of inappropriate behavior in a positive manner.
6. No problem behavior requiring direct staff intervention and consequences.

# Discipline and Group Management

## Section 300 – Policy 3.12 – Page 6 of 23

### Group Intervention Program

#### **INDIVIDUAL PEER GOALS**

(The group votes by thumbs up or thumbs down)

- ◀Learn peers names (learn within two days, test out).
- ◀Learn the Flashcards of the program (learn within ten days, test out).
- ◀Learn the group process (group vote).
- ◀Use the group process (group vote).
- ◀Use the group process (group vote-must demonstrate for four days).
- ◀Behavioral goal (what behavior needs to be changed to get Honors Level).
- ◀Maintain Honors Level or suggested goal.

#### **DETENTION UNITS ORIENTATION PLAN**

Group orientation must be completed as soon as possible after a resident is admitted. The group should circle up and take turns explaining each and every part of the program, step by step. This should be done from rise and shine until bedtime.

The list below must be covered, along with any other information that the group or staff deem important. When completed, each member should give at least two rules of the program until there are none left. The following is a list of topics:

Schedule	Movies
AM & PM Routine	Lining up
Meals	Clean up
Hygiene/Brushing Teeth	School – All classes
Shower Routine	Rooms
The Process	Clothing
Phone calls	Interventions
TV	Visitation
Nurse's list	Quiet time
Recreation	Tornado Warnings
Fire drills	Expectations while staff is dealing with other behaviors

Discipline and Group Management  
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Group Intervention Program

## GIP Privileges

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**Peer Level privileges include:**

1. 8:30PM Bedtime
2. Activities (Group free time), TV during scheduled times
3. Visit with approved visitors
4. Two letters per week
5. One phone call to approved parent or guardian

**Honors Level privileges include:**

1. All peer level privileges
2. 10:00PM bedtime
3. 15-minute phone call to parents on the weekend
4. Extra parent/family visit
5. DVD movies (special request)
6. Personal music player
7. Upgraded gym shoes
8. Linen bag
9. Additional privileges may be added

## GROUPS

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**Morning Group Meeting Format:**

1. Review of previous day issues:
  - Residents individually report on how the previous day went
  - Residents individually reports on their daily goal and how they will accomplish it
  - Residents individually state the group goal and how they can accomplish the group goal
2. Youth Specialist Summary
  - Youth Specialist summarizes the meeting.
  - Gives group and individuals feedback on the meeting,
  - Highlights individual problems and group input,
  - Gives group direction of process (if needed).
  - Gives group encouragement through compliments for the support of each other, for showing care and concern for each other.
  - Provides continuous structure and support for the meeting through group expectations.

## Discipline and Group Management

### Section 300 – Policy 3.12 – Page 8 of 23 Group Intervention Program

#### **Afternoon Group Meeting Format:**

1. Review of Daily Progress:

- Residents individually report on how their day went
- Residents report on their communication with group, staff, P.O., etc.
- Residents report whether they had any problems or saw any problems with other group members.

2.

- Resident explains situations/behaviors to group to get positive feedback, constructive criticism and positive support on his/her situation and how to correct/resolve the matter.
- Resident explains situations/behaviors to group to get positive feedback, constructive criticism and positive support on his/her situation and how to correct/resolve the matter.

3. Goal Setting:

- Each individual group member sets a daily goal to be accomplished by the next meeting.

to reviewed and critiqued daily by the group,

4. Detention Youth Team Specialist Summary:

- DYTS summarizes the meeting.
- Gives group and individuals feedback on the meeting.
- Highlights individual problems and group input.
- Gives group direction of process (if needed),
- Gives group encouragement through compliments for the support of each other, for showing care and concern for each other.
- Provides continuous structure and support for the meeting through group expectations.

# Discipline and Group Management

## Section 300 – Policy 3.12 – Page 9 of 23

### Group Intervention Program

#### **Group members commit to the goal**

- Any communication?
- Individual behaviors or issues (G.A./Concerns/Problems)
- Group help (input)
- Does anybody have any issues with the input they were offered?
- Who wants more help with their issues of the day?
- What can the group do to improve? (open discussion)
- Does anyone want to change their goal or have a concern?

If an individual (or group of individuals within a group) is not responding to the group in a positive manner, staff are to:

1. Point out the youth's behavior to his peer group and utilize the peer group to correct the negative behavior.
2. Provide staff monitoring to ensure that the peer group is addressing the problem in a helpful and caring manner.
3. Assist the group in bringing resolution to situations, when possible by utilizing teaching methods, counseling and staff strategies.
4. When behavioral problems of peers are addressed by the peer group, and that behavior is discontinued, staff should consider the situation resolved.
5. Staff should always monitor the peer group discussions to encourage full group participation and awareness.
6. Staff should always evaluate group and individual behavior as they relate to problems and problem resolution.  
Staff should not feel that a consequence is needed, if the group has appropriately and adequately dealt with the situation in an effective manner so that it is considered resolved.

Staff should be cognizant of the level of development of the peer group and develop staff team strategies to respond to the group/individual behavior.

When the group is in the early stages of development – casing out – staff's role is to direct and tell them what to do, give the group instructions and see how they carry them out. Be able to point out to the group what they did right and what should be corrected by the group. As the group matures and grows, the group will develop to a stage known as limit testing, challenging authority, supporting negative behavior, questioning rules and staff, then to polarization of values, group conflict in values, helping more, being sincere, etc. and finally to a upper level positive group.

As a peer group becomes more mature and responsible in their behavior, staff can delegate to the group more responsibilities and group members can earn more privileges.

# Discipline and Group Management

## Section 300 – Policy 3.12 – Page 10 of 23

### Group Intervention Program

## GROUP ASSISTS (G.A.)

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The Group Assistance (G.A.) is our formal problem-solving process. It is the group's means of immediately processing negative behavior which has not been resolved through the use of checks, and which is now deemed to have become an "ongoing problem. When a G.A. is called all activity stops and all residents in the group "circle up". No one is allowed to talk until it is their turn. The resident who called the G.A. states the nature of the problem, and elicits input from the other group members, each in their turn, as to whether they see the behavior as a problem and *why* (or why not). After all have had their say, the same input is elicited from the offending resident and he is asked whether he has a resolution. He may either offer a resolution of his own or seek input from the group, in which case each member offers input in his/her turn. Finally, the group offers input based on the offending resident's performance during the G.A., and his past performance, as to whether or not they think he will work on his problem.

A resident who has a G.A. called works the G.A. positively, taking responsibility for his/her behavior and coming up with a viable resolution, will likely have the G.A. "resolved" by the Youth Specialist staff working with the group with no resulting consequence. If not, the G.A. will be "unresolved" and will result in a consequence -- the severity of which is based on the seriousness of the infraction as well as other considerations. In theory and practice, the residents and staff must see the G.A. as a helping process, not as a punishment or a means of deciding punishment, or the process breaks down. For this reason, one of the DYCS/Group Manager's main tasks is to constantly teach and encourage the residents in the proper application of the process. Teens being teens, there will naturally be many G.A.'s. Ideally the majority of them will be resolved, as individual residents gain more insight, not only into the process, but also into their own behaviors.

All G.A.s are fully documented on the G.A. form, describing the nature of the infraction, the "problem category", whether or not the resident worked the G.A. positively, what the input from the group was, and what the resolution was. Concerns regarding possible misuse of the process by staff are brought to the attention of the Group Facilitator, and are addressed immediately. All G.A. participants stand, always leaving room for the staff.

**Special Management -- for youth who threaten the secure and orderly management of the facility:** When the group or staff can no longer manage the behavior of an individual resident, the DYT/Shift Supervisor will review and develop an individual plan for the problematic resident. The plan must be approved by an Administrator. Solutions include individual large muscle activity time, meals in room, removal from group during school, and/or any other creative solution. The goal is to find a solution that reduces safety and security issues and helps reintegrate resident back normal programming.

# Discipline and Group Management

## Section 300 – Policy 3.12 – Page 11 of 23

### Group Intervention Program

#### Individual/Group Assist

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1. Identifying the Problem
  - Explain what happen.
  - Is the problem recognized by the group?
2. Positive Behavioral Alternative
  - How can individual/group behave differently?
  - Way to prevent situation.
  - Individual/group explains why change is needed.
  - What good will it do to behave in responsible way?
3. Making a Commitment
  - Choose new way to behave in similar situation.
  - Make verbal commitment to staff/group.

#### STEPS FOR A SUCCESSFUL GROUP ASSIST

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1. Identify the behavior ---Why was the G.A. called?
2. Why is it a problem - -- Each peer gives a different reason why the behavior is inappropriate.
3. Acceptance of the problem.
4. Develop Alternatives ---Each group member recommends an alternative behavior to the resident.
5. Commitment --- Commitment is made to the group to change the behavior.

#### STAFF ROLES & RESPONSIBILITIES

##### THE STAFF:

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When a peer group is first being formed or when a group is not taking on their responsibilities, the staff must take the responsibilities the individual or group are expected to take on. Staff then lead the resident through his/her feelings and desires to help him/her come to the realization that what he/she wants (a part in the decision making process) is the same thing that staff want. He/she will be led to understand that only by making positive decisions will he/she be allowed by society to control his own decisions. The group process is designed to maintain a responsible level. of staff control over resident behavior while encouraging residents to make decisions that make only a minimal amount of staff control necessary:



## Discipline and Group Management

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#### Group Intervention Program

Instead of staff telling the rules to each Resident individually, the staff tells the group and holds the group responsible to inform or remind each Resident about the rules.

Instead of staff trying to watch every move of every Resident, the staff gives this responsibility to the group (while still maintaining constant supervision). The staff then has not only their own eyes and ears but the eyes and ears of the group members providing these observations.

Instead of staff confronting the behaviors that only they can observe, the group confronts the behaviors they and staff most likely have observed.

Instead of a Resident trying to argue and manipulate staff who are here for 8 hours a day, they are faced with trying to manipulate a group of peers who have seen and heard everything that Resident has experienced 24 hours a day, 7 days a week.

Instead of staff having to step between Residents who are working up to a fight, the group will be making efforts to diffuse the disagreement before it escalates any further.

Instead of staff trying to talk a Resident into or out of performing certain behaviors, the group as a whole will be expected to try to convince him/her of the benefit of positive behaviors vs. negative consequences for his/her actions.

Staff may think of the situation as that of supervisors who used to do all the work and set limits, with a group of helpers. The supervisors have not lost control; they have merely delegated some of the responsibility. If that group of helpers fails to take on their responsibility, the supervisors take action to correct the actions of the group. In mild situations, this would involve reminding the group of their responsibility, in others it might be confronting outright dereliction of responsibility. In the latter case, a consequence for those not performing their duty as group members could be used to let them know staff are serious about them taking on their responsibility. In extreme cases of a group not functioning in a positive manner, the staff might take all decision making and other responsibilities from the group.

## Discipline and Group Management

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#### Group Intervention Program

The staff would then slowly give back responsibilities according to the plan worked out by the staff team. It is important for staff to understand that Resident groups will have no power to control anything that the staff working with them does not want them to have. The group's power and authority comes from staff approval and support. Staff can remove that support at any time. In our group program, a new resident is first oriented by issuance of a Resident manual in orientation. If the Resident has a problem reading, staff will go over the manual with him/her.

The Resident is then placed into their unit and the group. It is the responsibility of the group to further orient the new Resident by encouraging and supporting them with care and concern.

# Discipline and Group Management

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### Group Intervention Program

#### Problem Behavior Usually Handled through Group Intervention

- A. Failure to maintain health care
- B. Failure to maintain Living area (unit)
- C. Use of offensive language or gestures
- D. Provoking individuals into misbehavior
- E. Disruptive behavior
- F. Unauthorized gambling or trading
- G. Defacing property
- H. Verbal aggression toward staff or peers
- I. Failure to follow unit policy
- J. Self harm
- K. Stealing
- L. Contraband
- M. Non-participation in program
- N. Inciting group misconduct
- O. Leaving supervised area without permission
- P. Failure to follow staff orders
- Q. Interfering with staff duties

#### Problem Behavior Handled Through Direct Staff Intervention

- R. AWOL
- S. Refusal to accept group intervention (help)
- T. Physically assaultive actions upon staff or peers
- U. Malicious destruction of property
- V. Sexual Misconduct
- W. Weapons
- X. Group support of negative behavior

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Group Intervention Program

**PROBLEM BEHAVIORS DEFINITIONS**

Problem behavior usually handled through Group Intervention

- A. Failure to maintain health care - not taking daily showers, care of hair, brushing teeth, changing clothes daily, improper use of hygiene supplies
- B. Failure to maintain living area (unit) - failing to clean and maintain personal rooms, participate in unit clean up, properly using equipment supplies
- C. Use of offensive language or gestures - use of verbal remarks or physical gestures directed toward others that are threatening or insulting in nature
- D. Provoking individual into misbehavior - misleading others into misbehavior by challenging, daring, gossiping etc.
- E. Disruptive behavior - causing a disturbance through horseplay, excessive noise, pushing etc.
- F. Unauthorized gambling or trading - no trading or gambling for food (snacks, desserts, etc.), personal possessions or county property
- G. Defacing property - no writing, carving or otherwise destructive behavior toward the property of others
- H. Verbal aggression toward staff or peers - no threatening or derogatory remarks to staff or peers
- I. Failure to follow SCJD/unit policy - ignoring or disregarding SCJC and unit policies
- J. Self harm - cutting or scratching parts of the body, tattooing, or any otherwise harmful behavior
- K. Stealing - possession of articles belonging to others without permission
- L. Contraband - the possession of any articles that could possible threaten the safety of individuals or the building
- M. Non-participation in program - failing to participate in program without staff's permission
- N. Inciting group misconduct - Any overt (or covert) act intended to disrupt the order and safety of program
- O. Leaving supervised area without permission - not obtaining staff's permission before leaving any area
- P. Failure to follow staff orders - not responding to staff directions
- Q. Interfering with staff duties - entering office without permission, disrupting staff's efforts to counsel residents, distracting staff's attention from a problem situation

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Group Intervention Program

Problem behavior handled through direct staff intervention

- R. AWOL - leaving the building without permission or failing to return to return at designated time, demonstration a clear intent to truant by plotting or preparing materials to truant.
- S. Refusal to accept group intervention (help) - not responding positively to group intervention
- T. Assaultive actions upon staff or peers - any physical act that could be harmful to a staff person or resident
- U. Malicious destruction of property - any behavior that requires repair/replacement of the destroyed item or area
- V. Sexual misconduct - any unlawful sex act
- W. Weapons - possession or manufacture of a any item that could be used in a harmful manner
- X. Group support to negative behavior - refusal by group to correct behavior that is harmful to peers or the group process

Discipline and Group Management  
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Group Intervention Program

## INTERVENTION

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Intervention is the result of serious misconduct or refusal of client to accept group assistance. This will involve restriction of freedom and/or loss of program privileges. Intervention should occur only after the group process has been utilized and the behavior (or problem) has not ceased and/or been resolved. When the behavior of the youth continues to where he is beyond responding appropriately to the group, staff may utilize intervention for behavior exhibited by youth.

Staff will document intervention on staff intervention sheet and in case events, noting the reason for escalation of interventions when necessary.

### Staff Interventions:

1. Written warning
2. Written assignment
3. Wing cleanup
4. No television
5. Group Quiet Time
6. Visit Restriction (maximum of 30 minutes)
7. Free time restriction
8. Canteen video restriction (up to 3 days)
9. Wing restriction, indeterminate length (all programming on wing 4 days maximum)
10. Behavior management time (room restriction)
11. Petition file with the court
12. Alternative programming (alternative programming permits modifications in individual resident's daily program to address "ongoing" behavioral problems and modifications in the use of individual incentives to modify "ongoing" behavioral problems)
13. Re-entry program

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Group Intervention Program

Saginaw County Juvenile Detention Center				
Methods of Staff Intervention				
Time Limits, Authorization, Report Requirements				
Terminology	Definitions	Time Limits	Admin Reviews & Approval	Report Requirements
1. Extended Program	Any program restriction that extends beyond the limits defined in the Youth Behavior Intervention policy require the approval of Administration	Individually determined	Administration	Request must be submitted by the Shift Supervisor outlining presenting problem, requested program restriction (including requested length of restriction) and as appropriate the rationale for the restriction.
2. Visiting Restriction	Limited visiting based on out-of-control behavior or visitor disregard for agency policy.	a. One Visit b. More than one visit	Unit Staff Shift Supervisor or Administrator	a. Incident Report by Staff on duty b. Memo to Administrator requesting restriction.
3. Quiet Time	Unscheduled quiet time may be designated at any time to reintroduce a calm structure when the group (s) is (are) disruptive and to promote group equilibrium.	Up to 30 minutes	Unit staff on duty	Notation in daily unit log. Quiet Time Log
4. Restriction on Outside Activity	Resident not permitted to go to the outside area for security reasons.	a. 24 hours b. Over 24 hours	a. Unit Staff b. Shift Supervisor	a. Incident report by unit staff b. Memo from Supervisor to Administrator requesting restriction
5. Room Restriction	Resident is placed in room due to : 1. Aggression towards others. 2. Aggression towards property. 3. Repeated documented refusal to follow request or direction of staff 4. Serious Program Disruption	a. Up to 24 hours for (1-3) b. Over 48 hours for (1-3) c. Over 48 hours	a. Shift Supervisor b. Admin.  c. Admin.	a. Staff Intervention sheet Resident Running Record Incident Report  a. Incident Report Resident Running Record Written Statement of program Daily review

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6. Re-entry Program	Resident is in/out of room for safety, control purposes and on an on-going basis in excess of 24 hours.	a. Up to 48 hours b. Over 48 hours	a. Shift Supervisor b. Administrator	a. Staff Intervention Sheet Resident Running Record Written Statement of program. Daily review (every 24 hours). Completed by DYTS and approved by Shift Supervisor or Administrator
7. Wing Restriction Resident should be seated in dayroom doing school work or other assignment unless other resident are on the living unit	Resident is confined to the wing for all activities and may be kept separate from the other residents when they are present on the unit (but not in their rooms)	a. Up to 4 days	a. Shift Supervisor review daily.	a. Restriction review form Staff Intervention sheet
8. Physical Restraint Devices	a. For transporting  b. To protect resident from harm to self or others/continuous supervision with the removal of device at the earliest moment consistent with safety.  c. Same as b	a. Until transportation has been completed. b. Up to 30 minutes.  c. Up to 4 hours	a. Staff on duty  b. Shift Supervisor  c. Shift Supervisor/Adm	a. Note in Running Record  b. Room monitoring log
9. Free Time Restriction – Only that part of the day where there is nothing scheduled.	Youth lost “free time”. May be separated from group during this time, basically loss of privileges while on wing	One day at a time	Shift Supervisor review daily	Staff intervention sheet



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Group Intervention Program

FREE TIME RESTRICTION GUIDELINES\*  
(One day at a time)

1. Resident will sit at area designated by staff.
2. When on the unit, resident on free time restriction will get up once (1) and hour, on the hour, to change books, use bathroom, get a drink of water, ask questions, etc.
3. Resident are not to be idle while sitting at their assigned seats. Resident may be encouraged to read, write letters or work on puzzles.
4. Staff will not talk with resident on free time restriction other than to discuss their behavior, if it is disrupting the group.
5. Resident on free time restriction are not allowed to watch television.
6. Resident may attend church services.

\*Free time is time not spent in school, scheduled recreation, group meeting and meals.

## **WRITING ASSIGNMENTS**

Writing assignment are to be used to reinforce the values associated with:

1. Helping others
2. Social responsibility
3. Caring for self
4. Changing (behaviors and/or values)

Written assignment are sometimes appropriate to be used as a tool to assist in determining a resident's readiness to rejoin the group, but should not be used as the sole factor. The resident's willingness to cooperate as well as making a commitment to adhere to group expectations needs to be considered also. At no time should a written assignment be used o prolong a residents stay in his/her room based on the sheer volume of the assignment.

Guidelines for use of written assignments are:

1. Subject should be pertinent to resident's offense.
2. Content of essay, more that actual length should be criteria for determining its acceptability.
3. When narrative is completed, unit staff team, Supervisor, and/or group members should discuss it with the resident.
4. Written assignment should be given to resident as soon as possible.
5. Sentence writing should not be used unless resident is incapable of writing a narrative. Even if poorly done, a narrative is more desirable.
6. Sentences should be done in increments of 50, not to exceed 300.
7. Sentences should be done one at a time, not done in columns and should relate to the behavior to be modified.

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Group Intervention Program

Unit Restriction Guidelines  
(Maximum four days) Reviewed Daily

1. Criteria for returning to the program is the same as for BMT: Completion of assignments if given, willingness to comply with the program, commitment to the group program, etc. The maximum number of days is four (4).
2. All schoolwork must be completed and approved by 3:45 on the day given. Work is to be made available by 9:00am
3. Residents on wing restriction will have Recreation for 30 minutes if on wing restriction during recreation time; this will be during the first 30 minutes of recreation with group unless behavior is out of control.
4. Meals will be on the unit. Meals include dessert. Residents will sit at a table to eat meals.
5. Residents will sit in the day area in a chair unless group is on the unit or their behavior requires more isolation.
6. Residents on wing restriction may get up one (1) an hour to change books, use bathroom, get a drink of water, ask questions, etc.
7. Residents on wing restriction will complete hygiene in the area designated by staff.
8. Residents are not to be idle while sitting at their table assigned area. Once schoolwork and assignments are completed, residents should be encouraged to read, write letters work on puzzle or a behavioral booklet.
9. Staff and group will limit conversation with residents on wing restriction. The group should be encouraged (by staff) under staff supervision, to discuss with their group member his/her problems and desire to return to program and group.
10. Resident on wing restriction will have one five minute phone call on his/her groups designated day (if still on program).
11. Visiting: One half hour. Parents must be notified. If parents were not notified prior to visit, resident will have a one hour visit.
12. If, while on wing restriction, a resident escalates problem behavior, they may be placed on restriction. The resident will remain in their room until they can demonstrate that they can maintain control. Room confinement will terminate when the resident makes a verbal commitment to comply with the program.
13. Residents may attend church services.

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Group Intervention Program

**WRITTEN WARNING**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

UNIT \_\_\_\_\_ STAFF \_\_\_\_\_

BEHAVIOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This written warning documents that you have been counseled regarding the need to discontinue the above stated behavior. If you wish to avoid additional consequences, you should make every effort to prevent this behavior from reoccurring.

\_\_\_\_\_  
Detention Youth Care Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

## Running Record ---- CASE EVENT NOTES

Resident Name	Date of Birth	County	Facility
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[illegible]

RESIDENT NAME: \_\_\_\_\_

UNIT: \_\_\_\_\_

[illegible]

**QUIET TIME/LEISURE TIME-CHOICE OF YOUTH LOGS/GROUP LOCK UP**  
**Saginaw County Juvenile Detention Center**

Staff on Duty :

UNIT:

- ☐ A. Quiet Time – Scheduled      Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_
- ☐ B. Quiet time – Unscheduled      Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_
- ☐ C. Group Lock up (Shift Change/8:30PM Bedtime)

Reason:

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- ☐ D. Leisure Time – Choice of Youth

Youth in rooms:      ☐ Yes      ☐ No

Name and room numbers of youth in rooms:

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1 <sup>st</sup> Hour	2 <sup>nd</sup> Hour	3 <sup>rd</sup> Hour
Starting Time _____	Room Check _____	Room Check _____
Room Check _____	Room Check _____	Room Check _____
Room Check _____	Room Check _____	Room Check _____
Room Check _____	Room Check _____	Room Check _____

Comments:

Reporting staff :

DATE:

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# SITUATIONAL LEADERSHIP

## Assessing Groups and Developing Stage Appropriate Strategies

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**Casing:** A new group or a group in transition after a change in membership characterized by guarded, tentative, and untrusting behavior.

### **Group Behavior**

1. Silent
2. Sitting back & watching; analyzing
3. Stalling
4. Letting things happen
5. Questioning for information (What if...?)
6. Provide little information about self
7. Don't make waves
8. No risk taking
9. Play dumb & innocent
10. Blame others
11. "Honeymoon" period
12. Compliant & generally cooperative
13. Some youth will try to avoid the group & deal with staff one-on-one
14. Some youth will withdraw & try to do as little as possible

### **Staff Strategies**

1. Teach what, when, who, & where by showing & demonstrating.
2. Be specific in directions & instructions, focusing on teaching & encouragement, even for small accomplishments.
3. Give the group continual feedback on their progress.
4. High staff interaction, especially during problem discussion.
5. Staff makes the majority of decisions.
6. Role model
7. Stress listening.
8. Set time frames & demand that youth meet expectations.
9. Provide close guidance & supervision to ensure emotional & physical safety.
10. Increase individual & group responsibility as youth show the ability to handle it.
11. Relationships within the group are encouraged while relationships with staff are minimized.

**Nature of Staff involvement:** High Task / Low Relationship

Possibly the most crucial stage for group development. If negative norms are allowed to take root and become part of the group culture, it will be more difficult to change them later on.



**Limit Testing:** Group is adapting to new environment with unchanged values and inappropriate behavior.

### **Group Behavior**

1. No pride in group
2. Test limits to see how much they can get away with
3. Make up rules and then change them to suite what youth in power want
4. Keep things underground
5. Brag about negative behavior
6. Use the program to hurt others
7. Have difficulty achieving any group goals
8. Gravitate towards those they perceive as being in power
9. Do not like each other and are against each other as well as staff
10. Show and provoke problems with each other
11. Project blame for actions on others
12. Do not trust anyone; each youth is out for themselves
13. Use the excuse of "playing" when they are really aggravating or hurting others
14. Unwilling to show genuine feelings
15. They are vying at times for negative leadership

### **Staff Strategies**

1. Catch group doing things right and give praise and recognition in the form of decision making power, more responsibility and more freedom of action
2. Before giving them responsibilities, make sure they have the knowledge and experience needed for success.
3. Do not set them up for failure and do not reprimand or chastise when you should be teaching
4. Provide firm consistent consequences for hiding or denying negative behavior.
5. Treat negative behavior that is being dealt with as a learning tool.
6. Show disappointment in hurting and dishonest behavior.
7. When they make poor decisions, let them experience the consequences of their actions. Debrief to help them find out where they made a poor choice and what they can do in the future.
8. Structure and provide success experiences.
9. Stress care and concern for each group member.
10. When the group is dealing with negative behavior focus less attention on the behavior and more on how well the group is dealing with it.
11. Show confidence in their potential for improvement.
12. Teach and model respect for one another.

**Nature of staff involvement: High Task/Low Relationship**

**Polarization:** Positive and negative forces interacting within the group.

### **Group Behavior**

1. Group sometimes gives help in a caring way.
2. Some individuals will attempt to help staff.
3. Starting to have some group identification.
4. Individuals start to trust other individuals within the group
5. Individuals in the group start to take personal risks and work on real change
6. The group may start a project in a reasonable manner but fall apart during it due to opposing forces within the group
7. Many group members are "fence sitters" going the way of whoever is in power at the moment.
8. At the beginning of polarization the positive youth may backslide due to the pressure
9. Some combinations of group members can be trusted to do what is right
10. Individuals in the group are trying to take over the "cheerleader" role that staff had assumed at this point
11. The negative leader starts to have some anxiety about losing his grip on the group
12. The negative lieutenants start to feel pressure and question their alliance to the negative leader
13. The negative leaders are often successful at pulling down the positive leaders due to a lack of positive support
14. In the later stages of polarization the pressure falls on the negative leader

### **Staff Strategies**

1. Allow the group more opportunity to make their own decisions, teach the group members to give help.
2. Carefully monitor the group and examine and support the youth that are trying to do right. These youth may initially appear to be fronting. Monitor their input and reward appropriate efforts.
3. Limit the use of group consequences while supporting and empowering positive factions within the group.
4. Find ways to reward positive youth even if there are only a couple in the group
5. Label problem behavior as ineffective solutions and assist the group in looking for alternatives.
6. Continue to expand their areas of decision making as they show maturity.
7. Continue to praise but in more subtle ways.
8. Do not "Clamp down" too hard when the group makes poor decisions, and let the group know they are capable of doing better.
9. Provide natural and logical consequences for those who support hurtful behavior-Help the group to identify positive behavior in situations and support their feeling good about this.
10. Encourage the group to examine their behaviors more closely
11. Dig for details when explanations are vague
12. Support positive behavior even when it appears to be a "front"

**Nature of Staff Involvement:** Low Task / High Relationship-Even though staff may be interacting less you are still responsible for supervising, monitoring

**High Functioning:** A group that is more autonomous and takes responsibility for guiding its own group members. Mature group.

### **Group Behavior**

1. There are enough positive factions in the group to assure that situations are being dealt with appropriately even when staff are not present.
2. Shows strong group identity and feel good about their group
3. The group has an air of hope and expectation of positive outcomes
4. They do not fall apart when problems occur and make good recoveries
5. Youth who behave negatively feel more anxiety
6. The group focuses on helping youth stop negative behavior rather than merely labeling the problem
7. The group shows sensitivity and caring and is very aware of all group members
8. Problem discussions are conducted in a meaningful and caring fashion with a focus of fact-finding rather than fault finding
9. They are able to connect the learning with future behaviors in the community
10. They meet challenges with energy and feel about overcoming them
11. There is little anxiety on behalf of the youth that are acting in a positive manner
12. Release discussions are realistic and complete
13. Youth are able to stay more consistent because of the support received from group members
14. The group is less rigid in their thinking and does not make so many rules. Instead they think through each situation

### **Staff Strategies**

1. Staff are unobtrusive yet observant
2. Address backsliding by debriefing and reviewing, not by clamping down on the group as a whole.
3. Continue to structure challenges and opportunities for success
4. Help group discussions to become relevant to their needs as they plan reintegration
5. Staff restrain from guiding discussion and give the group a chance to do it themselves
6. Allow the group to decide their daily operations as much as possible
7. Do not take positive behavior for granted. Continue to build, support and raise expectations

**Nature of staff Involvement:** Low Task/High Relationship- Even though staff interacts less, staff is still responsible for supervising, monitoring and observing.

# FORMS

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1. **Room Confinement – Monitoring Record** - This form is used whenever a resident is placed in his/her room. Staff must indicate the beginning date and time as well as the ending date and time. Additionally, room checks should be made every 15 minutes. Staff must initial after each check and use the code to indicate what the resident was doing at the time of the check. Do not place your initial on the log prior to making a check. On the reverse side of the sheet make hourly comments on what the resident is doing related to any assignments, his/her attitude and the results of his/her contact with their peer group.
2. **Quiet time/Leisure/Time-Choice of Youth/Group Lock Up (shift change, shake downs and 8:30PM Bedtime)** – This form is used when residents are placed on scheduled or unscheduled Quiet Time. Additionally, it is used when residents are allowed to sleep in on Sundays/Holidays and during shift change and when residents are placed in their rooms for 8:30pm bedtime. The name and room number of each resident must be noted on the form. The start time for checks and all subsequent checks must be made every 15 minutes. On Sunday and Holidays, residents are allowed to sleep in for 1 hour.
3. **Outgoing Mail Monitoring Record** - This form is used to record all outgoing mail. Peer level residents will receive 2 letters per week. Honors residents are allowed 4 letters per week.
4. **Case Events Notes** – This form is used to document each resident's events, incidents, behavior and attitude during each shift.
5. **Group Assistance/Staff Intervention Log** – This form is used to document resident's response to all Group Assistance incidence. It will also detail any staff intervention that was issued following the GA with his/her peers.

6. **Honors Application** – This form is used by the residents to request Honors. The form is first presented to the resident's peers for their vote and will be sent to the educational staff for review and approval. During the Unit Meeting, staff will approve or not the residents request for Honors. Once Honors status has been granted, the resident will be reviewed weekly at each Unit meeting to determine if Honors status will continue.
7. **Situational Leadership** – This assessment document is used to assess the group's developmental stage and provides stage appropriate strategies for staff.
8. **Unit Meeting Agenda** – This form is used to record information discussed at each unit meeting on the resident's progress in program, group and individual goals and strategies, group's level of development, honors request, and staff concerns.

# SAGINAW COUNTY JUVENILE DETENTION CENTER OUTGOING MAIL MONITORING RECORD

OUTGOING MAIL

2 PER WEEK

4 PER WEEK



### HONORS LEVEL

**STAFF MUST DATE AND INITIAL COLUMN FOR EACH LETTER SENT.**

[illegible]

Saginaw County Juvenile Center  
Unit Meeting –  
Date:

Attending:

1. Resident Progress Reviews

1. Residents Name:

COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

2. Residents Name:

COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

3. Residents Name:

COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

4. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

5. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

6. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

7. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

8. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

9. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

10. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

11. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

12. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

13. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

14. Residents Name: COMMENTS:

BEHAVIOR	ATTITUDE	SCHOOL	MEDICAL	FAMILY	OVERALL

2. Individual Strategies:

3. Restrictions:

4. Group Level of development:

5. Group Strategy:

6. Group Goal:

7. Honors Level Request:



8. Administrative Concerns

9. Staff Concerns

10. Others

Meeting Adjourned

Next Meeting:

Minutes Submitted by:

# Discipline and Group Management

## Section 300 – Policy 3.13 – Page 1 of

### Balance and Restorative Justice- BARJ

#### SAGINAW COUNTY JUVENILE DETENTION CENTER B.A.R.J. PROGRAM

The purpose of the BARJ Program is to provide non-detained at risk youth an opportunity to speak with residents who have experienced similar attitudes, actions and behaviors that leads to becoming involved in the juvenile justice system.

BARJ (Balance and Restorative Justice) intends to utilize youth currently detained in the Saginaw County Juvenile Detention Center. These residents will be given an opportunity to give back to their community by speaking with at risk youth who are exhibiting behaviors which may eventually lead to involvement with the Family Court.

The residents selected for this program will be required to be on Honors status in the GIP (Group Intervention Program) which requires them to demonstrate the following behavior on a consistent basis:

- ♦ Positive peer role-model
- ♦ Use the group process with care and concern
- ♦ Confronts negative behavior positively
- ♦ No staff interventions
- ♦ Supports staff, give good input and knows the schedule
- ♦ Keep the group on focus
- ♦ Accepts help in a positive manner
- ♦ Maintained educational expectations
- ♦ Participate appropriately in group discussions, gym activities and all extra-curricular activities

The parents or guardian and Probation Officer for the Honor residents will be required to sign a consent form giving the resident permission to participate in the tour process.

Non-detained youth parents will be expected to complete permission request forms for their child to participate in the tour process. The youth and parent will have an opportunity to tour the facility with the Honors student and staff. Following the tour, the youth and parent/guardian will meet with a DYCS/DYTS, staff and Honors resident.

The meeting will focus on the Honors resident's sharing some of the experiences which can lead to becoming involved with the system and offering suggestions on how to avoid such pitfalls.

It is anticipated that the tour/meeting should last no longer than an hour.

Referrals will be accepted from probation officers, diversion program and community mental health. The DYTS will contact parents to schedule a time for the tour. All tours will be conducted Monday-Thursday.

Discipline and Group Management  
Section 300 – Policy 3.13 – Page 2 of  
Balance and Restorative Justice- BARJ

**REFERRAL FORM B.A.R. J. Program**

Please use the following options for race: C=Caucasian H=Hispanic A=African American M=Mixed

Name	Age	DOB	Sex	Race	School	Grade
	Father		Race	Mother		Race
Full Name:						
Address:						
City/State/Zip						
Home phone						
Cell phone						
Legal/Affil/Putative						
Occupation						
Presenting Problems – (What specific behavior is the youth showing? What are some of the problems related to school, home and community?)						
30 DAY FOLLOW UP DATE_____ COMMENTS:						

Discipline and Group Management  
Section 300 – Policy 3.13 – Page 2 of  
Balance and Restorative Justice- BARJ

**BALANCE AND RESTORATIVE JUSTICE PROGRAM  
(B.A.R.J.)  
PARENTAL CONSENT FORMS (NON-RESIDENT)**

I \_\_\_\_\_ give my consent for my son/daughter  
\_\_\_\_\_ to participate in the B.A.R.J. program.

The B.A.R.J. program will provide insight for my child to see first-hand how the detention facility is run and speak with the residents there. Please be aware that all contacts and conversations with any individuals in the juvenile center are to remain confidential. This is an opportunity for your child to participate in a program that will hopefully guide them into making the right decisions in the future and prevent them from entering into the juvenile system.

If you have any questions regarding the program, please feel free to call LaKeisha Scroggins, Detention Youth Team Specialist at 989-799-2821 ext. 4201.

If you have any questions or concerns about your son/daughter participating in the program please call Diedre Tyler, Director, Saginaw County Juvenile Detention Center at 989-799-2821 ext. 4206.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Security Management

## Section 400 – Policy 4.1 – Page 1 of 2

### Keys

#### **GENERAL STATEMENT:**

The Detention Center is as “safe and secure” as you make it. The most essential element in fulfilling our function is providing close supervision. The security of our facility and the safety of the residents and staff are directly dependent on the quality of supervision given by all staff. Based on our past experiences, the following must be observed:

#### **KEYS:**

Youth Care Specialists\* are permitted to use only the numbered sets of keys containing the **A-1 key, locker keys (2), light keys, and keys to the fire extinguisher boxes** located throughout the building. These keys only unlock internal doors within the building. When reporting on duty, you will exchange keys with outgoing staff and immediately notify the supervisor of which numbered set of keys you have. Always keep your keys on your person. If a key breaks, becomes worn, or bends, turn it into the supervisor and obtain a replacement.

\* One staff member will carry a GM (Grand Master) key on key set #1.

\*\*Youth Care Staff must receive permission from the supervisor to use any other keys.

**Never allow any resident to handle your keys or unlock doors.**

#### **LOST KEYS:**

All keys are to be kept in a locked key box. The supervisor on duty will count and log all keys immediately at the start and end of his/her shift. If it is determined that a set of keys are unaccounted for, the supervisor will **immediately** investigate the situation. If the keys are not found within one hour, a shakedown of the entire building must be conducted and an incident report must be immediately written. If the keys are still not located, the supervisor will immediately notify the administration of the missing keys.

## Security Management

### Section 400 – Policy 4.1 – Page 2 of 2

#### Keys

Should you arrive home and notice that you have a set of detention keys, call the supervisor and inform him/her of the situation.

#### **SECURITY KEYS**

Detention also has a set of security keys that are only to be used by the Saginaw County Sheriff's department during visiting. The security keys contain a GM key and a key that will allow the deputy to open the outside door for visitation. The deputy will screen each visitor and then utilize the electronic door on interior 75 to let the visitors in the building. The deputy will sign that he/she has received the keys and that he/she has returned the keys. This is done on the shift supervisor's daily log.

**\*UNAUTHORIZED DUPLICATION OR POSSESSION OF DETENTION KEYS WILL BE  
GROUNDS FOR IMMEDIATE DISMISSAL\***

#### **SUPERVISOR KEYS**

The detention supervisor's keys contain keys that can manually open emergency exit doors, including door 75. If at any time during their shift, the supervisor must exit the building, they will need to exchange keys with the staff person that they designated to monitor the control room so the exterior keys are never outside of the building.

# Doors

## **DOORS**

Relock doors behind yourself even if you intend to use the door very soon. Always check outside exit doors and if you find a door unlocked, lock it. If a door or lock needs repair, report it to the supervisor immediately and write a maintenance repair slip. Do not prop doors open for several reason:

- Against fire codes
- Causes doors to twist and not close properly
- Against all security policy

## **ENTERING DETENTION (Door 75)**

Only known visitors, transporters, police, or staff may enter detention via door 75. All other guests will enter the building through the main court entrance so that they can be properly screened by the Sheriff's department. No one is authorized to enter the building without being properly identified by the person in the control room. Never let anyone in the building if you do not know who they are.

Door 75 is equipped with an interlocking door system. If an unauthorized person enters the building via the first door, the interlocking door system will prevent them from entering the secure detention area. If an unauthorized person does enter the vestibule between door 75, staff in the control room will utilize the intercom system and instruct the person to leave the building and enter through the secure court entrance.

## **GYM DOOR (revised 8/23)**

The north gym door is electronically operated through the control room. Staff wishing to use the play area will first check the fence and gate and will notify the supervisor via radio.

Before electronically opening the gym door, the supervisor will positively identify the staff member making the request. This shall be done by radio and/or video monitoring.

When entering or exiting into the outside recreation area, staff will open the door only when all residents are lined up at the door, and ready to proceed to go outside or come inside of the facility. At no time is the door to be propped or held open.

Security Management  
Section 400 – Policy - 4.2 - Page 2 of 2  
Doors

**RESIDENTS' DOORS (3<sup>rd</sup> SHIFT) (REVISED 8/23)**

Staff will not open residents' doors on 3<sup>rd</sup> shift unless two (2) staff are present. In a situation involving imminent danger, staff will respond to the situation and notify the Shift Supervisor via phone or radio.



# Security Management

## Section 400 – Policy - 4.3 - Page 1 of 1

### Emergency Transmitters

#### **EMERGENCY RADIO TRANSMISSION: (revised 6/22)**

The detention center utilizes two-way radio communication as a mean of security throughout the building. This system provides an intra-building communication system between staff and the supervisor's office. While you are on duty, you must be in possession of a radio and a set of keys. Radios are worn on the belt, not in your pocket to avoid malfunctioning or damage. Transmission is activated by pushing the large button on the side to speak. When communicating that there is an emergency in the building you must also inform the supervisor of your location. This will also alert other staff to the fact that there is a problem requiring an immediate response.

Emergency radio transmission must occur anytime there is a situation in which assistance is needed to maintain control and security of the facility. You must always communicate your emergency over the radio in the event of:

1. A physically assaultive incident involving a resident
2. A suicide attempt
3. An attempted escape
4. Any other type of situation where assistance is needed to maintain control or physical control is necessary

#### **OTHER INFORMATION REGARDING RADIO TRANSMISSIONS:**

An emergency transmission shall have priority over all other transmissions and the channel shall be kept clear of non-emergency traffic for the duration of the emergency communications.

All support staff (non DYCS), including educational as well as visiting professionals are also required to carry an emergency transmitter while in the building. Two-way radios will be tested on a weekly basis to ensure they are functioning properly. Youth care staff will have their radios tested each shift via the supervisor.

Periodically the maintenance department will also check that all emergency transmitters are in good working order and service or repair them as necessary.

# Security Management

## Section 400 - Policy 4.4 - Page 1 of 1

### Radio Procedure

1. Policy – In order to effectively communicate all staff (DYCS and supervisors) on first and second shift shall be provided portable radios for communication. Staff shall keep the radio on their person whenever they are on duty.
2. Radio Use
  - a. Radios shall only be used for brief work-related communications.
  - b. Before making a transmission consider the following questions:
    - i. Is it necessary?
    - ii. Is it something for everyone to hear?
  - c. Residents shall never use staff radio.
  - d. All radios shall be on channel 1 only.
3. Testing – Radios shall be tested at the start of each shift. Report immediately any radio not working properly.
4. Assignment of Radios – Radios shall be assigned to each staff person. Each radio has a tag which identifies it.
  - a. When reporting for duty, retrieve the radio immediately from the supervisor.
  - b. If you do not have a radio inform your supervisor immediately.
  - c. Supervisors: Ensure that radios are tested at the very start of each shift. Test radios by communicating with each staff. Exchanging information such as the census count, which is to be taken at the start of each shift, will suffice as testing the radio. Ensure that all radios are working.
5. Maintenance
  - a. Battery Charging – occurs on the third shift primarily. The supervisor working this shift, the 7pm to 7am, shall check radios and ensure they are turned off and charging. Issue broken radios to your supervisor immediately and receive a replacement.

Security Management  
Section 400 - Policy 4.5 - Page 1 of 2  
Audio/Video/Phone/Communication Systems

**AUDIO AND VIDEO MONITORING SYSTEM:**

The audio monitor system is an internal communication device which allows the supervisor to speak to the units, or any individual room, and various other areas of the building such as the gym, kitchen, etc. The monitor system is also in each of the unit offices and will allow you to communicate with the supervisor.

**REQUIRED USE OF THE AUDIO MONITORING SYSTEM:**

1. While a resident(s) is confined to their room and a staff person is not present in the unit.
2. During the 11pm-7am shift all units must be monitored. The gym area must also be monitored if residents are sleeping there due to overcrowding situations.
3. When a staff person of the opposite sex is conducting a visual on a resident.
4. When a staff member is conducting an intake.

Video monitoring is also part of detention's security system. Cameras are positioned throughout the building and on all external doors, the parking lot, and the outside play area. This system is available to assist in monitoring residents, staff and visitors in the building.

**REQUIRED USE OF THE VIDEO MONITORING SYSTEM:**

1. When the outside play area is in use by staff and residents.
2. At shift change to monitor staff leaving/entering. \*Staff should leave detention as a group, rather than individually for safety purposes.\*
3. Door 39 and door 75 to monitor individuals requesting to enter/exit the building.

Security Management  
Section 400 - Policy 4.5 - Page 2 of 2  
Audio/Video/Phone/Communication Systems

**PHONE SYSTEM:**

All phones within the facility are wired to call other phones within the building, however, only select phones are capable of calling outside the building. The phone system is connected to an emergency power system, should normal electrical service be disrupted. Also, all the unit phones are capable of dialing 911 in the event of an emergency situation.

**JAIL TRACKER SOFTWARE: (Revised 6/22)**

The detention center has a computerized system which enables visual checks to be electronically recorded. This system records the date, time, and status of each visual check made in each unit.

This system is used on the midnight shift. Staff will utilize the Jail Tracker software to electronically record visual checks. The supervisors will also utilize this system to record security checks conducted throughout the night. Additional recording of visual checks will be completed manually on the blue visual check sheets.

At the end of the midnight shift, the supervisor on duty will generate a report in the Jail Tracker system to show all visuals/security checks conducted throughout the night. The report is to be attached to the blue sheets and reviewed by Administration in the morning.

Security Management  
Section 400 – Policy 4.6 – Page 1 of 1  
Motorola MTS 2000 Police Radio

**800 MHz RADIO: (Revised 12/09)**

This is a portable radio transmitter which operates on police, ambulance, fire and other emergency frequencies. The purpose of this system is to provide emergency communication in the event of an emergency situation in which normal lines of communication are either not working or inaccessible.

**HOW TO OPERATE THE 800 MHz RADIO: (Revised 12/09)**

1. Turn the radio "on." Located on the upper left side of the radio.
2. Channel selector knob must be on channel #1 to reach central dispatch.
3. Toggle switch on top of radio must be on position "C."
4. Push to talk. Located on side of radio.

When the radio is not in use, make sure it is turned off. The Maintenance Department is responsible for charging the radio on a monthly basis. The sheriff's deputy will test the police radio every Wednesday and Sunday during normal visiting hours to ensure it is properly working. The supervisor will document these tests on the supervisor's log.

# Security Management

## Section 400- Policy 4.7 – Page 1 of 2

### Authorized Personnel/Visitors

#### **AUTHORIZED PERSONNEL/VISITORS: (REVISED 03/03)**

Employees of detention are required to enter through door #75. Authorized visitors may also use door #75 during normal visiting hours. During normal business hours (Monday-Friday 8-5pm), visitors must enter the building through the court, where they can be properly screened by the sheriff's department personnel. Exceptions to this rule include: known transporters, recognizable uniformed police officers, or recognizable County personnel. After court hours, holidays, or normal visiting hours, authorized visitors will enter via door #75. Visitors will be required to be screened through the metal detector by the supervisor, or his/her designee. **No one will be allowed to enter the secure detention area without proper screening.**

**Former employees are not allowed to enter detention without prior administrative approval.**  
**All tours of detention must be approved in advance by the administration.**

Staff must clearly identify a person before letting them in the building – either through door 75 or 39.

**If you do not know who the person is, do not let them in.**

#### **SIGN-IN PROCEDURES**

All visitors who are here to see a resident must sign in at the supervisors office. This includes out-of-county probation staff, DHS staff, police, attorneys, CMH staff, etc. The only visitors exempted from signing in are our probation/court staff. Visitors will sign in the "Authorized Visitors Log Book."

Security Management  
Section 400- Policy 4.7 – Page 2 of 2  
Authorized Personnel/Visitors

**CLERGY VISITS: (05/09)**

The following policy has been developed in terms of addressing the criteria for approving clergy visits for residents.

1. All requests for clergy visits must be made through the Detention Administration.
2. All clergy must be able to verify their credentials (pay stub/clergy card). This will be verified by the Detention Administration.
3. All clergy will fill out an application for visiting purposes.
4. All clergy will be subject to a criminal history background check **prior** to being permitted to visit residents.
5. Residents must agree in writing to be seen by clergy. Residents will never be *compelled* to visit with any clergy.

# Security Management

## Section 400 – Policy 4.8 – Page 1 of 2

### Resident Visitation

#### **RESIDENT VISITATION: (REVISED 03/11)**

The detention center encourages residents to maintain ties with their parents or legal guardians through regular visits. Parental visiting is scheduled to allow such access on a regular basis. Regular visiting for parents or guardians is scheduled for:



Several procedures are necessary to keep and maintain order and security during visitation. These are noted below.

1. Visiting is limited to parents or guardians. Grandparents or other family members may be added to the list when there is a compelling reason to do so. However, no more than two visitors may visit at any one time. Such visits will be approved by the detention Administration on a case-by-case basis.
2. Visitors must sign in with the sheriff's deputy upon entry to the facility. An authorized visitation list is available for the deputy to insure the proper identity of each visitor. Visitors must provide proper identification, either a Driver License or a valid Michigan ID.
3. All visitors are searched via a metal detector by the sheriff's deputy.
4. Visitors must remove their coats, hats and purses during visitation.
5. Visitors may only bring fresh fruit or vegetables to residents during visitation.
6. Visitors will use a separate bathroom from the residents during visitation to prevent passing of contraband.
7. Visitors must conduct themselves in a proper manner. Violations of visiting rules may result in visiting privileges being revoked.
8. Visitors may bring books, magazines or letters to residents during visiting, but these materials must be screened by the supervisor prior to being issued to the resident. Residents MAY NOT give letters or other mail to visitors for mailing purposes.



# Security Management

## Section 400 – Policy 4.8 – Page 2 of 2

### Resident Visitation

Staff must be present at all times to observe visitation. Any unusual situation must be reported to the supervisor. Staff will help direct visitors to the gym and out of the building following their visit.

9. Special visits or private and confidential visits may be arranged through the Director or designee. Such visits are scheduled during a time other than normal visiting hours. Special visits are normally requested by the resident's PO/DHS worker when a resident is going to placement, a death has occurred in the resident's family or other "special" circumstances that warrant a special visit. Special visits will be supervised by the resident's worker unless arrangements are made for detention staff to do so.

#### **VISITATION BY LAW ENFORCEMENT:**

Before any law enforcement will be allowed to meet with a resident in detention, the supervisor must ensure that prior approval has been received from the court. Police may also meet with a resident if the parent, legal guardian or attorney of the resident is present. Prior approval from the court is not needed in this situation.

**Always verify that law enforcement personnel  
have authorization to speak with a resident.**

# Security Management

## Section 400 – Policy 4.9 – Page 1 of 1

### Security Procedures for Visitation

#### **SECURITY PRECAUTIONS DURING REGULAR VISITATION:** (REVISED 03/06)

The supervisor on duty will ensure the following procedures are followed:

1. A deputy must be present for visitation. If a deputy fails to arrive, the detention supervisor must delay visitation until a deputy has arrived. The supervisor has the authority to cancel visiting if a deputy fails to arrive.
2. Make sure visitors sign the visiting book. **Review with the deputy on-duty the information contained in "Visitation: Juvenile Home Security Rules and Regulations for Security Officer/Deputy," a copy of which is in the deputy's manual and the visitation book.**
3. Refuse irate or disorderly visitors to visit.
4. Check all packages/bags to insure the contents are appropriate.
5. Use the metal detector to check each individual.
6. Officers will be provided a police radio for emergency use. The officer will check the radio to ensure it is properly working.
7. Officers must remain in the door 75 hallway because of being armed. The deputy will not be permitted access or contact with residents or visitors unless responding to an emergency.
8. Only those highlighted on the visiting list are permitted to visit. Ask for a picture ID to establish identity. If there is no visiting list, or a person has not been listed, consult the supervisor.
9. Visitors who are under the influence of alcohol or under the influence of a controlled substance or smell of alcohol or of a controlled substance will not be permitted to visit. Deputies will advise the individual that they must leave and inform the individual not to drive a motor vehicle or 911 will be immediately contacted.
10. Unauthorized visitors will be asked to wait outside in their vehicle; not in the facility. This includes children.

**Any time a visit has been denied, the Detention Supervisor must write a report to the Detention Administration indicating the reason the visit was denied.**

## Security Management

### Section 400 – Policy 4.10 – Page 1 of 1

#### Searching Gym after Visitation

Staff must be certain to shake down the gym after visitation to ensure that all areas, including the restrooms, are free of contraband. This must be done immediately following visitation.

#### Procedure:

1. The first two staff members assigned to supervise are responsible for searching the gym and the gym bathrooms to make sure no contraband is present before visiting.
2. The last two staff assigned to supervise visitation are responsible for searching the gym at the completion of visitation. Specifically, the underside of all the chairs must be searched; the gym restrooms and the gym in general must be searched to ensure nothing has been left behind by any visitors.
3. Residents will **not** assist in putting the chairs away.
4. The supervisor will ensure that staff complete a thorough search of the gym at the conclusion of visitation.

# Security Management

## Section 400 – Policy 4.11 – Page 1 of 1

### Search Procedures

#### **SEARCH PROCEDURES:** (REVISED 08/05)

There are four types of searches that take place in the detention center. They are:

1. Normal intake search (no probable cause).
2. Probable cause strip search
3. Resident returning to detention.
4. Shakedown search.

**During any search, staff shall wear gloves.**

**Male staff only search male residents, female staff will only search female residents.**

# Security Management

## Section 400 – Policy 4.12 – Page 1 of 2

### Metal Detector Search Procedures

#### **METAL DETECTOR WAND SEARCH (REVISED 08/05)**

A metal detector search is performed on all youth who are being admitted to the facility or who are returning from being outside the secure detention area. This search is done immediately after the resident enters the detention center. Below are the procedures for conducting a metal detector search:

#### **SECURITY DURING METAL DETECTOR SEARCH**

1. Residents are to remain handcuffed or in belly chains during the metal detector wand search.
2. Staff will conduct the search in clear view of a camera, either the gym hall camera or the cafeteria camera, depending on traffic.
3. Staff will wear gloves during the entire search process.
4. Male staff will search male residents; female staff will search female residents.

#### **OPERATING THE DETECTOR**

1. Turn the metal detector on.
2. Test detector against something metal to be sure it is operating properly. It will vibrate when on.
3. When scanning a person, the detector must be held no more than ½ an inch away from the area being scanned.

#### **SEARCHING THE RESIDENT**

1. Ask the resident to declare any items they may have. This includes both contraband and non-contraband such as a wallet, change, jewelry, etc. Have the resident remove any hair clips, rubber bands, etc. All items must be turned over to the staff and kept separate from the resident.
2. Advise the resident that if you discover something that they have not declared, new charges could result.
3. Have the resident spread their fingers and open their hands to show there is nothing in the hands.

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#### Metal Detector Search Procedures

4. Remember to keep your body balanced while searching the resident's body. Be careful not to leave yourself vulnerable to being kicked or injured. Stand at a 45° angle with one foot forward and one foot backward for balance.
5. Begin scanning the resident's head, chin and neck area. Check the resident's mouth, under tongue and in cheeks.
6. Continue to move the detector over the resident's back in a side-to-side motion. Be sure to use the metal detector under the resident's collar.
7. Move the detector in a side-to-side motion across the resident's entire back side. Have the resident bend slightly forward and extend arms up to check the small of the back and waistline, being careful to avoid detecting the handcuffs.
8. Move the detector down and across the resident's buttocks and legs. Move the detector between the resident's legs in the groin area.
9. Have the resident remove his/her shoes. Use the metal detector to check the insides and bottoms of the resident's shoes.
10. After searching resident's back side, stand to the side of the resident and conduct the search on the front side of the resident.
18. Start at the head and neck area and proceed in a side-to-side motion, checking torso area.
19. Identify any bra wires or body piercing.
20. Move the detector in a side-to-side motion down the body to the waist line. Identify belt.
21. Proceed moving the detector down the resident's legs. Have the resident identify anything in the pockets. Identify any item that sets the detector off by asking the resident what it is, and physically reach in pockets to remove such items.
22. Move the detector down the resident's legs to the ankle area. Check the resident's socks and pant cuffs.
23. If unable to determine any item that sets the detector off, inform the supervisor and seek authority to proceed with a probable cause strip search.

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### Hand Search Procedure

#### **HAND SEARCH PROCEDURES**

A hand search is conducted after staff have performed a metal detector search. A hand search is performed on all youth who are being admitted to the facility or who are returning from being outside the secure detention area. This search is done immediately after the resident enters the detention center. Below are the procedures for conducting a hand search.

#### **SECURITY DURING A HAND SEARCH**

1. A hand search is not a "pat down" search. It is a much more comprehensive search.
2. Residents will remain handcuffed or in belly chains during the hand search.
3. Gloves must be worn at all times.
4. Male staff will check male residents, females will check females.
5. Staff will conduct the search in clear view of a camera, either the gym hall camera or the cafeteria camera, depending on traffic.

#### **CONDUCTING A HAND SEARCH**

1. Remember to keep your body balanced while searching the resident's body. Be careful not to leave yourself vulnerable to being kicked or injured. Stand at a 45° angle with one foot forward and one foot backward for balance.
2. Begin at the head and check hair, and behind ears.
3. Systematically work your way down, do head, neck, and torso - front and back first.
4. Check the resident's collar all the way around.
5. Run hands over the back. Use your thumbs to check the small of the back and then do the same check on the front side of the resident's torso area. Identify any bra underwires.
6. Have resident bend forward slightly with arms extended up, wrap hands around each arm checking cuffs and under armpits.
7. Run your fingers around the waistline, both front and back.
8. Shake pants to loosen anything that may fall out.

\* All residents must be checked for head lice. Report any head lice immediately to the supervisor so the resident can receive treatment.

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Hand Search Procedure

9. Check buttocks and crotch area. Check all pockets.
10. Proceed to legs, running hands down front and back of the legs.
11. Check cuffs, shoes and socks. The resident's shoes should already have been removed during the metal detector search. Staff will ask the resident to lift their feet to check the bottoms of feet.



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Normal Intake Procedures

**NORMAL INTAKE PROCEDURES (REVISED 08/05)**

When a new resident is brought to detention to be detained by the **police**, through the **court**, or from any other **detaining agency**, the following procedures will take place:

All residents will remain in handcuffs (behind the back) or in belly chains until a thorough search is conducted by DYCS staff. The search will begin with a metal detector search, and a hand search. Handcuffs or belly chains will be removed only **after** staff have determined that no contraband is present. Contraband is defined as a dangerous, illegal, or unidentifiable item. If no contraband is discovered during the initial metal detector and hand search, the resident will be un-handcuffed and staff will continue with the normal intake search process as listed below:

1. Take the resident to the intake room.
2. **The intake room is equipped with a security camera. Staff must remain in a position where they can be viewed by the camera for security purposes. Instructions are posted on the wall in the intake room of where staff need to be positioned.**
3. **AT NO TIME WILL STAFF TOUCH THE RESIDENT DURING THIS SEARCH.**
4. Inspect the shower and changing area for any contraband, prior to letting residents use it.
5. Before the resident enters the changing area, ask them if they have any bruises, burns or other injuries. Observe the resident for any signs of such injuries. Staff will report any such injuries to the supervisor immediately and document the injuries on an incident report.
6. Instruct the resident to enter the changing area. Maintain visual contact with the resident at all times.
7. Instruct the resident to remove their clothing and have them immediately kick their clothes out under the door of the changing area. Be observant for any unusual movements, or for anything that may fall to the floor. Make sure the resident has given you all of their clothing.
8. Search all of the residents' clothing thoroughly. Place the clothing in a blue mesh bag and put it by the door of the intake room to be placed in the washing machine.
9. Instruct the resident to take a shower. The resident must wash their hair and body with the soap provided.

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### Normal Intake Procedures

10. While the resident is in the shower, select their detention clothing and shoes while still maintaining visual contact with the resident.
11. When the resident is finished showering and is dressed, place the resident's shoes in a plastic bag and place both their shoes and coat in the bin that you have assigned to them. Do not allow the resident to walk into the area where the lockers are located. Be sure to document the resident's bin number on the property sheet.
12. Check the shower area and the changing area after the resident is finished showering to ensure no contraband has been dropped or hidden.
13. Issue the resident their bedding.
14. Place the resident's clothing in the washing machine on the way out of the intake room.

**ALWAYS WEAR GLOVES DURING THE ENTIRE SEARCH PROCESS!!!**

**MALE STAFF WILL ONLY SEARCH MALE RESIDENTS, FEMALE STAFF WILL ONLY SEARCH FEMALE RESIDENTS.**

**Staff must never leave the resident alone in the intake room and must maintain proper visual supervision of the resident during the intake process.**

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Probable Cause Search

**PROBABLE CAUSE SEARCH PROCEDURE (REVISED 12/05)**

**ALWAYS WEAR GLOVES DURING THE ENTIRE SEARCH PROCESS!!!!**

1. A probable cause search is initiated after something dangerous, illegal, or unidentifiable is found on a resident during the metal detector wand search and/or the hand search. A probable cause search must be authorized by the supervisor and documented on an incident report.
2. The resident will remain handcuffed and will be taken to the intake room.
3. Staff will remove clothing as needed until the dangerous, illegal or unidentifiable item has been retrieved from the resident. This search will require additional staff to assist in the search process. Staff will, to the best of their ability, have the resident remain inside the taped area on the floor.
4. If additional contraband is discovered, staff will turn the items over to the supervisor and an incident report will be written. Depending on what the item is, the supervisor will determine the appropriate course of action, based on detention's discovery of contraband policy.
5. Once the dangerous, illegal, or unidentifiable item has been retrieved and staff are certain that the resident is not in possession of any other type of dangerous item, the handcuffs will be removed.
6. The resident will then be asked to remove all of his/her clothing. **THE CHANGING AREA WILL NOT BE USED DURING THIS SEARCH.** Staff will have the resident remain behind the taped area on the floor, then face the resident and visually observe all areas of the resident's body.
- 7. DURING THIS PART OF THE SEARCH, STAFF WILL NOT TOUCH THE RESIDENT AT ANY TIME.**
8. Staff will check under the resident's feet, have them lift their arms above their head, observe the inside of thighs and buttocks area, resident will squat to ensure nothing is hidden in the buttocks, genitals area, resident will also have the inside of his or her mouth searched. Have the resident perform a 360° turn to ensure nothing is hidden on their body. Staff will also observe the resident's body for any bruises, burns, or injuries at this time. Staff will report any such injuries to the supervisor immediately and document the injuries on an incident report.

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Probable Cause Search

9. Staff will ask the resident to step away from his/her clothing. Staff will conduct a thorough search all of the resident's clothing and ask the resident to get in the shower.
10. While the resident is in the shower, select their detention clothing and shoes while still maintaining visual contact with the resident.
11. Check the shower area and changing area after the resident is finished to ensure no contraband has been dropped or hidden.
12. Issue the resident their bedding.
13. Place the resident's clothing in the washing machine on the way out of the intake room.

**Staff must never leave the resident alone in the intake room and must maintain proper visual supervision of the resident during the intake process.**

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Shakedown Procedures

**SHAKEDOWN SEARCH PROCEDURES (REVISED 03/07)**

**PLEASE NOTE: DURING SHAKEDOWN SEARCHES OF A RESIDENT IN THE UNIT, TWO STAFF MUST BE PRESENT TO CONDUCT THE SEARCH. PLEASE ENSURE TWO STAFF ARE PRESENT, WITH ONE CONDUCTING THE SEARCH AND ONE VISUALLY MONITORING THE PROCESS.**

Due to the secure nature of the building, residents must be searched at various times to ensure the safety of the juvenile detention center. This type of search is conducted for the following reasons:

- After normal visitation
  - After visits from non-professional visitors
  - Random shakedowns
1. The resident will be escorted to a discreet location (usually the unit bathroom or the intake room) and will be immediately searched. Female staff will search female residents, and male staff will search male residents.
  2. Staff will make every effort to maintain themselves in view of a camera. For example, if shaking a resident's room down, staff shall remain in the doorway while the resident is being shaken down.
  3. Do not allow the resident to move to any other part of the building or come into contact with any other resident prior to this search.
  4. **Explain to the resident that you will not touch them at any point during this search.**
  5. The resident will be asked to remove all of their clothing from the waist up. This includes removing their jumpsuit, sweatshirt, t-shirt and bra.
  6. Staff will face the resident and observe all areas of the resident's upper body. Have the resident lift their arms above their head, run their fingers through their hair and search the resident's mouth. Have the resident perform a 360° turn to ensure nothing is hidden on their body.

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### Shakedown Procedures

7. Staff will search all of the residents' clothing. When it is determined that no contraband is present, staff will return the resident's bra, T-shirt and sweatshirt and the resident will be permitted to put these items back on.
8. Next, have the resident remove all of their clothing from the waist down. This includes the residents' shorts, underwear, socks and shoes.
9. Staff will face the resident and observe **all areas** of the resident's lower body. Observe the inside of the resident's thighs, and buttocks area. Again, have the resident perform a 360° turn to ensure nothing is hidden on their body. Have the resident lift their feet to ensure nothing is hidden. Have the resident squat to ensure nothing is hidden in the genital/buttocks area.
10. Staff will search all of the resident's clothing and when it is determined that no contraband is hidden, will return the resident's underwear, shorts, socks, shoes and jumpsuit to the resident.
11. When the search is completed, the resident will be permitted to re-join the group. If any contraband is found during the search, staff will immediately turn it over to the supervisor and follow the procedures listed under "Discovery of Contraband."

**AT NO TIME WILL STAFF TOUCH THE RESIDENT DURING THIS SEARCH.**

**ALWAYS WEAR GLOVES DURING THE ENTIRE SEARCH PROCESS!!!**

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Resident Returning to Detention

**RESIDENT RETURNING TO DETENTION PROCEDURE (REVISED 12/05)**

**SEARCH PROCEDURE**

When a resident has left the confines of the detention center through door 75 or door 39 for court, medical appointments, or for any other reason, he/she will be subjected to a **metal detector search**, a **hand search** and a **shakedown search** prior to rejoining the group.

1. The resident will remain handcuffed until after staff have conducted a metal detector search and a hand search.
2. Staff will wear gloves at all times.
3. Male staff will search male residents, female staff will search female residents.
4. If the resident left the building with a parent and was not handcuffed, staff will secure the resident with cuffs before allowing them to re-enter the secure detention center.
5. Assuming no contraband is found during the metal detector search or the hand search, the resident will be un-handcuffed and will be taken to the intake room.
6. The resident will be asked to remain in the taped area in front of the changing area. The resident will then be asked to remove all of their clothing from the waist up. This includes removing their jumpsuit, sweatshirt, t-shirt, and bra. Advise the resident during this time that you will not touch them.
7. Staff will face the resident and observe all areas of the resident's upper body. Have the resident lift their arms above their head, run their fingers through their hair and search the resident's mouth. Have the resident perform a 360° turn to ensure nothing is hidden on their body.
8. Staff will search all of the residents clothing. When it is determined that no contraband is present, staff will return the resident's bra, t-shirt and sweatshirt and the resident will be permitted to put these items on.
9. Next, have the resident remove all of their clothing from the waist down. This includes the resident's shorts, underwear, socks and shoes.
10. Staff will face the resident and observe all areas of the resident's lower body. Observe the inside of the resident's thighs, and buttocks area. Have the resident squat to ensure nothing is hidden in the genitals/buttocks area. Have the resident lift their feet to ensure nothing is hidden. Again, have the resident perform a 360° turn to ensure nothing is hidden on their body.

# Security Management

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### Resident Returning to Detention

11. Staff will search all of this clothing and when it is determined that no contraband is hidden, will return the resident's underwear, shorts, socks, shoes and jumpsuit to the resident.
12. When the search is completed, the resident will be permitted to re-join the group. If any contraband is found during the search, staff will immediately turn it over to the supervisor and follow the procedures listed under "Discovery of Contraband."

NOTE: If the resident changed into their own clothes when they left, staff shall search the resident in the same manner; that is, have the resident remove their clothing from the waist up first, and then from the waist down.

**STAFF MUST MAINTAIN VISUAL CONTACT WITH THE RESIDENT AT ALL TIMES.**

**\*\*Residents who are about to be released after a court hearing must still be searched using these procedures prior to being released.**



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Contraband

**DISCOVERY OF CONTRABAND**

If illegal items such as weapons or drugs are found, the detention supervisor will turn the items over to the arresting agency and will request that the officer make a police report and remove the contraband. An incident report will be written detailing the incident and what was found.

If other items are found that are dangerous, but not illegal (such as razor blades, needles, cigarettes) these items will be confiscated, and an incident report will be written detailing what was found. Staff will seek permission from the supervisor to initiate a probable cause search when contraband has been identified.

# Security Management

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### Searches of Building

#### **SEARCHES (SHAKEDOWNS): (REVISED 08/05)**

Security checks or shakedowns must be made on a frequent basis to insure no resident is in possession of contraband. Checks should be made several times a week or whenever security concerns merit a search. Searches of this nature will also take place routinely after visitation. Residents are never to assist in security checks. When performing shakedown searches, be sure to check the following areas:

#### **UNIT AREA:**

- Doors – Check lock, window frame and window for damage. Check for graffiti.
- Sink and Toilet – Check for damage, unit loose from wall or floor, tiles loose.
- Speaker – Check to make sure clear of debris, that it is not damaged, loose, missing screws.
- Light Fixtures – Check for damage, scratched, missing screws, loose from the wall, proper functioning.
- Mattress & Pillow – Check for damage, holes, tears, presence of contraband.
- Unit Cart – Check for gang related material, contraband.
- Bathroom – Check for presence of contraband under sink, in shower area, around toilet.
- Unit area – Check under chairs, tables, vents quiet room, TV for presence of contraband.

#### **BUILDING WIDE: (REVISED 08/05)**

When conducting building-wide shakedowns, the following schedule must be followed in terms of what part of the building each unit worker is responsible for. The supervisor will assign additional areas of the building as necessary.

#### **A Unit:**

Shakedown entire unit area – all rooms, unit office, bathrooms, and storage area.  
Classrooms 1, 2, 5, computer room and cafeteria.

#### **B Unit:**

Shakedown entire unit area – all rooms, unit office, bathrooms, and storage areas. Classrooms 3 and 4, intake room, and individual conference rooms by supervisor's office.

# Security Management

## Section 400 – Policy 4.19 – Page 2 of 3

### Searches of Building

#### **C Unit:**

Shakedown entire unit area – all rooms, unit office, bathrooms, and storage areas.

School library, gym storage rooms, weight room, and D Unit.

When searching these areas, pay special attention to the following:

- Gym – check both bathrooms, storage rooms, and weight room for contraband, or broken equipment, etc.
- Classrooms – Check walls, desks, windows, doors, chalkboard, floors for graffiti, contraband, broken equipment, etc.
- Hallways – Check for broken equipment on exit signs, door jambs, loose tile, etc.
- Cafeteria – Check windows, walls, doors for broken equipment, contraband, etc.
- Intake room – Check for broken equipment, contraband, etc.

**All areas must be thoroughly searched – this list is not necessarily all inclusive.**

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Searches of Building

**SEARCH PROCEDURES WHEN SOMETHING IS MISSING: (05/09)**

1. Any time it is discovered that something is missing (for example: a pencil, water keys, forks, etc.) staff are to immediately notify the supervisor.
2. Residents shall be notified to remain seated, and staff shall immediately begin to conduct a cursory investigation. Residents should be asked if anyone has knowledge of what happened to the missing item.
3. If the item is not located by using this method, residents shall be individually removed from the area and secured in their individual rooms.
4. Staff will question residents individually and shall note the resident's response on an incident report. Staff will also conduct a full body shakedown (section 400; policy 4.16) of each resident.
5. The physical area of the building where the item was lost must also be searched thoroughly.
6. If, after all search procedures have been exhausted and the item has still not been located, staff will detail the extent of their search and investigation on an incident report will and submit the report to the supervisor for review.

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Door Checks

**SHIFT CHANGE DOOR CHECKS:**

Immediately after reporting for duty and conducting shift change information, staff are required to check their assigned area to make sure all the doors in the unit are secure. This is a mutual check between the incoming staff and outgoing staff.

# Security Management

## Section 400 – Policy 4.21 – Page 1 of 3

### Transportation of Residents

#### **TRANSPORTATION OF RESIDENTS (Revised 02/08)**

##### **USE OF RESTRAINTS**

On occasion, staff are required to transport a resident from the Detention center to a specific location – usually a medical appointment. When transporting a resident, **ALWAYS** observe the following procedures:

##### **PRIOR TO DEPARTURE**

1. The resident must be seated in the backseat of the transportation vehicle, on the passenger side.
1. All transports will be conducted by a full-time staff person.
2. Staff will bring the transportation vehicle to the sally port area.
3. Staff will receive a resident transport packet from the supervisor. This will include the medical release form (either from the court and/or the medical release form signed by the parent), handcuff/belly chain cuff keys, detention cell phone, extra flexi-cuffs, and cut-down scissors for flexi-cuffs. The transport packet will also include information from the nurse regarding the details of where the appointment is.
4. If transporting the resident to a hospital, the supervisor will notify hospital security of the pending arrival of staff from the detention center (hospital security #s and contact information is in the staff information book).
5. As a general rule, all ER visits will be to St. Mary's Ambulatory Care Center (corner of Schust and Towne Center Road).
6. If a resident must be transported by ambulance, a staff person will ride in the ambulance and arrangements will be made to send additional staff to pick the staff and resident up and/or to assist in supervision.

##### **RESTRAINTS**

1. Prior to removal from the detention center, all residents will be properly secured in belly chains and leg irons.

## Security Management

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#### Transportation of Residents

2. Restraints will be applied by the staff member transporting the resident since he/she is responsible for the security of the resident.
3. All restraints must be checked for functionality prior to placing them on the resident.
4. Place the belly chains around the smallest part of the waist above the hip bones, and tighten the chain enough to prevent the sliding down and stepping through of the chain.
5. Place the wrists into the cuffs with the keyhole facing up the arm. Double lock the cuffs.
6. Have the resident sit in a chair or kneel to apply the leg irons. The leg irons must be put on with the keyholes facing down the leg. Double lock the leg irons.

#### **ADDITIONAL INFORMATION ABOUT RESTRAINTS**

1. The belly chains and leg irons shall not be removed simultaneously except in unusual situations, such as during a medical procedure in which the restraint would interfere, such as an MRI.
2. When it is necessary to remove metal restraints, staff will secure the resident by using flexi-cuffs. The mechanical restraints will not be removed until the flexi-cuffs have been applied. Once flexi-cuffs are in place, mechanical restraints can be removed, but must be immediately reapplied as soon as the medical procedure is complete.
3. Residents must never be secured to any part of an automobile.

#### **VEHICLES / TRAVEL (Revised 02/08)**

1. Once the transport has begun, no stops will be made unless a specified reason has been given to staff by the supervisor.
2. In the event of an emergency, which requires a stop, staff must notify the supervisor for instructions. The supervisor will contact Central Dispatch for assistance, if necessary.

## Security Management

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#### Transportation of Residents

3. Ensure that any time staff exit the transporting vehicle, the ignition keys are removed and remain with the driver.

#### **RESIDENT CARE AT HOSPITAL**

1. The staff will remain with the resident at all times. This includes movement to and from x-ray, therapy or any other medical procedure treatment areas.
2. The staff will make regular contact with the on-duty supervisor to keep them informed of new information (room number, any medical procedures, etc.).
3. The resident will remain in restraints at all times.
4. Do not allow the resident to receive or place phone calls. The resident is also not allowed to have visitors.
5. Maintain direct observation of the resident at all times. Sleeping or resting the eyes is strictly prohibited.
6. If possible, staff will position themselves between the resident and the exit.

#### **ADDITIONAL INFORMATION ABOUT TRANSPORTS**

1. Your responsibility is to transport the resident safely to and from the detention facility.
2. When walking with the resident, hold the youth's arm.
3. Keep the resident with you and in your sight at all times.
4. Upon returning to the secure detention center, all residents will be subjected to a metal detector search, a hand search and a strip search prior to re-entering the group.



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Physical Force

**PHYSICAL FORCE:**

Simply put, staff are never to use more physical force than is necessary to control a situation. Staff should use only minimal force and it should always be the last resort in handling a situation with an uncooperative resident.

Anticipating and preventing the development of situations in which physical force may be necessary is the responsibility of each staff member. Despite our best efforts, there are situations that occur requiring staff to physically intervene.

Physical force is defined as: physically restraining a resident whose actions are judged harmful and/or to physically move a resident against his/her will from one place to another for the purpose of maintaining safety and security.

**GENERAL RULES REGARDING PHYSICAL FORCE:**

1. All effort should be made to avoid the need to physically intervene in any situation, and physical control of youth should never be used as punishment.
2. To prevent the possibility of injury to residents and/or staff, only the minimal amount of force shall be used to control a resident or a situation within the detention center.
3. In instances in which a resident(s) has to be restrained or subdued, call for help by using your emergency transmitter. The presence of additional staff makes it less likely that the resident or staff will be hurt.
4. Staff must intervene immediately if the resident poses an immediate threat to safety and security. DO NOT WAIT FOR STAFF TO ARRIVE IF A PHYSICAL CONFRONTATION IS OCCURRING.

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Physical Force

**PHYSICAL FORCE MAY BE NECESSARY UNDER THE FOLLOWING CIRCUMSTANCES:**

1. By staff in self-defense.
2. A resident is assaulting another person or threatens to do physical harm to others and in the best judgment of staff, intends to immediately carry this out.
3. A resident is harming him/herself or threatens to do serious harm to self and in staff's best judgment, intends to carry this out.
4. A resident is destroying property (not in his/her individual room) or is threatening to do so and intends to immediately carry out the threat.
5. Resident does not respond to reasonable requests or instructions of staff to move from or remain in a particular location when such movement or restriction of movement is in the best interest of the resident or others.
6. Resident is attempting to run away and fails to respond when ordered to desist.

**When physical force becomes necessary, staff shall: (revised 7/25)**

1. Remain calm regardless of the emotional state of the resident.
2. Call for assistance via radio or telephone to alert the supervisor that help is needed.
3. If the situation poses an immediate threat to safety and security, staff will apply the minimum amount of force needed to bring the situation under control quickly and without injury to staff or residents ONLY UTILIZING CPI METHODOLOGY AND INTERVENTIONS. Staff who have yet to complete CPI training will ONLY participate in verbal de-escalation and nonrestrictive interventions.
4. To ensure safety is maximized and harm is minimized for everyone involved during use of physical force, staff will constantly check with one another and resident(s) to make sure proper techniques and procedures are maintained and corrected when required.

# Security Management

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### Physical Force

5. Direct all other residents away from the conflict “hit your doors.” Lock all other residents in their rooms to isolate the problem and secure the unit. If the conflict is in the gym, direct residents to the opposite end.
6. When the situation permits, (resident is **not posing** an immediate threat) staff must attempt to persuade the resident to move to a private area to discuss the cause and possible resolutions to the problem.
7. When the youth is under control, he/she shall be moved quickly to their room.
8. Remember that whenever it is necessary for staff to use physical force to control a resident, or if you witness another staff member take physical control, an incident report must be written documenting the incident in detail.

**Each person involved or witnessing the incident must  
write their own individual report.**

If there is any evidence of a physical injury, report it immediately to the supervisor and document what happened on an incident report. The supervisor and/or medical department will, if necessary, make appropriate medical referrals for treatment.

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Computerize Picture Identification Tool (Mugshot)

**IMAGE BANK**

The computer in the supervisor's office is equipped to search for picture identification of all previously arrested and photographed youth. Please ensure you use this tool during an intake you encounter the following:

- A. False identification: a youth is giving a false name and you need to properly identify the youth.
- B. Mistaken ID: you feel the police have arrested the wrong individual and you need to identify the appropriate youth.
- C. Confirm identification: you need to confirm the youth's identification.
- D. For any appropriate use to assist in identifying the juvenile.
- E. Never refuse lodging of a youth based on your personal opinion that the youth is falsely identified without utilizing this tool to confirm.

# Security Management

## Section 400 – Policy 4.24 – Page 1 of 2

### Mechanical Restraints in Reference to a Hostile Resident

In extreme situations when the facility's normal procedures in reference to handling a situation with a hostile/uncooperative resident are inadequate, the use of mechanical restraints may become necessary. The following procedures must be observed when using mechanical restraints.

1. Every effort must be made to avoid the need for use of mechanical restraints. Staff must utilize verbal de-escalation (CPI) training and the facility's normal "Use of Force" procedures. The minimum amount of force shall be used at all times.
2. Mechanical restraints will be utilized in a situation of imminent danger to staff or residents - again – after normal methods for dealing with the resident have proven unsuccessful.
3. Mechanical restraints shall be applied by cuffing the resident's hands behind his/her back. The resident shall be positioned face down on the floor in order to ensure his/her safety. Cuffing any other part of the resident's body is prohibited.
4. A resident shall never be handcuffed to any type of object.

#### **ADDITIONAL INFORMATION REGARDING USE OF MECHANICAL RESTRAINTS:**

1. Use of mechanical restraints may only be authorized by a supervisor, but an administrator must be notified as soon as possible or within **20 minutes** after the use of mechanical restraints are initiated.
2. Mechanical restraints may only be used to prevent self-injury, injury to others, or property damage.
3. Mechanical restraints are never to be used for punishment.
4. Restraints shall only be applied for the **minimum time necessary** to allow the resident to regain control of his/her emotional behavior. Restraints must be removed as soon as the resident has regained his/her composure and the supervisor on duty deems the situation to be under control.
5. **Constant visual supervision** must occur whenever mechanical restraints are utilized. A resident may never be left alone; direct observation is required.

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Mechanical Restraints in Reference to a Hostile Resident

**DOCUMENTATION OF USE OF RESTRAINTS:**

1. An incident report must be written any time the use of mechanical restraints has been initiated. The specific behavior that necessitated use of the restraints must be included in the report.
2. The report must include specific documentation regarding the time and date that an administrator was contacted, and the use of mechanical restraints approved.
3. The exact time the restraint equipment was applied and the exact time that the restraints were removed.
4. The name of the staff member who was responsible for applying the mechanical restraints as well as the name of the staff member responsible for removing the restraints must be documented.
5. The name of the staff member who was responsible for constant visual supervision must be included.

Mechanical restraints include the use of regular handcuffs, or flexi-cuffs. The supervisor on duty shall determine which type of restraint to use.

# Security Management

## Section 400 – Policy 4.25 – Page 1 of 3

### Visual Check Procedures

#### **Overview: (Updated 05/11)**

Visual observation is the single most important component of maintaining the safety and security of each resident during their confinement. Licensing requires visual observations to be made at least every 15 minutes during waking hours, and at least every 30 minutes during normal sleeping hours. The following policy will articulate the procedures for determining what type of visual checks are necessary, and the proper procedures for conducting visual checks.

#### **1. Normal Visual Checks: (Updated 8/23)**

- Visual checks are mandatory for all residents in detention. On waking hour shifts, visuals are conducted every 15 minutes. On the midnight shift, visual checks are conducted 3 times an hour. Checks are made on the hour and half hour, with one staggered check made during the hour.
- Visual checks are documented either on the Quiet Time/Leisure Time-Choice of Youth/Group Lock Up or Room Monitoring Sheet. On 3<sup>rd</sup> shift, visual will be recorded on Jail Tracker by entering in the audit shift log and will be documented on the blue visual sheet

#### **2. Visual Checks: (V) (Updated 5/11)**

- Special designation is given to residents who have expressed an interest in self-harming behavior, or have special mental, physical or emotional needs. Residents who have attempted suicide, thought about suicide, or jokingly mentioned suicidal thoughts, are placed on visuals. All threats are to be taken seriously. A "V" alert will be placed in Jail Tracker for the resident to alert staff that a resident needs to be monitored very closely.
- Placement on visual checks (V) will require an incident report to be written with an explanation of why the resident was placed on visuals.
- Residents may also be referred to Community Mental Health (CMH) or like position for additional evaluation and counseling.

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Visual Check Procedures

**3. 5 Minute Visual Checks: (REVISED 11/03)**

- The supervisor may order five-minute visual checks to be conducted by staff which means staff shall make visual checks a minimum of every five minutes. Five-minute visual checks are ordered when a resident is upset, angry and is confined to his/her room and there is a strong concern that self harming behavior may occur. Document these checks on the pink sheet or blue nightly visual check sheet. Documentation must include: the time five-minute checks started and ended, the resident's name, room number and behavior. changes; in other words: "5:00pm:resident is restless and pacing around room..." "5:05pm resident is sitting on bed, but upset..." "5:10pm, resident is lying on the bed...., etc."

**4. Discontinuing 5 Minute Visual Checks – Returning to 15 Minute Visual Checks: (REVISED 11/03)**

- The supervisor will only return a resident to 15-minute visual checks when the resident is calm and there is no longer a concern for potential self harm.

**5. Constant Visual Checks: (REVISED 05/11)**

- Constant visual checks shall be ordered whenever an acute situation involves a youth who is actively engaging in self harming behavior, is displaying other dangerous behavior, or has a severe medical situation that warrants constant supervision. The resident shall not be left alone until the crisis has subsided and his/her safety can reasonably be assured. Constant visual supervision means staff shall remain with the resident, visibly observing the resident within an arm's reach at all times.
- If necessary, the supervisor will contact Community Mental Health or like position for additional consultation.

**6. Additional Staff: (REVISED 11/03)**

- If needed, to assist in constant supervision, an additional staff person may be called in to assist by the supervisor.



Security Management  
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Visual Check Procedures

**7. Discontinuing Constant Visual Checks: (REVISED 01/04)**

- Residents will gradually be returned to standard visual checks after the supervisor has assessed the resident's potential for harm or injury.
- Residents shall be "stepped down" to 5-minute visual checks initially and if the resident remains calm and the supervisor has determined that there is no longer at risk, the resident may be returned to standard visual checks.

**8. Proper Procedures for making a visual check: (Added 05/11)**

- When making visual checks, staff will always go to the resident's door and observe him/her directly.
- Visual checks are **never** to be made from a seated position.
- Only the staff member making a visual check will sign the room confinement sheet.
- If a resident cannot be observed directly, staff will notify the supervisor immediately.
- If a visual check is not made in the appropriate amount of time, staff will notify the supervisor immediately.

General Procedures  
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Mealtime Procedure

**MEALTIME PROCEDURES: (REVISED 02/06)**

Units should be ready for meals as scheduled and should proceed to the cafeteria upon notification by the Supervisor. Staff must make sure that the group is well groomed and orderly before entering the cafeteria.

**MEAL PROCEDURES DURING THE SCHOOL WEEK**

During the school week, a rotating cafeteria schedule is utilized to make the lunch process more efficient. Two (2) units are served in their unit dayroom, while the other two (2) units utilize the cafeteria.

Mutual respect between residents, Youth Care Specialists, and kitchen staff is the expected atmosphere at all mealtimes. **Kitchen staff will not take direct disciplinary action with residents but will inform the staff if there is a problem with a particular resident.**

Staff are responsible for counting all plastic ware at the time the kitchen staff issues it, and must count it again before the unit leaves the cafeteria. The kitchen staff will also count plastic ware before and after each meal to insure all utensils are accounted for.

Staff are expected to sit with their unit at all times in order to maintain proper supervision. **Staff shall sit at opposite ends of the table - rather than sitting together - in order to supervise the whole group.**

Residents will never be subjected to disciplinary action because of not finishing their meal.

**MEALS SERVED TO RESIDENTS ON ROOM CONFINEMENT:**

Staff will notify the kitchen staff of any lockups they have at the beginning of the meal. The kitchen personnel will generally prepare a full portion of the same meal that is served in the cafeteria for those residents on room confinement. However, the supervisor may order a different meal consisting of sandwiches and milk without plastic ware if the resident has a history of inappropriately using the utensils or discarding his/her food or is currently hostile.

# General Procedures

## Section 500 – Policy 5.1 – Page 2 of 2

### Mealtime Procedure

The medical department may also order a different meal for medical purposes.

It is extremely important for staff to be aware of any resident who has a food allergy or need an alternative meal due to medical concerns such as diabetes. The procedure for ensuring that each resident is served the proper type of meal is as follows:

1. The Medical Department will issue a medical alert to the staff, the supervisor and kitchen personnel. (In the absence of the medical department, the supervisor is responsible for this).
2. A copy of the medical alert is posted in the cafeteria each day.
3. The kitchen staff will serve the meal in a “take out” Styrofoam container to differentiate it from the other meals.
4. Kitchen will write resident name on meal.

**Staff must be aware of any medical concerns a  
resident may have as it relates to meals.**

Residents on room confinement will be issued disposable spoons and styrofoam plates at meal time. Staff must be certain to retrieve the resident's tray and spoon as soon as they are finished eating. Do not throw the spoon away in the unit garbage can, as other residents may retrieve the item for inappropriate use. Throw the spoon away in the unit office.

General Procedures  
Section 500 – Policy 5.2 – Page 1 of 1  
Laundry Procedures

**LAUNDRY PROCEDURES:**

Resident clothing is washed on the 11pm-7am shift and is shared equally between male and female DYCS. Staff are responsible for washing only resident clothing; bedding and towels are laundered by a laundering service.

**LAUNDRY SCHEDULE**

All units change the following items on a daily basis:

1. Towels and washcloths
2. Socks
3. Underwear
4. T-shirts
5. Bras

<b><u>Unit</u></b>	<b><u>Clothing</u></b>	<b><u>Evening</u></b>
<b>A</b>	Pants, sweatshirts, shorts	Tuesday & Saturday
<b>B</b>	Pants, sweatshirts, shorts	Monday & Friday
<b>C</b>	Pants, sweatshirts, shorts	Thursday & Sunday
<b>D</b>	Pants, sweatshirts, shorts	Thursday & Sunday

<b><u>Bedding Change &amp; Pajamas</u></b>	<b><u>Evening</u></b>
<b>A</b>	Tuesday
<b>B</b>	Wednesday
<b>C</b>	Thursday
<b>D</b>	Monday

All other clothing including shoes will be changed as necessary.

Laundry will be completed on the 11pm – 7am shift and shared equally among staff.

General Procedures  
Section 500 – Policy 5.3 – Page 1 of 1  
Bed Wetting

**BED WETTING: (revised 6/23)**

If this issue comes to the attention of DYCS staff, please make a special note in the unit log and write an incident report asking the 3<sup>rd</sup> shift staff to wake the resident periodically throughout the evening to avoid the embarrassment of the resident. The supervisor will denote the need to wake a particular resident by placing an alert of "**BW**" in Jail Tracker for that resident in the computer.

General Procedures  
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Physical Activities

**GYM ACTIVITIES: (REVISED 02/09)**

**Maintain a ratio of 1:9 with no more than 35 residents in the gym at one time.**

The gym is to be used for **planned recreational activities**. During the school year, staff will follow the school gym activity schedule. A schedule is posted on the inside of the gym door. Always have a plan for what type of activity will be taking place before taking your group to the gym. Do not have too many activities going on at one time as this will cause confusion and make it more difficult to supervise your group.

The following general rules must be observed when you are using the gym:

1. Always check the doors including the exits, bathroom, and storage room to insure they are properly secured. When not in use, all doors must remain locked. Residents are not permitted to check doors.
2. All gym equipment must be accounted for and put away before leaving the gym or weight room.
3. Do not allow residents to swing, climb, or otherwise misuse the basketball rims or backboards.
4. Dunking basketballs is prohibited.
5. Do not block the fire exits with mats, weight equipment, etc.

General Procedures  
Section 500 – Policy 5.4 – Page 2 of 4  
Physical Activities

**STAFF INVOLVED IN PHYSICAL RECREATION ACTIVITIES:**

The following guidelines will be adhered to with all physical activities occurring in the gym or the outside athletic field.

1. Staff participation is encouraged to promote resident participation and positive involvement. When two staff are present, at least one staff member is to strictly supervise the activities at all times. If you are supervising residents in the gym alone, you must not participate in the activity.
2. Staff will not supervise by sitting or lying down on the floor. Staff are to move about the gym to maintain proper supervision.
3. Newspapers, magazines, or any other type of reading material is not permitted in the gym.
4. Residents are never to be left alone in the gym. When it is necessary for staff to conduct an intake or complete a visual check, staff must return immediately to the gym to provide supervision. Staff are not to take breaks during their unit's gym time.

**WEIGHT ROOM:** (REVISED 03/03)

The weight room must only be used for supervised activities. Staff must receive permission from the supervisor prior to taking a group into the weight room.

# General Procedures

## Section 500 – Policy 5.4 – Page 3 of 4

### Physical Activities

Please observe the following procedures when using the weight room:

1. The **resident ratio is 1:7. Only seven** residents are permitted in the weight room at any time.
2. The weight room equipment should be checked by staff before and after the residents have used it to ensure that pieces of equipment are intact.
3. The cable machine has two attachments. Staff need to make sure that the both bars are present and intact before leaving the gym.

**There is 1 piece of equipment in the weight room that requires a pin.**

4. The doors to the weight room must remain closed to ensure residents do not wander out into the gym.
5. Make sure the weight room is clean and neat after you are finished using it.



# General Procedures

## Section 500 – Policy 5.4 – Page 4 of 4

### Physical Activities

#### **OUTSIDE ATHLETIC FIELD:** (REVISED 8/23)

Outside activities are to be well-structured and planned before taking your group outside. All residents are expected to participate in whatever activities are taking place. Any resident who is temporarily resting will not be permitted to wander around the play area and is expected to remain in a location designated by staff.

**No more than 28 residents are allowed outside at any one time.**

Please also observe these guidelines when using the outside play area:

1. The fence, gate and perimeter of the play area must be inspected prior to taking a group outside. Make certain that the gate is properly secured and that no contraband has been placed in the play area.
2. At least two (2) staff must be outside at all times.
3. Maintain a staff to resident ratio of 1:7 when taking groups outside.
4. Residents are expected to remain an arms length from the fence at all times.

Staff may use the radio to contact the supervisor for both emergency and non-emergency situations.

#### **USE OF THE BATHROOM IN THE GYM:**

It is important to properly supervise residents' use of the bathroom in the gym. Please make sure to keep the bathroom door locked at any time it is not in use. When a resident needs to use the bathroom, staff must stand outside the door until the resident is finished and immediately lock the door afterward. Only one resident is allowed in the bathroom at a time. Do not leave the bathroom door unlocked or unattended.

**SAGINAW COUNTY JUVENILE DETENTION CENTER**  
**ACTIVITY SCHEULE**  
**REVISED 5/23/13**

<b>A UNIT</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
4:00 – 4:30 PM	DINNER	DINNER	DINNER	DINNER	DINNER
4:30 – 5:00 PM	GYM	GYM	GYM	GYM	GYM
5:00 – 6:00 PM	RECREATION	RECREATION	RECREATION	RECREATION	RECREATION
6:00 – 7:00 PM	GROUP MEETING	GROUP MEETING	GROUP MEETING	GROUP MEETING	GROUP MEETING
7:00 – 8:00 PM	CHORES/SHOWER NACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS
<b>B UNIT</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
4:00 – 4:30 PM	GYM	GYM	GYM	GYM	GYM
4:30 – 5:00 PM	DINNER	DINNER	DINNER	DINNER	DINNER
5:00 – 6:00 PM	GROUP MEETING	GROUP MEETING	GROUP MEETING	GROUP MEETING	GROUP MEETING
6:00 – 7:00 PM	RECREATION	RECREATION	RECREATION	RECREATION	RECREATION
7:00 – 8:00 PM	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS
<b>C UNIT</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
4:00 – 5:00 PM	RECREATION	RECREATION	RECREATION	RECREATION	RECREATION
5:00 – 5:30 PM	GYM	GYM	GYM	GYM	GYM
5:30 – 6:3 PM	GROUP MEETING	GROUP MEETING	PAYS GROUP MEETING	GROUP MEETING	GROUP MEETING
6:30 – 7:00 PM	FREE TIME	FREE TIME	FREE TIME	FREE TIME	FREE TIME
7:00 – 8:00 PM	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS	CHORES/SHOWER SNACKS

TUESDAY'S – CHURCH – 7:00 – 8:00 PM  
WEDNESDAY'S – VISITATION —6:00 – 8:00 PM

# SAGINAW COUNTY JUVENILE DETENTION CENTER

## WEEKEND ACTIVITY SCHEDULE

### SATURDAY

	<b>A UNIT</b>	<b>B UNIT</b>	<b>C UNIT</b>	<b>D UNIT</b>
CLEAN-UP	8:00 – 10:00 AM	8:30 – 10:30 AM	9:00 – 11:00 AM	9:30 – 11:30 AM
GYM	11:45 – 12:45 AM 5:00 – 5:30 PM	2:00 – 3:00 PM 6:30 – 7:00 PM	1:00 – 2:00 PM 7:00 – 7:30 pm	4:00 – 5:00 PM
MOVIE NIGHT	7:00 – 9:00 PM	7:00 – 9:00 PM	7:00 – 9:00 PM	7:00 – 9:00 PM
QUIET TIME	3:00 – 4:00 PM	3:00 – 4:00 PM	3:00 – 4:00 PM	3:00 – 4:00 PM

### SUNDAY

	<b>A UNIT</b>	<b>B UNIT</b>	<b>C UNIT</b>	<b>D UNIT</b>
CHURCH	9:00 – 10:15 AM	9:00 – 10:15 PM	9:00 – 10:15 AM	9:00 – 10:15 AM
GYM	11:45 – 12:45 PM	5:30 – 6:30 PM	10:15 – 11:15 AM	6:30 – 7:30 PM
VISITING	1:00 – 3:30 PM	1:00 – 3:30 PM	1:00 – 3:30 PM	1:00 – 3:30 PM
QUIET TIME	2:00 – 3:00 PM	2:00 – 3:00 PM	2:00 – 3:00 PM	2:00 – 3:00 PM

Units may go to the gym more as time permits on the weekend!!!

# General Procedure

## Section 500 – Policy 5.5 - Page 1 of 2

### Clean up Procedure

#### **CLEAN-UP PROCEDURE:**

Building wide clean-up occurs on Saturday mornings in all units. All residents who are not on room confinement are expected to participate in this process. Youth Care Staff should have all the necessary cleaning supplies in the unit prior to the beginning of clean-up, ie.. sponges, buckets, mops, toilet brushes etc.

#### **SUPPLIES:** (REVISED 09/09)

All cleaning chemicals are to be handled by staff only. Residents are not permitted to handle any of the chemicals. Also, make certain to observe proper safety precautions when using cleaning supplies. Always wear gloves, and when necessary, goggles. Residents must also wear gloves and goggles when necessary. All cleaning supplies are administered in pre-mixed spray bottles.

**\*Please note that on the 3pm –11pm shift, the shower mats, and bathroom floor must be disinfected with disinfectant. This will prevent athletes' foot from becoming a problem. Mats must be rolled up and standing on end when sprayed.**

General Procedure  
Section 500 – Policy 5.5 - Page 2 of 2  
Clean up Procedure

**CLEAN-UP PROCEDURES:**

1. Staff will receive authorization from the supervisor on duty to begin clean-up.
2. The clean-up procedure is expected to be conducted in an orderly and thorough manner.  
Residents must remain seated by their doors during the clean-up process.
3. Two staff must always be present during clean-up. Staff must always maintain visual contact of all residents! Both staff are expected to assist residents in the clean-up process.
4. Use the clean-up check list to insure all areas of the unit are properly cleaned.
5. Each resident is expected to clean their own room.
6. Staff must never have more than two room doors open at a time. Rooms must be cleaned in consecutive order.
7. No more than two residents may be selected to clean the bathroom and unit office.
8. Individual rooms should be cleaned first, followed by the unit bathroom, and the unit office. Clean and mop the floor of the day room last.
9. When clean-up is complete, call down to the supervisor to advise him/her that clean-up has been completed.
10. Clean-up supplies cannot be stored in the unit. All supplies are stored in the sink room by D unit and storage closet between A and B Unit.

## Saturday Clean-Up Checklist

DATE: \_\_\_\_\_ UNIT: \_\_\_\_\_ STAFF ON DUTY: \_\_\_\_\_

The following list outlines duties which must be completed each Saturday. Staff will initial each item as it is completed. The supervisor will inspect each unit and sign the checklist upon completion.

### **UNIT DAY ROOM**

### **STAFF**

1. Wash all windows including office window, quite room window, door windows \_\_\_\_\_
2. Dust mop and wet mop unit floor and unit office \_\_\_\_\_
3. Wipe down chairs and tables - Couches or chairs with a fabric  
covering must be sprayed with lice killer as necessary \_\_\_\_\_
4. Clean grates in windows on emergency exit door \_\_\_\_\_
5. Dust TV, ledges, all door handles security mirror, mirrors in bathroom/unit \_\_\_\_\_
6. Empty trash cans in office and dayroom \_\_\_\_\_

### **UNIT BATHROOM**

1. Clean and disinfect sinks, toilets, walls and shower mats \_\_\_\_\_
2. Scrub shower stalls, tiles and walls \_\_\_\_\_
3. Mop floor \_\_\_\_\_
4. Clean mirrors and wipe door handles and both sides of the door off \_\_\_\_\_
5. Organize and clean storage room.... dust mop and wet mop \_\_\_\_\_
6. Hang all mops, brushes, and brooms appropriately in storage room \_\_\_\_\_

### **INDIVIDUAL ROOMS**

1. Dust mop and wet mop floor \_\_\_\_\_
2. Wipe down both sides of mattresses; check for holes, rips or tears \_\_\_\_\_
3. Clean and disinfect toilet and sink \_\_\_\_\_
4. Clean windows, both inside and outside \_\_\_\_\_
5. Remove all food, paper, pencil marks, or graffiti from walls, ceiling and door \_\_\_\_\_
6. Sand doors as required \_\_\_\_\_

### **UNIT OFFICE**

1. Restock all supplies including forms, toilet paper, toothpaste, etc. \_\_\_\_\_
2. Remove all items from the desk, dust and wipe down window sill,  
dust  
countertop, computer screen, monitor and hard drive \_\_\_\_\_
3. Clean and organize desk drawer and cabinet....wipe doors to cabinet down \_\_\_\_\_
4. Disinfect office door, doors of bullpen rooms and all door handles \_\_\_\_\_
5. Clean and disinfect resident hygiene cart....wipe down individual  
drawers, clean top of cart and disinfect resident personal bins - wash with  
hot, soapy water, dry and return \_\_\_\_\_

## **Room/Unit Security Checklist**

Please complete this sheet during clean-up on Saturday Morning.

DATE: \_\_\_\_\_ UNIT: \_\_\_\_\_ STAFF ON DUTY: \_\_\_\_\_

ROOM #

Description of Broken/Missing Equipment and/or Graffiti

Include missing screws, broken tile, broken toilet/sink fixture, broken/damaged light

fixtures

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

UNIT AREA

LIST NEEDED REPAIRS

Unit Bathroom

Check light fixtures, sink/shower fixtures

\_\_\_\_\_

Check for loose tile

\_\_\_\_\_

Check all door jambs, also storage room door

\_\_\_\_\_

Check storage room for broken equipment

\_\_\_\_\_

Unit furniture

Check all chairs and tables for needed repairs

\_\_\_\_\_

Check ping pong table and ping pong equipment

\_\_\_\_\_

Check staff office chairs/table

\_\_\_\_\_

Check cabinet for broken equipment

\_\_\_\_\_

Other

Please list any other needed repairs:

General Procedure

## Section 500 – Policy 5.6 – Page 1 of 1

### Michigan Right to Know Law

#### **MICHIGAN RIGHT TO KNOW LAW:**

Michigan law requires employers to provide information to employees regarding any type of chemical used in the workplace. The following information is provided to you pursuant to this law:

1. Employees will be trained in reference to this law within the first 10 days of employment.
2. Material safety data sheets (MSDS) are available to all staff. These list all chemicals and precautions and safety procedures to be used for each.
3. All chemicals must be properly labeled and stored. Labeling must include the identity, hazard warning, name and address of the manufacturer, importer or distributor of the chemical.
4. Residents, contractors and volunteers must also be informed about any hazardous chemicals present in the detention center.
5. Staff and residents must use any safety equipment that is required for a particular product. This usually includes gloves and/or safety goggles.
  - Material Safety Data Sheets are maintained by the maintenance department and are available in the supervisor's office or the Director's office.
  - Included with the material safety data sheets will be a list of all known hazardous chemicals in the workplace known as the ***product list***. This information will be broken down for easy review in reference to the following categories: medical, maintenance, child care, custodial, and kitchen.
  - Posters are also displayed in the staff lounge in reference to the Right to Know Law and any hazardous materials that are present in the detention center.
  - Staff must immediately report to the supervisor any improperly labeled container.
  - No product is to be accepted or ordered without authorization from the Director.
  - The maintenance department is responsible for maintaining all records in reference to this policy.



## General Procedure

### Section 500 – Policy 5.7 – Page 1 of 1

#### Shower Procedure

##### **SHOWER PROCEDURE:** (Updated 08/12)

Showers are conducted on the 3pm-11pm shift each night. Shower time is a time that residents should be relaxed and quiet as they are getting ready for bedtime. It is critical to maintain very alert supervision during this time as residents are very vulnerable during the shower procedure.

- Showers may not begin until the supervisor has been notified and has authorized the starting time. **The normal start time for showers is 8:00PM.** However, if there are residents on RC or restrictions, showers can begin as early as 7:30PM. When showers are started prior to 8:00PM staff must notify the supervisor that the showers are being started based on the number of residents on restrictions. For example, if you have two restrictions, you can start showers at 7:50PM (each resident shower should last no longer than 5 minutes).
- Staff will notify the supervisor immediately regarding residents who are currently hostile and uncooperative at the time of showers. If the supervisor determines that the resident is so uncooperative so as to be a security risk, the resident will not shower and an information report will be written. Every effort will be made to have the resident shower. If this is not possible, the resident will shower the next morning or as staff are available.
- Two staff must be present in the unit at all times during the normal start time for showers. However, with supervisory approval, one staff person can shower residents. This will require that all residents on the unit be placed in their rooms until those residents who require showers have been completed. If a staff person must leave the unit during normal showers, the supervisor must give the staff permission to do so, and showers must be suspended until two staff are present.
- Residents are expected to be seated quietly in an area designated by staff while awaiting their turn in the shower.
- Only one resident is allowed in the bathroom at a time!
- Staff must be positioned to see directly into the shower area while showers are in progress.
- Residents who are on room confinement or are otherwise disruptive, will be showered last for security purposes.
- Residents must be given at least 5 minutes to shower.
- Staff will spray the floor mats with disinfectant each night after showers to prevent mold or fungus from accumulating.
- Staff will notify the supervisor when the shower procedure has been completed.

## General Procedure

### Section 500 – Policy 5.8 – Page 1 of 1

#### Resident Mail

##### **RESIDENT'S MAIL:** (REVISED 03/11)

Residents are permitted to send and receive letters as described in the token economy program. The detention facility will provide postage, stationery, and envelopes. There are no restrictions placed on residents in reference to whom they may send mail to except when there is clear and convincing evidence to justify any limitation. Requests to limit incoming or outgoing mail must be made through the Director.

Generally, a court order is required when limitations are placed on whom a resident may receive mail from.

Also, please note:

1. The detention supervisor is responsible for inspecting incoming mail for money or contraband.
2. If money is found, the amount will be noted on the resident's property sheet and the funds will be placed in an envelope with the resident's name on it. The envelope will then be placed in the cash box.
3. If contraband is discovered, an incident report will be written, and the detention supervisor will be responsible for notifying the administration.
4. Resident's letters – both incoming and outgoing – will be scanned by staff prior to sending it out or giving it to the resident. Outgoing letters will be initialed by the unit staff and sent unopened to the supervisor's office. Outgoing letters will be scanned by 3<sup>rd</sup> shift staff and placed in the secretary's box to be sent out. In the event that the letter is deemed inappropriate, staff will forward the letter to the supervisor for follow-up.

Mail that is deemed inappropriate by the detention supervisor will be placed in the resident's folder and given to the resident upon release.

The resident will be permitted to read the letter in the presence of the supervisor

## General Procedure

### Section 500 – Policy 5.9 – Page 1 of 2

### Resident Access to Publications and Telephone

#### **RESIDENT'S ACCESS TO PUBLICATIONS:**

Residents may have access to magazines, newspapers, books or periodicals provided the material does not contain:

1. Instructions for the manufacturing of explosives, drugs, or other unlawful substances.
2. The material does not advocate violence or other serious disruption to the facility's security.
3. The material does not contain racial, religious or national hatred in such a way as to create a serious danger of violence in the facility.
4. The material does not contain sexual or otherwise inappropriate material that would be inappropriate in the detention facility.

### **UNAUTHORIZED MAGAZINES**

Certain magazines have been determined to be so inappropriate that they will not be accepted into the facility. The following list is not all-inclusive but serves as example of the type of magazines that are unacceptable.

**Vibe, Source, Low Rider, XXL, Trucker, Muscle Magazine,  
Glamour, Cosmopolitan, Easy Rider**

### **RESIDENT ACCESS TO THE TELEPHONE:**

Residents have access to the phone to call their **parents or legal guardians**, only. Phone call privileges are gained through successful progression through the token economy program.

At the time of admission, residents may make one phone call to their parent or legal guardian. If at the time of intake allowing a phone call is not possible, make arrangements to allow the resident to call within 24 hours of admission.

General Procedure

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Resident Access to Publications and Telephone

Residents will be permitted to also call attorneys, probation officers, clergy or other professionals provided arrangements have been made through the detention supervisor or the detention administration. Residents are permitted a maximum of one phone call per week for this purpose.

Anytime residents are permitted to use the phone, staff or the supervisor will dial the number, ask for the appropriate person, and give the phone to the resident.

**All of the authorized phone numbers for each resident are listed in the Phone Call Documentation Book. If a resident's phone number is not listed, consult the supervisor.**

**NEVER get a phone number from a resident without verifying it with the supervisor.**

General Procedures  
Section 500 – Policy 5.10 – Page 1 of 1  
Music, Books and Television/Movie Viewing Policy

**OVERVIEW:** (UPDATED 8/23)

It is the policy of the Saginaw County Juvenile Detention Center to ensure that all media, including music, books, television, and movies are age appropriate.

Staff are prohibited from bringing residents any form of music into the Detention Center without authorization from Detention Administration.

**BOOKS:**

The Detention Center will screen any books that are brought to residents by parents or other visitors to ensure they are appropriate. The supervisor, school personnel or the Detention Administration will make this determination. Any books that are donated to the Detention Center library will also be screened in the same manner.

**TELEVISION VIEWING:**

Staff is advised to use good judgment when choosing television programming in the unit. Programs that glorify gangs and violence or portray overly sexual themes are prohibited. The Detention Center also restricts all music channels, including BET, VH1, MTV, and CMT from viewing.

**MOVIES:**

The Detention Center subscribes to NETFLIX for the weekly movie selection. All movies that are shown in the Detention Center – including the school program – must be rated PG13 or lower. Under no circumstances are R rated movies to be shown.

Failure to comply with these procedures will result in appropriate disciplinary action.

General Procedures  
Section 500 – Policy 5.11 – Page 1 of 1  
Religious Services

**SUNDAY RELIGIOUS SERVICES:**

Sunday religious service is normally held in the gym. No more than 35 residents are permitted to attend, based on staff to resident ratios for the gym.

General Procedure  
Section 500 – Policy 5.12 – Page 1 of 3  
General Rules – Working with Residents

**GENERAL GUIDELINES FOR STAFF WORKING WITH RESIDENTS:**

1. You are responsible for the assigned area in which you supervise. When coming on duty, always read the computerized census, incident reports, medical alerts, and your unit log.
2. Know how many residents are in your unit and know where they are at all times. Conduct a head count each time your unit leaves or returns the unit.
3. Maintain visual contact with each resident in your group. Never leave residents unsupervised.
4. Individual residents may never be sent alone to another area of the building; unless staffs on both ends are aware the resident is moving through the hallway. Always maintain visual supervision.
5. Keep your group in a compact area and do not permit residents to roam around the unit freely or engage in any form of horseplay. All residents must ask for permission to get out of their seat.
6. Be alert for signs of restlessness, whispering, or clusters of residents. Make sure to intervene when you detect unusual behavior.
7. Watch for broken/loose equipment or contraband. Remove it and report it to your supervisor immediately. A maintenance order must be filled out immediately.
8. Never assign any supervisory authority over another resident to any resident.
9. Never permit your involvement in activities to interfere with alert supervision. Remember your function is to supervise all of the residents.
10. Put all recreational equipment away after use and never block exit doors with any equipment.

General Procedure  
Section 500 – Policy 5.12 – Page 2 of 3  
General Rules – Working with Residents

11. Don't assume that your good relationship with a resident is a guarantee against problems with that resident.
12. Never allow residents to cover their exterior windows with sheets, paper or anything else.
13. Keep your unit uncluttered at all times. When pencils, ping-pong paddles etc. are not in use, they are to be secured in the DYCS unit office.
14. The office is not a place to supervise residents. You cannot see around corners or hear through walls.
15. Do not be a poor role model by your dress, language, or behavior. The residents are watching and evaluating you.
16. Do not leave your shift with your logs or other shift duties incomplete. Record important information in your unit log or on an incident report before you leave.
17. Do not ever permit more than one resident in a room at a time.
18. Only allow two residents to help clean-up in the evening.
19. Always leave all of the day room and individual room lights on until 10 pm. Keep two rows of lights on during sleeping hours.
20. Keep the main bathroom doors locked at all times.
21. Combs and toothbrushes must be kept in the resident's personal tray and stored in the unit office when not in use.
22. Residents are not permitted to have any personal materials in their rooms.
23. Unit supply rooms are to be entered by staff only – no exceptions.



General Procedure  
Section 500 – Policy 5.12 – Page 3 of 3  
General Rules – Working with Residents

24. Residents are not permitted in the unit offices, except for brief counseling periods with a staff member.
25. Do not move unit office chairs out into the unit.
26. Staff must count all writing utensils prior to issuing them to residents. Re-count all writing utensils when residents are finished using them to ensure the same number is returned. Notify the supervisor immediately if any are missing.
27. Staff must notify the supervisor when leaving their assigned area unless the departure is of an emergency nature. Do not leave your assigned area unless receiving permission from the supervisor.
28. Always keep your keys to yourself at all times. Never, ever give your keys to residents or permit keys to come into the possession of residents or unauthorized persons.
29. Staff will have their radio in their possession at all times while on duty.
30. Supervisors shall visit areas during each shift to ensure proper procedures are being followed. The gym and outside area shall also be observed to ensure proper procedures are followed.
31. Staff on all shifts will not enter a child's room without prior supervisory authority, unless a situation of eminent danger is occurring.
32. Staff will not enter a resident's room if the resident is hostile, which could result in a confrontation between the staff and the resident. There are only 3 exceptions to this policy:
  - The resident is attempting to harm him/herself
  - The resident is flooding his/her room and the shut-off valve is inside the room
  - The resident is covering his/her window, preventing visual checks from being made

**Staff must receive supervisory approval before entering a resident's room in all situations unless a situation of eminent danger such as a suicide attempt is occurring.**

General Procedure  
Section 500 – Policy 5.13 – Page 1 of 1  
Resident Clothing

**RESIDENT CLOTHING AND SHOES:** (REVISED 06/06)

Residents must check the following items at their door during sleeping hours:

- Jumpsuit
- Sweatshirt
- Black t-shirt (Gray for the girls)
- Blue shorts (Green for the girls)
- Bra (Girls only)
- Shoes
- Underwear
- Socks

During the day, residents may wear their regularly issued clothing in their rooms whether they are in their rooms voluntarily or for disciplinary reasons.

Shoes must always be removed before a resident enters his/her room.

**RESIDENT PAJAMAS**

Resident pajamas consist of dark gray t-shirts and orange shorts. Residents are not permitted to wear their pajamas at any other time other than for sleeping. Resident's pajamas must be folded neatly and placed on top of their bedding each morning.

General Procedure  
Section 500 – Policy 5.14 – Page 1 of 6  
Written Documentation

**INTRODUCTION:**

Written documentation in a 24-hour organization is perhaps the most critical aspect of your job. Documentation is the key to success. In the following pages, you will find an explanation of all the types of forms you will be required to use at the detention center.

**INCIDENT REPORTS:** (REVISED 03/03)

Incident reports are designed for communicating information about residents or situations that occur in detention to probation officers, supervisors, administrators, and other youth care workers. They are used primarily to record behavioral problems of residents and to convey information and observations that other staff may need to know to prevent future problems and/or conflicts. Incident reports record incidents, disciplinary action and the justification for our decisions. In short, they are critical to our ability to stay on top of issues/problems/concerns that arise day to day.

Incident reports will be written whenever the situation demands it but must be written when:

1. A staff member has physically restrained a resident or has witnessed another person doing so.
2. A resident has been placed on special security status (visuals, substance visuals, B.C, U.C, P.I etc.)
3. Any special information is needed about a resident to insure his/her safety and security – their behavior, problems between residents, medical issues, suicidal ideation, room changes etc.
4. A resident has received an injury.
5. A resident has been transported to the doctor or hospital due to a medical issue.

# General Procedure

## Section 500 – Policy 5.14 – Page 2 of 6

### Written Documentation

6. Visitation has been denied.
7. Contraband or illegal substance has been found.
8. Resident has arrived at the facility under the influence of drugs or alcohol and or admission has been denied pending medical check-up.
9. Mail for a resident has been deemed inappropriate so as to confiscate the material.
10. When a strip search is necessary at intake due to suspected contraband/dangerous weapons.
11. When a resident has not received a shower in the evening as a result of hostile behavior.

**Note: This list is not all inclusive. It is always best to ask the supervisor if any incident report is required.**

The written description of the event should in no way be vague or unclear and should not contain any purposeful elimination, deletion, or distortion. If the incident involves abusive or assaultive language, you must report this and include quotations if necessary.

**One incident report must be written for each child** involved in an incident. If two or more residents are involved in an incident, separate reports must be written to document each resident's individual involvement.

A supplemental incident report must be written by every staff member who witnesses or is involved in taking physical control of a resident.

Your recommendation regarding disciplinary action must be included at the bottom of the report and must follow detention disciplinary guidelines. The weight of your report depends on your ability to thoroughly describe the incident.

## General Procedure

### Section 500 – Policy 5.14 – Page 3 of 6

#### Written Documentation

The supervisor will evaluate the incident report for clarity, completeness and as a third party. The supervisor will ensure that the incident report is complete and accurate and will conduct any necessary investigative follow-up. Finally, the supervisor will write a decision based on his/her investigation and consultation with the staff involved. The supervisor will determine if room confinement and/or any other appropriate response is warranted for the situation. Disciplinary decisions will be made based on detention's disciplinary guidelines.

#### **UNIT LOGS:**

A unit log is also maintained by each unit and filled out on first and second shift. The unit log contains information that pertains to the unit as a whole such as: The number of residents in the unit, any incident reports, releases, intakes, or residents out of the building, medication, and any activities the unit engaged in on that shift.

The unit log will also contain a brief commentary concerning the mood and behavior of the unit. Unit logs are an important form of communication and must also be reviewed by staff at the beginning of each shift. The supervisor will also review and initial this information at the end of each shift for accuracy.

**CASE EVENTS NOTEBOOK:** The case event notes provide a brief comment on how the individual resident progressed during each shift. This log is reviewed by staff at the beginning of each shift.

#### **RELEASE SYNOPSIS:**

The release synopsis is a valuable asset to our central filing system. The synopsis is filled out after a resident has been released from the facility and provides an explanation of the resident's behavior while they were here. Should the resident return to detention, the previous release synopsis is placed in the resident's behavior log. Staff then have a quick reference sheet to review in order to anticipate what the resident's behavior will be like. The release synopsis provides information about whether the resident was on visual checks, how many incident reports he/she received, and the resident's general behavior and attitude while in detention.

General Procedure  
Section 500 – Policy 5.14 – Page 4 of 6  
Written Documentation

**ROOM CONFINEMENT – MONITORING RECORD (NEW 5-23-13)**

The room confinement is used to document visual checks for residents placed on medical watch, suicide watch, behavior management, unit restriction, free time and re-entry. A room confinement record sheet must be placed on the resident door anytime the resident is confinement to their room. room monitoring sheet must be turned into the on-duty supervisors once the resident has been removed from his/her room. The supervisor will review and approve the record and return it to the unit to be placed in the resident file. When a resident is on behavior management, the on duty supervisor will document their approval of a resident who has been on room confinement at the 2 hour interval and every 12 hours thereafter.

When making a visual you will:

- Record the resident name, date and unit
- Check the appropriate box for reason for confinement
- Indicate the beginning date and time the confinement starts and ends
- At each 15-minute check use the code to denote what the resident is doing in their room
- Initial each a check is made. Staff must never place their initials for a check. Do not place your initials on the log prior to making a check.
- Visual checks must be recorded no less than 15 minutes apart.
- On the reverse side of the sheet, staff are to make comments on the residents' attitude and progress on any assignments he/she has been given.

**Quiet Time/Leisure /Time-Choice of Youth/Group Lock Up (New 5-23-13)**

The form is used to document residents who have been placed on scheduled or unscheduled quiet time, when residents are allowed to sleep in on Sundays/Holidays and when the group has been locked down for shift change and 8:30PM bedtime. For group lock ups at bedtime, the staff person working 3-11pm is responsible for ensuring that the sheet has been turned into the on-duty supervisors at the end of the shift.

DYCS will work together to complete visual checks. Each unit worker is responsible for conducting necessary visuals in their unit.

**Visual checks are never to be made from a seated position.**

## General Procedure

### Section 500 – Policy 5.14 – Page 5 of 6

#### Written Documentation

The supervisor is responsible to ensure that proper documentation has occurred and that all visual checks are made in an appropriate and timely manner. The supervisor will inspect and sign the pink sheet for accuracy and completeness.

#### **BLUE SHEET (VISUAL CHECKS ON OVERNIGHT SHIFT):**

An electronic system (Jail Tracker) is the primary source used for documenting and recording visual checks on the overnight shift. Staff will use the work stations located in each unit's office which is the equivalent of signing the night log. In addition, electronic recording in Jail Tracker system, a blue sheet is also used to log those residents who are on special precautions such as visual checks or substance visuals. Staff will also use the blue sheet to document when a resident is awake or restless or any other situation that is out-of-the-ordinary. If the Jail Tracker software is not working, staff must use the blue sheet to manually document visual checks. The supervisor will sign and inspect the blue sheet for accuracy and completeness. If a resident is on bedwetting status (BW) the times that the resident is awakened to use the bathroom must be documented on the blue sheet.

#### **ELECTRONIC MONITORING SYSTEM:**

As noted above, this system is used to document visual checks on the third shift. This system does not reduce the need for the supervisor to periodically and frequently inspect and visually monitor the units to ensure that staff are properly making visual checks.

When using this system, the supervisor must use Jail Tracker to distinguish visual made by supervisors.

If a visual check is not made within three (3) minutes, the supervisor will need to investigate (go down to the unit) to determine the reason for the missed visual check.

If a visual check is missed, the supervisor will need to document in writing what happened to prevent the visual from being made.

General Procedure  
Section 500 – Policy 5.14 – Page 6 of 6  
Written Documentation

**ADMISSION FACE SHEET:**

At the time of intake, an admission face sheet is completed by the detention supervisor. The admission face sheet is primarily an assessment tool that helps the supervisor determine the need for visual checks or other precautionary measures that may need to be taken.

The admission face sheet screens new residents for:

- Suicidal history/Ideation
- Mental Health History
- Substance Abuse/Alcohol consumption
- Medical Problems/Medication

A copy of the admission face sheet is placed in the resident unit folder, and one is also given to the medical department. Staff must be familiar with the information on the admission face sheet.



General Procedure  
Section 500 – Policy 5.15 – Page 1 of 2  
Wristbands

**WRISTBAND IDENTIFICATION (RESIDENT):** (Revised 03/03)

**PURPOSE:**

To establish a procedure for properly identifying each resident. The wristband will have the residents name clearly printed on it by the Detention Supervisor. The supervisor shall be responsible to ensure this procedure is completed.

**PLACEMENT AND ATTACHMENT:**

- Upon completion of the intake process, the Detention Supervisor will place a wristband on each resident. The bands will be placed on the left wrist of each resident. The only exception to this placement rule is for medically indicated reasons.
- The supervisor will ensure that all ID wristbands are attached in such a manner that they are secure and not easily removed. Excess band material will be cut off by the supervisor.
- Wristbands shall be checked by staff and reported to the supervisor at the beginning of first and second shift.

**UNIDENTIFIED RESIDENT:**

- If any resident does not have his/her wristband, they will be considered an unidentified resident. The Detention Supervisor will be immediately notified of any unidentified resident. The supervisor will see that the resident is identified as soon as possible.
- Anytime a resident needs to exit detention via door 39 or 75 his/her wristband will be checked by the supervisor for positive identification.

**UNAUTHORIZED REMOVAL OF WRISTBANDS:**

- Any resident who has removed, altered, destroyed, tampered with, or attempted to switch wristbands face consequences through the Group Intervention program.
- If any youth care specialist observes a violation he/she will inform the supervisor, and await further instruction.

General Procedure  
Section 500 – Policy 5.15 – Page 2 of 2  
Wristbands

**AUTHORIZED REMOVAL:**

- Wristbands can only be removed for medical reasons as determined by medical department or by the supervisor because the resident has a history of using the wristband to inflict self injury.
- At release – If a resident is ordered to be released and will not be returning.
- Pre-placement visit – If a resident is authorized to leave detention for a pre-placement visit and may not return for **several days**.

**REPLACEMENT OF WRISTBANDS:**

- Wristbands can be replaced **only** with the Supervisor's approval.
- The old wristbands will be removed by staff and disposed of.

# General Procedure

## Section 500 – Policy 5.16 – Page 1 of 1

### Census Screen

#### **CENSUS SCREEN:**

The census screen is an integral part of detention's group management and communications system. The census screen will tell you:

- The names and number of residents in your unit.
- Date of admission
- Confinement alerts as applicable (R.C, B.C, M.C etc.)
- Visual checks as applicable
- Number of days in detention
- Age of resident
- Probation officer
- Room/Bin Number
- Case Status (awaiting trial, placement, etc.)

Each unit has a computer which must display the Detention V-Grease Board. Each staff member will use their login information to access the computer. If you have trouble logging on to the unit computer, notify the supervisor immediately.

General Procedures  
Section 500 – Policy 5.17 – Page 1 of 1  
Haircut Procedures

1. A licensed beautician provides haircuts to residents on an as-needed basis.
2. Residents who are in need of a haircut for court hearings, placements, etc. Will be given first priority.
3. Residents who have been here at least 30 days will be given next priority.
4. Haircuts are given so residents are neat, presentable and well groomed. Special requests such as tails, stripes or designs are forbidden.
5. Residents who currently have tails or other designs will be advised that they will be removed when receiving a haircut in detention.
6. A staff person will be present to supervise haircuts at all times.

General Procedures  
Section 500 – Policy 5.18 – Page 1 of 1  
Displaying Artwork

**(05/09)**

All artwork that is displayed in the hall or in the classrooms shall be reviewed in the following manner:

7. A committee consisting of one (1) administrator, one (1) supervisor, one (1) representative from the school, and one (1) youth care specialist shall review any artwork that is going to be displayed.
8. All art must be reviewed **prior** to being displayed.
9. The committee will review artwork in the context of the original scope of the assignment. For example, if the residents were asked to draw an outdoors scene, a picture of a sun would likely be considered appropriate in the context of the assignment.
10. Once the committee has reviewed the drawings, the artwork will be stamped with a SCJC stamp, indicating that it has been reviewed.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.1 – Page 1 of 1

### Overcrowding Procedures

#### **Introduction**

This section of the policy book has been developed to provide staff with specific instructions and procedures in reference to various emergency situations that may arise in detention. Familiarity with these procedures will ensure the safety of all residents and staff.

#### **OVERCROWDING PROCEDURES:** (REVISED 11/03)

If detention is over capacity in the boy's unit, but under capacity in the girl's unit, male residents may sleep in D-Unit. If D Unit is over capacity and the boy's units are under capacity, additional female residents may sleep in C Unit, however a female DYCS must make the visuals.

#### **BUILDING OVER CAPACITY – OVERCROWDING PROCEDURES:**

When the entire building is at capacity and overcrowding occurs, please observe the following staff to resident ratios on the 11pm-7am shift:

57-64 residents → One additional staff member → 1:16\*

65-70 residents → Two additional staff members → 1:14\*

\*Male or female staff to be called in – based on the gender of the youth sleeping in the gym.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.2 – Page 1 of 3

### Fire Emergency

#### **FIRE EMERGENCY:**

The detention center is equipped with an internal fire alarm system which is capable of being activated by a pull station or smoke detection system. Smoke detectors, hand pull stations, and fire extinguishers are located throughout the facility. The detention center is also equipped with an automatic sprinkler system. Activation of any individual sprinkler head will cause activation of the fire alarm system audible signal.

Staff are expected to be familiar with the location of fire extinguishers, location of smoke detector devices, location of pull stations, and all evacuation routes, and will receive training regarding this information as part of the 80-hour training program.

#### **FIRE DRILLS:**

Fire drills are practiced quarterly on each shift.\* Drills are not announced in advance. When staff hear the alarm, they are to respond accordingly. In the event of a fire drill staff will:

1. Move the group in a timely and orderly fashion to the gym.
2. Staff will perform a head count to determine each resident is present and accounted for.
3. The supervisor will also perform a head count to insure that all staff and residents are accounted for.
4. Residents and staff will be informed of the proper procedures for responding to an actual fire.

**Due to the secure nature of the detention center, fire drills will not involve an actual evacuation of the building.**

\*Residents will not actually be removed from their rooms on third shift for fire drills. The supervisor will review correct procedures with staff on board.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.2 – Page 2 of 3

### Fire Emergency

#### **EVACUATION ROUTES AND PROCEDURES:**

In the event of the fire alarm activation, staff will follow the listed procedures:

- The supervisor will immediately investigate the fire alarm panel to determine if there is indeed a problem. The supervisor will also assess whether the fire can be extinguished, and whether an evacuation is necessary.
- In the event of a verified fire emergency, the supervisor will make the determination of which evacuation route will be used and will inform staff and residents using the PA system of which route will be used. Residents will be provided with climate appropriate clothing, such as hats, gloves, and coats in the event of an evacuation.

**1. Primary evacuation route → Gym Doors into fenced in yard.** Staff will exit the building through the main gym doors into the fenced yard. Staff will direct the residents to the far east fence away from the building. The units will remain separated and staff are required to remain with their group.

**2. Secondary exit → Emergency exit doors in each unit or hallway exits.**

**3. Other available routes → Through door 75 or door 39.**

**Secondary exits will only be utilized if the primary evacuation route is not possible!!**

- Staff will direct and assist all residents to the evacuation route chosen by the supervisor. Be certain that if an evacuation is ordered, that a count of residents is taken immediately prior and after evacuation. The supervisor is responsible for accounting for all occupants, residents, staff and visitors of the detention center.



# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.2 – Page 3 of 3

### Fire Emergency

- The supervisor will contact 911 to alert fire and police authorities of the emergency and to provide all available fire related information including the exact location of the fire. More information on how to use the handie-talkie is located in section 400.

#### **DO NOT EXIT THE BUILDING UNLESS A VERIFIED FIRE EMERGENCY EXISTS.**

- Upon arrival, the local fire department will be delegated sufficient authority to control and extinguish the fire and will make the determination of when the building can be re-occupied. Under no circumstances will the building be re-occupied without the permission of fire department personnel.
- An extra set of security keys are available in the supervisor's office, secured in an opening in the wall covered by plexi-glass. The supervisor will provide the additional keys to the fire department personnel in the event of a fire emergency.
- Medical staff shall be alerted and placed on stand-by to treat any injuries.

#### **FIRE EXTINGUISHERS:** (REVISED 11/03)

The detention center is equipped with fire extinguishers of the A-B-C variety. These extinguishers are capable of putting out any type of fire. They are strategically located throughout the building. Please see the appendix at the back of this book for further details.

If residents cannot safely be confined within the secure fenced area of the building, or are behaving in a disorderly manner, the supervisor shall order use of flexi-cuffs to provide security.

**Remember that safety is of paramount importance above all else!**

# FIRE DRILL DOCUMENTATION REPORT

DATE	SHIFT	TIME	STAFF	COMMENTS

Revised 02/11/04

# FIRE SAFETY REPORT

	January	February	March	April	May	June	July	August	September	October	November	December
Smoke Detector – A												
Smoke Detector – B												
Smoke Detector – C												
Smoke Detector – D												

Fire Alarm System												
Fire Doors – Hallway												
Extinguishers – Pressure												

Electronic Doors – Units												
Exit Doors												
Exit Signs												
Duct Detector Cleaning												

Sprinkler System – A												
Sprinkler System – B												
Sprinkler System – C												
Sprinkler System – D												
TIME												

Fire Exit Route												
False Alarms												

- (A) Inspections or tests are to be made monthly
- (B) Place your initials and date in appropriate box indicating when the inspection or test was completed
- (C) Report any failure or needed repairs to the Director of Detention

\_\_\_\_\_  
Administrator's Signature

Revised 02/04

# ELECTRONIC DOOR TESTING CHECKLIST

DATE: \_\_\_\_\_

This procedure is in reference to testing the operation of the electronic unlocking mechanism for each resident's individual room door and the main unit door as well as emergency exit doors for the unit/area being tested.

The purpose for this checklist is to ensure communication between the on-duty supervisor and maintenance personnel to ensure security is maintained at the highest level during the testing period.

A checkmark before the number indicates that the procedure has been done.

- \_\_\_\_\_ 1. Both the supervisor and the maintenance personnel involved in the testing will make certain the correct button is selected on the instrument panel in reference to electronically unlocking the appropriate doors.
- \_\_\_\_\_ 2. The supervisor on-duty in, conjunction with maintenance personnel, will ensure that no one is in the hallway and that all residents are secured, residents are not in the immediate area of testing such as the hallway or any area of the building, which could represent a security risk in terms of escape.
- \_\_\_\_\_ 3. The supervisor on-duty will make certain that the unit being tested has been completely evacuated of residents, including residents on room confinement, and that all residents have been moved to a secure area of the detention facility.
- \_\_\_\_\_ 4. Make sure the monitor is on in the unit that is being tested.
- \_\_\_\_\_ 5. Make sure that all doors are relocked and secured when finished to ensure that the area being tested is secure and that residents can return to the area.
- \_\_\_\_\_ 6. Unit tested \_\_\_\_\_.

Tested by:

\_\_\_\_\_  
Maintenance Department

\_\_\_\_\_  
Administrative Signature

\_\_\_\_\_  
Supervisor On-duty

Revised 8/4/2008

# **Emergency Procedures and Suicide Prevention**

## **Section 600 – Policy 6.3 – Page 1 of 2**

### **Bomb Threat**

#### **BOMB THREAT:**

Bomb threats are to be taken seriously and handled in the following manner:

#### **TELEPHONE BOMB THREATS:**

1. Remain on the phone with the caller to gather pertinent information. Remain calm!
2. Pay particular attention to (and record) the following information:
  - Exact words of the caller.
  - Exact time the call was received and ended.
  - Questions to Ask:
    - When is the bomb going to explode?
    - Where is it? Try to get specifics.
    - What type of bomb is it?
    - What does it look like?
3. Pay particular attention to any strange or identifiable background noises, such as motors running, background music, or any other noises which may provide a clue as to the place from which the call was made.
4. Listen closely to the voice, determine whether it's a male or female, voice quality (calm or excited) accents and speech impediments.
5. Report immediately all information regarding the threat to the Saginaw County Sheriff's Department via 911.
6. Notify the Director or other administrator.
7. The supervisor will direct the staff to take all the residents to their unit, and will inform all visitors to leave the building immediately.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.3 – Page 2 of 2

### Bomb Threat

8. Upon arrival, the police/fire department will be responsible for determining whether the building should be evacuated.
9. If an evacuation is ordered, residents will leave the building in an orderly fashion, and the evacuation route will be through the gym to the fenced in area. Residents will move as far away from the building as possible to the east fence. Staff will count residents immediately before and after the evacuation to insure that all residents have been removed from the building. The supervisor will also insure that all residents and staff are evacuated. Residents will be provided with climate appropriate clothing, such as hats, gloves, and coats in the event of an evacuation.
10. Security of the building after evacuation shall be the responsibility of the police/fire department.

#### **SEARCH AND RE-ENTRY:**

The search of the building and authorization for re-entry is the responsibility of the police/fire department.

#### **SAFETY AND SECURITY IN THE EVENT OF AN EVACUATION:** (REVISED 11/03)

If residents cannot safely be confined within the secure fenced area of the building, or are behaving in a disorderly manner, the supervisor shall order use of flexi-cuffs to provide security. Residents shall be hand-cuffed together in groups of two. **Remember that safety is of paramount importance above all else!**

#### **WRITTEN BOMB THREAT:**

If a written bomb threat is discovered, staff will:

1. Save all the material including any envelope or container.
2. Handle the material as little as possible to preserve possible fingerprints. Turn the material over to the supervisor who will be responsible for contacting police via 911.

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Severe Weather Procedure

**EMERGENCY PROCEDURES: TORNADO AND SEVERE THUNDERSTORMS:**

The following procedures are to be followed in the event of severe weather conditions:

1. **Tornado Watch** – Weather conditions are such that a tornado *may* develop.
  - The supervisor will notify staff of impending weather conditions.
  - The supervisor will monitor local news for updated weather conditions, and utilize the National Weather Radio Service (located behind the supervisor's office on top of the med cabinet.)
2. **Tornado Warning** – A tornado has been formed and sighted and may affect specific areas.
  - Notification will be received via the Saginaw County Civil Defense Warning Telephone System, the National Weather Radio Service, or other broadcast such as TV or radio.
  - The supervisor will notify all staff immediately.
  - Residents will be instructed to enter their individual rooms, and sit against the outside wall – knees drawn, head down with their mattress covering their head.
  - The duties and responsibilities of the youth care staff will continue including visual checks and other needs of residents.
  - Non-employees such as visitors and volunteers will be given the option to leave or take shelter in the facility. Visitors should remain in an area within inside wall such as a hallway leading to door 39.
  - In a situation of immediate danger, DYCS will seek shelter in the unit office under the desk. All other staff will seek shelter in the hallway leading to door 39. Do not take shelter in the gym or any other area with window exposure. It is recommended that people in the shelter area sit with their knees drawn covering their heads with their arms.

**EMERGENCY PROCEDURES: SEVERE THUNDERSTORM CONDITIONS:**

1. The supervisor will continuously monitor local news for updated weather conditions.
2. Staff will remain calm and provide reassurance to the residents.

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Taking of Hostage

**EMERGENCY PROCEDURES: TAKING OF A HOSTAGE:**

In the event that a hostage is taken, the following procedures should be followed:

1. Determine immediately who the hostage is and if the hostage taker is in possession of any detention keys.
2. Secure all areas of the building, all routine activities will be discontinued.
3. All residents not involved in the hostage incident will be locked down in their individual rooms. This will isolate the problem to a particular area.
4. Contact additional staff for assistance. Have medical personnel on stand-by to treat potential injuries.
5. Evaluate the seriousness of the situation, and evaluate staff's ability to prevent the hostage taker from exiting the center.
6. Contact 911 if it appears that staff are unable to control the situation.
7. Staff will follow through with written documentation and reports.



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AWOL Procedure

**EMERGENCY PROCEDURES: AWOL: (From the Facility)**

In the event that a juvenile or group of juveniles attempt to escape from the facility, the following procedures are to be used: Please note that this procedure is in reference to juveniles actually escaping **from the facility**.

1. Immediately escort the remainder of the group to their individual rooms, lock the group down, and complete a head count.
2. If possible, pursue the juvenile immediately.
3. Inform the supervisor of the name of the escapee(s), time and location of escape, direction escapee(s) was headed, name of staff in pursuit, if applicable.
4. The supervisor will immediately notify 911. Be prepared to give police identifying information regarding the resident(s) who have fled.
5. Notify the Director or other detention administrator.
6. Notify the resident's parents or guardians.
7. The supervisor will complete a full investigation and direct staff to write a detailed incident report of how the incident occurred. Residents need to be interviewed to determine the circumstances surrounding the escape. The supervisor must provide a synopsis report of the entire incident.

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AWOL Procedure

**A.W.O.L – NOT FROM THE FACILITY PROPERTY:**

If a youth goes AWOL while a staff member is transporting the resident somewhere outside of the facility, the staff member will:

1. Notify police authorities immediately.
2. Pursue the resident if possible, providing safety for resident, staff and public can be maintained.
3. Notify detention supervisor and administration of the situation.
4. Write a detailed incident report detailing how the escape occurred and the reason the resident was out of the building.
5. The supervisor will review the incident with the employee and the administration.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.7 – Page 1 of 3

### Riot Control Procedure

#### **EMERGENCY PROCEDURES – DISTURBANCE CONTROL/RIOT:**

There are usually preliminary indications that youth are trying to create a riotous condition. It is extremely important that staff remain alert and aware of the moods and attitudes of the youth at all times. There are typically clues or indicators of a potential riot or assault.

#### Warning Signs:

- High level of tension in the building.
- Cliques of youth developing.
- Strained relationships between youth or between staff and youth.
- One youth, usually a leader, observed going from one group to another.
- Youth closely scrutinizing staff movements or routine security procedures.
- Several youth withdrawing from the main group.
- Youth refusing to participate in popular activities.
- Groups of youth huddling together or talking very low.

The following procedures shall be observed in reference to a riot in the facility:

1. Detention staff located in the area of the disturbance will immediately notify the supervisor via the emergency transmitter and take action to control the unrest.
2. The supervisor will immediately mobilize available staff and proceed to the area of the disturbance. If necessary, the supervisor shall call 911.
3. At the direction of the supervisor, staff will move to separate the group – remove the non-participating residents from the area. Lock these residents in their individual rooms to maintain control of the situation.
4. The supervisor with assistance from staff will separate the hard-core group.
5. When control is regained, isolate and confine key residents in their rooms.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.7 – Page 2 of 3

### Riot Control Procedure

6. The supervisor will conduct a thorough investigation of the disturbance, and staff will file incident reports detailing all information. Residents will remain in their individual rooms until the investigation is complete, to avoid tainting information.
7. Restore the program for other residents as soon as the building is back in order. Staff will counsel both participants and non-participants as necessary.
8. Designated staff will counsel residents as necessary.
9. Contact the Director or other administrator.

#### **RIOT CONTROL:**

In the event of a riotous situation in which several residents are refusing to follow staff directions, are escaping, or there is a concern for escape or are attempting to take control of the facility, and all other policy methods related to the use of force have not succeeded at the discretion of the detention supervisor, the use of mechanical restraints may be ordered for the purpose of quelling any riotous situation. **Please note:**

- A. Mechanical restraints in this situation are defined as flexi-cuffs.
- B. Ensure that the situation warrants the use of mechanical restraints. Contact the administration as soon as possible to inform the administration of the situation.

#### **PROCEDURE:**

In the event of a serious riotous situation, in which residents are refusing to follow staff instructions and engaging in behavior that may lead to escape or control of the facility in which endangerment to other residents and staff may result and other methods of control have failed, regarding detention's policy on the use of force, the supervisor on duty shall authorize the use of mechanical flexi-cuffs to control unruly residents.

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Riot Control Procedure

- A. The supervisor shall order the use of flexi-cuffs.
- B. Residents shall be individually cuffed.
- C. Residents shall be returned to their individual rooms.
- D. While in restraints, constant visual supervision must occur if possible and if there are a limited number of residents in restraints. If there are too many residents to maintain constant supervision, adequate supervision must be maintained to ensure that the residents are not harming themselves.
- E. Restraints shall be removed immediately upon determining the resident will behave appropriately.
- F. The administration shall be notified as soon as possible when restraints are used.
- G. Maximum use of restraints regarding any individual resident is for a period of **three hours** or less, after which the restraints must be removed. If the resident is still unruly and in the opinion of the supervisor, the restraints must be maintained, the supervisor must receive administrative approval to authorize continued use beyond three hours.

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Hunger Strikes

**EMERGENCY PROCEDURES: HUNGER STRIKES:**

1. Offer food at each meal to the resident.
2. Document on an incident report the resident's refusal to eat on each shift. Documentation must include what the resident ate for each meal. If the resident did not eat anything, document that the resident did not eat. Documentation of the resident's eating habits will be continued until he/she resumes normal eating.
3. Notify medical personnel and the resident's caseworker.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.9 – Page 1 of 2

### Power Failure

#### **EMERGENCY PROCEDURES – POWER FAILURE:**

The detention center is equipped with an internal generator that will automatically turn on after a few seconds of primary line failure.

In the event of a power failure the supervisor will **determine whether there is insufficient lighting to continue routine daily activities. If the supervisor determines that there is not sufficient lighting**, he/she will direct staff to place residents in their individual rooms in order to maintain safety and security. Supervisors will document this information on their daily log. Staff are expected to remain in the unit to monitor the residents and to ensure their safety.

#### **POWER FAILURE – LIGHTS OPERATED BY THE GENERATOR:**

In the event of a power failure, the generator will turn on automatically within a few seconds of primary power failure. Lighting and equipment connected to the generator include:

- Kitchen – one light
- Gym – two lights
- Supervisor's office – one light
- A unit – 2 lights
- B unit – 2 lights
- C unit – 2 lights
- D Unit – 2 lights
- Hallway – 8 lights
- Hallway (Court side) – 9 lights
- Exit lights (Court side) – 6 lights
- Exit lights (detention) – 11 lights
- Exit lights (unit) – 2 per unit
- Fire Alarm
- Monitor (The monitor is connected in reference to the electronically controlled unlock system for exit doors and individual room doors only.)

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Power Failure

**TESTING THE GENERATOR**

Each Wednesday the generator will turn on and run for short period of time. On weekly basis, the maintenance department will inspect the generator and complete a Generator Service Report. This report includes necessary items for appropriate inspection. Flashlights are available for use in the event that both the main electrical power and generator fail.



# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.10 – Page 1 of 4

### Suicide Emergency Procedure

#### **EMERGENCY PROCEDURES – SUICIDE PREVENTION:**

All detention staff must exercise all possible precautions for the assessment and prevention of suicide or an attempted suicide. Staff are responsible for reporting immediately, via an incident report, all potential cases of residents attempting, displaying signs, discussing or making statements (seriously or jokingly) in reference to committing suicide.

#### **SPECIFIC MEASURES FOR SUICIDE PREVENTION:**

The following are measures that must be taken to insure the safety of all residents:

##### **1. Training:**

- All staff will receive training in suicide symptomology and intervention techniques.
- Any statements in regard to self harm made by residents must be taken seriously, even if the resident is joking. Staff are trained to write an incident report detailing the nature of the comments.

##### **2. Visual Checks: (Updated 5/11)**

- Visual checks are mandatory for all residents in detention. The frequency of visual checks for each resident is determined by the supervisor. The detention center has many different levels of visual checks that can be employed to ensure the safety of all residents. Consult the policy on visual checks (Section 400) for more information about this.

##### **3. Community Mental Health (CMH) Screening: (Updated 5/11)**

- In cooperation with Community Mental Health, residents who are expressing an interest in self harm will be referred to a counselor through CMH. The detention supervisor is responsible for making this referral as needed.

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.10 – Page 2 of 4

### Suicide Emergency Procedure

#### **4. Suicide Screening at Admission: (Updated 5/11)**

- The supervisor will conduct a thorough assessment at the time of intake for suicidal risk. This is accomplished by using the admission face sheet.
- The supervisor will determine if the resident requires any special visual check precautions.
- If necessary, the supervisor will contact Community Mental Health or other like provider to make a referral for residents who are deemed “at risk” for suicidal ideation.
- If a new intake has attempted self harm within the past year, according to admission face sheet a report must be written, and the resident will be placed on visuals. An incident report must be written indicating the reason that the resident has been placed on visual check precautions. Check the DYCS release synopsis to determine whether the resident was on visual checks during past detainments.
- 

An incident report must be written any time a resident is placed on any form  
of visual check precautions!!

#### **5. Suicide Smock: (REVISED 07/25)**

- Residents who are making threats of self-harm, have a history of self-harm, or are observed trying to hurt themselves with bedding, clothing, toilet paper, or any other method may be issued a suicide smock for their own protection. The supervisor will authorize the use of the smock, and residents will use this item until the supervisor determines that the crisis is over, and that normal clothing and bedding may be used safely.
- When using the suicide smock, the supervisor will determine the type of visual checks that are necessary to ensure the residents’ safety. (Updated 5/11)

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.10 – Page 3 of 4

### Suicide Emergency Procedure

- The suicide smock is NEVER to be used for punishment.
- If it is determined by the supervisor that clothing must be removed from a resident, the suicide smock must be issued.

If necessary, the supervisor may call in additional staff to assist in such situations.

#### **6. Suicide Vigilance:**

- During a resident's detainment, staff members will report via an incident report any threats a resident may make in reference to self harm, or any change in behavior signaling the potential for self harm. Any statement from a resident indicating a desire to end one's life whether joking or in a serious tone, must be considered serious. Report on an incident report for further follow-up and review. A "V" will be placed next to the resident's name on the census screen as a minimum precaution, and further follow-up may be made to CMH or other like position.

#### **DISCOVERY OF A SUICIDE ATTEMPT:**

If you discover a suicide attempt,

1. Immediately push your emergency transmitter.
2. Perform necessary first aid until assistance arrives.
3. Inform staff responding to the emergency that the cut down scissors are needed. (Located in the first aid box between A and B units, or the laundry room across the hall from C Unit).
4. Call 911 immediately.
5. Do not leave the resident unsupervised!

**First Aid Procedures are listed in Medical Administration.**

# Emergency Procedures and Suicide Prevention

## Section 600 – Policy 6.10 – Page 4 of 4

### Suicide Emergency Procedure

#### **METHODS OF SUICIDE:**

Statistically, hanging is the most widely used form of suicide in juvenile detention centers. This, however, does not mean that other methods such as cutting, overdose of drugs, or ingesting a toxic substance are not attempted. Vigilance of staff is of paramount importance to ensure the safety of residents in our care. Staff will be trained in symptoms of suicidal youth on an annual basis in addition to the 80-hour training program.

#### **TREATMENT FOR AN ATTEMPTED SUICIDE:**

##### **1. Hemorrhage (from severed artery)**

- Apply firm pressure at the site of bleeding. Most bleeding can be stopped by direct pressure.
- If bleeding cannot be stopped by pressure at the site of the wound, apply pressure just above the wound.
- Immobilize and elevate the injured extremity.

##### **2. Overdose of drugs**

- Call medical personnel for advice.
- If possible, ascertain the name of the drug, dosage, the number of pills taken and time they were taken.
- If victim is unconscious, begin CPR and contact 911 immediately.
- Never leave the resident unsupervised!

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Child Abuse Documentation

**MAKING A REFERRAL FOR PSYCHOLOGICAL TESTING:**

Following a suicide attempt or a serious threat to commit self harm by a resident, the supervisor has the authority to:

- Contact Community Mental Health, social worker or CMH staff to conduct a risk assessment and to determine if the child should remain in detention or be removed from the facility and placed at a psychiatric facility.
- Call in additional staff to assist with the supervision of the resident. CMH will also assist with this. The resident will be placed on constant visual supervision and the additional staff person will remain with the resident **at all times**.

**DOCUMENTATION NECESSARY FOR SUSPECTED CHILD ABUSE:**

Michigan Child Protection Law (Act 238) mandates that staff who have reasonable cause to suspect child abuse or neglect within the Detention Center, or abuse that has occurred to a resident outside the Center, must immediately make a report. Failure to make such a report makes that individual criminally and civilly liable for damages.

*Child abuse* means harm or threatened harm to a child's health or welfare through physical, mental, sexual abuse or maltreatment.

*Child neglect* means harm to a child's health and welfare which occurs through negligent treatment including the failure to provide adequate food, clothing, shelter or medical care.

Staff who are aware of either suspected child abuse or neglect are to immediately notify their supervisor and write an informational report detailing the information. The detention supervisor will advise the Administration, and a report will be filed with Protective Services.

Emergency Procedures and Suicide Prevention  
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Child Abuse Documentation

**INVESTIGATION PROCEDURE (INCLUDING SUSPECTED ABUSE WITHIN THE FACILITY):**

(REVISED 03/03)

Investigations of incidents that occur within the facility shall be conducted in the following manner:

1. The supervisor shall assign staff to conduct an investigation. No other staff shall be involved in the investigation without authority from the supervisor.
2. Residents will be locked in their individual rooms until the investigation is complete, to avoid tainting information.
3. Staff will interview each resident individually and record their statements regarding the situation.
4. Staff will compile all of the information in a thorough and complete information report.
5. After the investigation has been completed, no staff shall be permitted to further question or discuss the results of the investigation with residents.
6. If the investigation is the result of a potential violation of the Child Protection Law, a preliminary investigation will be conducted by the supervisor and referred to the Administration. If there is reasonable cause to believe that a violation has occurred, a referral will be made to the facility's regulatory agency.
7. It is important that the supervisor who receives the information regarding alleged abuse conduct an **immediate** investigation.
8. The supervisor is responsible for ensuring the safety of the alleged victim as well as other residents in the facility. This may mean that the supervisor will reassign or place the staff member on administrative leave, pending the outcome of the investigation. In all such cases, the Administration will be contacted immediately.

# Emergency Procedure and Suicide Prevention

## Section 600 – Policy 6.12 – Page 1 of 14

### Emergency Evacuation Procedure

#### **Overview**

This plan is divided into three sections, depending on the extent of the emergency

Level I	Zero to 3 hours
Level II	3 hours – 48 hours
Level III	48 hours – More hours

- Initially, the highest-ranking person on duty at the Juvenile Facility will determine if evacuation is needed. This person will either be a Detention Supervisor or one of the two administrators – the Assistant Director or Director.
- Once an evacuation is ordered **of any length** 911 emergency services must be contacted immediately to provide additional security and assistance, police protection, fire emergency and medical services, if necessary.
- The supervisor or highest-ranking juvenile staff member will determine and inform staff of the reason for evacuation. The supervisor will account for all staff, residents and visitors.
- Main evacuation gathering point is the fenced in yard to the east of the Juvenile facility. The secondary evacuation utilizes the emergency exit doors for each unit. The third evacuation area, should this be needed, utilizes door 39 or door 75.
- Gate keys are located in security boxes by both A and B and C and D units. A gate key is also in the supervisor's office.
- Flexi-cuffs are available in the supervisor's office and in both boxes near each unit, as noted, with the gate keys.
- Juvenile supervisor and staff shall focus on managing and securing the residents safely. Juvenile staff are responsible as their main focus for the safety and security of the residents in accordance with this plan.

# Emergency Procedure and Suicide Prevention

## Section 600 – Policy 6.12 – Page 2 of 14

### Emergency Evacuation Procedure

- An Incident Commander shall be designated from police staff once such staff arrive and working in conjunction with the highest-ranking juvenile staff an immediate decision will be made.

- A. Is it likely the facility can be reoccupied within three hours? If not, immediately move to level II, evacuating all residents to the County Jail.

OR:

- B. If the facility can be reoccupied – are buses needed from Community Mental Health (CMH) for security and shelter purposes.

**If the facility cannot be reoccupied immediately go to level II – 3 Hours to 48 Hours.**

- Incident Commander shall notify Community Mental Health (CMH) via 911. Residents shall be taken in accordance with the plan to the Saginaw County Jail.

**If buses are needed for Shelter or Transportation purposes, contact:**

- **Jose Mendoza, Supervisor of Transportation**  
**Monday thru Friday: 797-3483**  
**After Hours: 297-0708 cell phone**  
**845-2243 home phone**

### **EMERGENCY EVACUATION PROCEDURES**

#### **LEVEL I (ZERO – 3 HOURS):**

In the event of a natural or man-made emergency the following procedures/policies shall be implemented for the safe evacuation of the Juvenile Detention Center. When conditions, such as fire or explosion, dictate the removal of building occupants all employees will take appropriate action to safely remove residents, visitors, and other employees from the building in as safe and expedient a manner as possible.



# Emergency Procedure and Suicide Prevention

## Section 600 – Policy 6.12 – Page 3 of 14

### Emergency Evacuation Procedure

#### A. Procedures for Implementing a Building Evacuation

1. Determination for evacuation is made by the highest-ranking person in the building.
2. In addition to the Juvenile Detention Center's chain of command, an order to evacuate any portion of the Juvenile Detention Center may be provided by the Saginaw Township Fire Department, the Saginaw County Sheriff's Department, and/or the Saginaw Township Police Department, or a designated Incident Commander\*.

\*Please see (1) under "Managing the Evacuation."

3. The supervisor, or highest-ranking person in the building will announce which **evacuation route** (see below) will be used via radios, telephone paging system, or detention monitoring system. Staff will be trained to know that when the supervisor indicates **Code E** (for evacuation) is in effect, the building will be evacuated.

#### B. Evacuation Routes and Assembly Areas

1. Primary evacuation exit → Through the gym into outside fenced in area. Staff and residents will assemble along the back of the fence, as far away from the building as possible.
2. Secondary exit → Exit through emergency doors in each unit and/or hallway exits to fenced yard.
  - a. A & B residents and staff will exit into the gated area from their individual units. After exiting their individual units, staff and residents shall unlock the main recreational gate area, the main staging area, and enter this area. The supervisor (or designee) will unlock this gate. If this is not possible, gate keys are situated on the east end of A unit to allow youth care staff to enter the recreational area with the residents. Relock the gate once entering

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Emergency Evacuation Procedure

the recreational area. If this is not possible, staff and residents will remain together in the secondary fenced in area – the fence which is around each unit. If safety cannot be maintained, youth care staff will utilize the gate key to unlock the main gate to the parking lot area. Prior to this and if possible, that is without jeopardizing health and safety, intense heat, building ready to explode, flexi-cuffs need to be placed on residents to allow for an orderly retreat to the parking lot area.

- b. Units C & D will exit into the assembly area located between C and D Unit. The supervisor will have a gate key for the gate in this area. Unless safety is compromised, residents will remain here. **Please note that an additional gate key will be placed outside the emergency exit door between C and D units. This will allow staff exiting from that position of the building to be able to exit through the gate if safety is compromised.**
- c. **Location of Gate Keys:** The gate key is stored in the supervisor's office in a locked security cabinet. Per this policy two additional gate keys will be stored outside in a locked box (locked with an A-1 key) for staff to obtain who are exiting with residents through exit doors of the north (C and D units) and south (A and B units) of the building. These lock boxes outside the exit door will also be equipped with not only gate keys but additional flexi-cuffs and flashlights.

# Emergency Procedure and Suicide Prevention

## Section 600 – Policy 6.12 – Page 5 of 14

### Emergency Evacuation Procedure

- d. If school is in session, during the emergency, and the primary evacuation route is not available, all classrooms will exit through D, C, or hallway exit doors located across from C unit door or classroom #5.
- e. Members of the public unable to leave through the public exits will also assemble in the recreation yard.

2. Additional Routes → Exit through door 39 or door 75.

#### C. Managing the Evacuation

- 1. Immediately contact 911 to advise authorities of the problem and that the building is being evacuated, request immediate police assistance and if needed, fire and medical assistance. From the ranks of police emergency staff an Incident Commander shall be designated who shall have responsibility for assisting detention staff in securing the residents and in conjunction with the detention administration and/or fire emergency staff determining when the building can be reoccupied or if it will be necessary to proceed to level II – placing the residents in the county jail.
- 2. Detention staff, supervisors and DYCS shall continue to focus on the proper supervision and security of residents in accordance with this plan and shall recognize that police assistance is supportive and secondary to their duties as outlined in this plan.
- 3. Immediately contact the Detention Director and Assistant Director to proceed to the Center.

## Emergency Procedure and Suicide Prevention

### Section 600 – Policy 6.12 – Page 6 of 14

#### Emergency Evacuation Procedure

4. Each staff person shall be equipped with an internal radio to communicate with the supervisor in emergency situations. Immediately after the building is completely evacuated, all staff and residents will be accounted for by the supervisor. Visitors will also be identified and counted. If necessary, the supervisor may need to receive a resident count via radio from staff (if groups are in separate locations – based on which evacuation route is used).
5. Any person unaccounted for will be immediately reported to the detention supervisor and by the detention supervisor to the Incident Commander. A comprehensive listing of residents and staff who were evacuated will be maintained throughout the course of the emergency.
6. Unless otherwise noted, all youth care staff will maintain group supervision based upon the existing work schedule or supervisory need. If necessary, the supervisor may reassign staff to maintain safety and security. Units A, B, C, and D will stay together as individual groups and assemble at the fence at the back of the recreation yard in preparation for further evacuation, if necessary.
7. If residents cannot safely be confined within the secure fenced area of the building or are behaving in a disorderly manner, the supervisor shall order the use of flexi-cuffs to provide security. Each resident shall be individually handcuffed. Residents shall be cuffed behind their backs.
8. The supervisor (or designee) will be responsible for gathering the emergency evacuation kit and necessary equipment as listed on Checklist #1.
9. If the evacuation occurs during inclement weather or if unsafe conditions exist in the recreation area, arrangements will be made to temporarily house residents in vehicles provided by Community Mental Health (CMH). The Incident Commander, utilizing 911 services, will request assistance from Community Mental Health (CMH) immediately.

# Emergency Procedure and Suicide Prevention

## Section 600 – Policy 6.12 – Page 7 of 14

### Emergency Evacuation Procedure

10. All staff shall be required to remain on duty as needed, as ordered by the highest-ranking juvenile staff member present during the emergency. Not until the crisis is determined over by the Detention Administration shall this order change.
11. If necessary and depending on the severity of the situation, medical, maintenance, and additional youth care staff will remain or be called in to provide additional security and essential services.
12. Basic medical care will be provided by Saginaw County Juvenile Detention Center medical staff. Persons with serious injuries will be immediately evacuated by EMS personnel. If necessary, additional medical authorities will be contacted.
13. The Incident Commander, in conjunction with the Detention Administration or highest-ranking juvenile staff member present, will determine if the Juvenile Detention Center can be safely reoccupied. If a declaration is made that the incident is over, staff and residents may re-enter the Juvenile Detention Center. If the emergency continues, the evacuation will proceed to level II.
14. If Community Mental Health (CMH) has not been contacted for evacuation purposes, the Incident Commander, utilizing 911 services, shall contact CMH for evacuation purposes.
15. The emergency aid facility will be notified by the Incident Commander that the Saginaw Juvenile Detention Center is in need of activating the emergency evacuation plan. The emergency evacuation facility is the Saginaw County Jail – level II.

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Emergency Evacuation Procedure

**Checklist – Emergency Equipment**

**Check off as obtained**

**1) Communication Equipment**

- **Handi-talkie (Police fire emergency radio to contact 911 for communication)** \_\_\_\_\_
- **Motorola radios or like radios for staff Communication** \_\_\_\_\_
- **Cell phone(s) if available** \_\_\_\_\_

**2) Building Keys**

- **Gate Keys (located behind the supervisor's office in the locked blue cabinet – located outside exit area between C and D units in locked box)** \_\_\_\_\_
- **Building keys (leave in wall for Fire Department use, this includes GM, X9, X8, X7, DL2, MA5)** \_\_\_\_\_
- **Security keys** \_\_\_\_\_
- **Supervisor's keys** \_\_\_\_\_

**3) Resident Information**

- **Copy of Census** \_\_\_\_\_
- **Med book in the supervisor's office** \_\_\_\_\_
- **Medications** \_\_\_\_\_
- **Resident Files** \_\_\_\_\_

**4) Staff Information**

- **Staff emergency contact numbers** \_\_\_\_\_
- **Staff information book** \_\_\_\_\_

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Emergency Evacuation Procedure

**5) Emergency Supplies (All should be in emergency bag)**

- **Flashlights** \_\_\_\_\_
- **Batteries** \_\_\_\_\_
- **Flexi-cuffs** \_\_\_\_\_
- **First aid/medical supplies** \_\_\_\_\_

**6) Resident Supplies**

- **Resident jackets, caps and ponchos (outside in the storage room – cored with the supervisor's key** \_\_\_\_\_
- **At both north and south ends of the building near A/B and C/D units.** \_\_\_\_\_

**LEVEL II (3 HOURS TO 48 HOURS)**

The facility cannot be reoccupied:

- A. Saginaw County Sheriff's Department is the evacuation site.
1. Contact SCSD to alert jail.
  2. If not already contacted, contact CMH to provide transportation. The Incident Commander shall do this utilizing 911 services.
  3. The Juvenile Detention Center will need a minimum of three buses.
- B. Place residents on bus with staff supervising.
1. Residents shall be cuffed with flexi-cuffs, individually with hands behind back.
  2. Take census immediately.
- C. Supervisors ensure if at all possible that the items listed below accompany residents to the jail.

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Emergency Evacuation Procedure

1. Census information.
2. Resident files
3. Medical book
4. Medication
5. Emergency equipment kit

D. Arrival at jail.

1. Use sally port
2. Jail staff will be expecting you

E. Jail personnel will escort detention staff and residents to appropriate lodging area.

1. Unload buses in an orderly fashion
2. Take census count
3. Residents will remain cuffed until in secure area

F. Supervision

1. Supervision of all residents while at the jail shall be the responsibility of detention staff under the direction of the Sheriff's Department.
2. Regular shift operation shall be maintained. Direct care staff shall report to work at the jail in accordance with their normal shift.
3. Supervisors shall conduct meetings and shift change meetings to update staff.
4. Mandatory overtime may be required, staff to resident ratios shall be at a minimum of 1 to 8 and may be required to be lower such as 1 to 5 or less based on operational requirements of the lodging area. Administration will determine this.

G. Communication

1. The supervisor will control communication or the highest-ranking administrator present.



# Emergency Procedure and Suicide Prevention

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### Emergency Evacuation Procedure

2. Intra-staff communication will occur as is under normal situations, that is between staff and supervisor and work related only.
3. Land phones, cells phones and police two-way radios will be used to contact parents of residents, family of staff or other official business only at the direction of the supervisor or highest ranking administrator

#### H. Housing Items – Rules

1. By prior agreement, housing (lodging area), meds, clothing, mattresses, linen, toiletries and hygiene materials as well as food will be provided by the jail.
2. Sight and sound separation will be maintained to the best of our ability at all times. Contact with adult prisoners will not be permitted at any time.
3. Juveniles will not be lodged with adult prisoners.
4. Juvenile Detention Center staff shall maintain line of sight supervision of juvenile residents at all times.

#### I. Housing Location

1. Male and female juveniles will sleep in separate quarters.
  - a. Males will be placed in emergency operations center – 25 each.
  - b. First level (fishbowl) holding area and booking – 17 each.
2. Females will be lodged in:
  - a. Maximum secure area for females (preferred). OR
  - b. Women's basement area.

#### J. Disorderly Juvenile – Control

1. Disorderly juveniles will be placed in individual cells, if available. Always maintain visual checks at this time as required.
2. If individual cells are not available, juveniles will be placed in restraints, leg and wrist restraints when authorized, do not use any other restraint.

# Emergency Procedure and Suicide Prevention

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### Emergency Evacuation Procedure

3. Use of restraints requires supervisory approval and constant visual supervision. The supervisor will immediately inform an administrator of the authorization to utilize restraints and why.
4. An incident report documenting the use of the restraint, and reason for the restraint is required.
5. The restraint shall be removed immediately once the youth is calm and agrees to be calm. Maximum use of a restraint is three hours and must be removed. If a youth is still acting inappropriately and restraints cannot be removed, an administrator must be contacted for approval to continue youth in restraints. This will be reviewed on an hourly basis by the administrator until the restraints are removed.

#### **LEVEL III – (48 HOURS OR MORE)**

The administration will determine when the Juvenile Detention Center can be reoccupied. If it is determined the Juvenile Detention Center will not be available to reoccupy within the 48-hour timeframe the following shall occur:

##### **A. Initial Census Reduction**

1. All youth lodged from other counties shall be removed from the jail. Counties will be given immediate notice of the need to remove residents and residents shall be removed within 24 hours of notification.
2. In concert with the Family Court, residents will be systematically removed from secure detention (the jail). All residents shall be removed provided they meet the following requirements:
  - a. Their removal would not endanger the public's safety.
  - b. The resident has an appropriate place to be released, that is home, placement, relative's home, foster care, etc.

# Emergency Procedure and Suicide Prevention

## Section 600 – Policy 6.12 – Page 13 of 14

### Emergency Evacuation Procedure

1. It is understood that due to the emergency situation that all efforts will be directed toward releasing residents from further detention at the jail.
2. It is hoped that a significant number of residents will be released under these circumstances and that those residents remaining in custody will be minimal.

#### B. Census Reduction – Remaining Residents.

1. It is hoped that nearly all residents will be released under the initial census reduction. Some will not, the following will occur with these residents:

##### a. Adult Court Cases

1. Youth awaiting trial involved in a traditional waiver or prosecutorial waiver shall remain in jail awaiting trial based on the discretion of the court.
2. All other youth not released will be referred to other out of county juvenile facilities to be lodged. This will be accomplished by the detention administration working with court staff.
3. Adequate detention staff shall continue to work at the jail supervising remaining youth and new intakes based on needs and requirements, the administration will determine this.

#### C. New Intakes

1. Intake staff will need to be judicious in authorizing new intakes due to the emergency situation. New intakes must always meet the criteria or should – it is recommended that new intakes meet the criteria for lodging based on those intakes previously released, i.e.: Are they a harm to the public? Are they a danger to the public? And is there an alternative place to lodge?

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Emergency Evacuation Procedure

2. New intakes will be lodged at the jail supervised by detention staff.
3. Release to the community or referral to another juvenile facility shall occur after the preliminary hearing.

D. Continued Supervision at the Jail

1. Supervision at the jail by detention staff shall be reviewed regularly based on population, size and need. It shall be the responsibility of detention staff to supervise these individuals unless other agreement is made by the Sheriff's Department, such as adult court wards lodged in single cells.
2. All staff are expected to be available for work unless otherwise informed.

# Medical Care

## Section 700 – Policy 7.1 – Page 1 of 3

### Overview of Policy/Philosophy

#### **INTRODUCTION:**

The Saginaw County Juvenile Detention Center provides routine and emergency medical and dental care through a licensed medical provider and physician. All of the following medical policies shall address:

- Health screening procedures
- Maintenance of medical records
- How medication is to be stored and dispensed
- Who is authorized to dispense medication
- How medical treatment, including prescription of medication, is monitored

#### **OVERVIEW OF RESPONSIBILITY OF DETENTION'S MEDICAL DEPARTMENT:**

1. Provisions shall be made for short-term medical, dental and mental health care services under the control of the Medical Department.
2. Medical services, including the coordination of services with other providers such as dental or mental health providers is the sole province of the responsible nurse and contracted physician(s), respectively.
3. Each specific policy, procedure, and service of the medical department shall be reviewed annually and updated as needed.
4. Security regulations applicable to facility personnel also apply to medical personnel.
5. The Medical Department will meet regularly with the facility administrator and submit statistics and reports as requested.

#### **MEDICAL TREATMENT PHILOSOPHY AND MAINTENANCE OF RECORDS:**

All medical treatment shall be in accordance with commonly accepted medical practices.

## Medical Care

### Section 700 – Policy 7.1 – Page 2 of 3

#### Overview of Policy/Philosophy

Practice upholds the principle of confidentiality of the health record and supports the following requirements:

- The active health record is maintained separately from the confinement record.
- Access to the health record is controlled by the Medical Department.
- The Medical Department shares with the facility administrator information regarding a juvenile's medical management, security and ability to participate in programs.
- All resident health records will be kept on file until the resident reaches the age of 19. At this time, the records will be microfilmed.

#### **MONITORING OF MEDICAL SERVICES:**

1. Medical care provided to residents shall be monitored by the medical personnel in person Monday through Friday and on an on-call basis during weekends and after regular medical service hours.
2. The responsible physician shall oversee health services by reviewing, approving, and signing all charts when indicated, files, orders, and records on residents. This shall be once weekly or more often as needed.
3. Health services rendered by medical staff other than physicians shall be monitored by the Medical Department. These include:
  - Dispensing of pharmaceuticals and associated documentation (incident reports, medical log sheets, etc.)
  - Monitoring that physician's orders listed on medical charts are followed.
  - Reviewing medical charts for completeness, proper documentation, and content.
  - Reviewing and overseeing all medical purchases.
  - Reviewing and overseeing all scheduling of residents for medical visits and referrals.
  - Reviewing all medical forms.
  - Monitoring the on-call schedule.

Medical Care  
Section 700 – Policy 7.1 – Page 3 of 3  
Overview of Policy/Philosophy

**AUTHORITY AND REVIEW FOR MEDICAL POLICIES AND PROCEDURES:**

- All written policies and procedures shall be followed unless changed in accordance with proper procedures.
- The Director and the responsible Medical Personnel shall sign and date each policy and/or revision.
- Medical services space and equipment shall be reviewed for effectiveness and updated at least annually and shall be revised as necessary under the direction of the Medical Department.
- The Medical Department and Facility Administrator meet quarterly to discuss the effectiveness of the health care systems, any environmental factors that need improvement, changes that have been made, and recommended corrective actions if necessary. Minutes of these meetings are kept on file.

# Medical Administration

## Section 700 – Policy 7.2 – Page 1 of 1

### General Health and Hygiene Requirements for Staff and Residents

In order to maintain good health among residents and staff and to prohibit the spread of communicable diseases, these general health and hygiene requirements shall be followed by all individuals:

1. All employees working in Detention, directly with residents, upon hire must have a tuberculosis skin test, must be in generally good health, and have no acute physical illness or limitation that would prevent performance of the job or pose an immediate health risk for the employee and others. If indicated, the employee shall be requested to provide a statement from a physician stating that the employee shows no indication of being a health risk.
2. All individuals will practice regular hand washing, especially before reporting to duty and after using the toilet.
3. All individuals will practice regular daily body hygiene to include a bath or shower.
4. While on duty, staff will not share eating or drinking utensils, or personal hygiene items such as toothbrushes, combs, hairbrushes, roll-on deodorants, razors, etc.
5. Proper precautions will be used to prevent the spread of germs, such as using tissues when sneezing, covering the mouth when coughing and not sneezing or coughing into or over food.
6. There will be proper disposal of soiled items such as tissues, sanitary napkins, etc.
7. Any open wounds on the body will be kept clean and covered.
8. Residents and staff members shall handle soiled laundry in an isolated manner, not shaking or fanning laundry in the air.
9. Gloves and other appropriate masks or protective garments shall be worn when managing contamination from body fluids, secretions, and excretions such as blood, vomit, saliva, urine, semen, feces, etc.
10. All building areas will be cleaned regularly with approved cleaners and disinfectants.
11. Additional health and hygiene requirements for Detention staff shall include:
  - Adherence to special medical instruction sheets by Medical Services on individual residents.
  - Compliance with guidelines provided by the Health Department, Center for Disease Control, Public Health Service, and others as described handouts regarding communicable and infectious diseases, personal hygiene, etc.



Medical Administration  
Section 700 – Policy 7.3 – Page 1 of 1  
Medical Training

**MEDICAL TRAINING FOR DETENTION STAFF:**

The Detention Administration and Medical Department personnel shall coordinate in-service training to Detention staff in the following areas:

- Training in communicable disease management and prevention.
- Procedures for transporting residents to hospitals or other health care provider facilities.
- Procedures for administering medication, creams, or treatments.
- Procedures for responding to emergency situations.
- Other training issues as agreed upon with Detention Administration.

The Medical Department personnel is responsible for the initial training of all staff in regard to blood borne pathogens and other communicable diseases. The Medical Department shall maintain all employee records regarding verification of freedom from communicable diseases in a central filing system.

**MEDICAL TRAINING FOR NEW/FILL-IN MEDICAL STAFF:**

The Medical Department shall orient and train new or fill-in medical staff through a written training program that has been approved by the Detention Director.

# Medical Administration

## Section 700 – Policy 7.4 – Page 1 of 2

### Resident Physicals and Procedures

#### **POLICY:**

All residents who come into the facility shall receive a physical and general health assessment by a qualified medical staff member within seven (7) days of admittance.

Each resident is also provided medical care by a physician and/or qualified medical personnel throughout the period of detention. This includes sick calls, health appraisals, dental care, mental health care, and preventative care. The frequency which residents shall be seen by detention's contractual physician will be determined by the Medical Department. Individual treatment plans shall be developed as needed for special medical conditions.

#### **PROCEDURE:**

1. Upon admission, the admitting supervisor shall screen the resident by completing the Admission Face Sheet. This document is provided to the medical department and unit worker for the purpose of documenting the following:
  - Current illness and/or health problems, including injuries
  - Current mental health concerns or suicidal ideation
  - Current medication
  - Date of last use of drugs or alcohol, and amount consumed
  - Other designated health problems
2. The medical department shall review the admission face sheet and complete a physical examination as soon as possible, but not more than seven (7) days from the date of admission.
3. A physical examination form shall be completed after each physical and shall be placed in the resident's medical file. The physical shall be reviewed by the physician.
4. The medical department shall make appropriate arrangements for a resident's medical needs after completing the initial physical examination. Such services may include, but are not limited to: physician referral, lab tests, initiation of therapy or treatment as necessary. All information regarding necessary treatment shall be communicated to detention staff in writing.

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Resident Physicals and Procedures

5. The medical department is responsible for securing a resident's medication through communication with the youth's probation officer, DHS worker, parent or other appropriate party. The medical department will inform the Director if medication cannot be obtained within 72 hours of a resident's admission to the facility.

**SEEING THE PHYSICIAN:**

Residents who have not had a physical exam within the past six (6) months, or who have never been in detention, will be scheduled to be seen by the doctor within seven (7) days of being detained. The Detention medical department personnel will also refer residents to the physician as deemed medically necessary.

Medical Administration  
Section 700 – Policy 7.5 – Page 1 of 2  
Sick Calls

**SICK CALLS:**

1. Sick call shall be held for residents in Detention during the time the nurse is in the Center on an as-needed basis, and at least three times a week. A physician is available at least once a week to respond to juvenile's medical complaints. Weekend sick call shall be on an on-call basis.
2. Residents may request to see the nurse through their unit worker. Residents may also speak with the Shift Supervisor regarding medical concerns at times other than Medical Service hours.
3. Staff shall assist the medical staff with controlling and scheduling of all sick calls. Staff will remain posted at the medical station while residents are being seen by medical personnel in order to provide supervision and security. Staff shall maintain a line-of-site supervision of residents being seen by the medical department.
4. Sick call shall be conducted in the Medical Room or in the resident's room if the resident is unable to come directly to the Medical Room. Sick call requests and medical department actions shall be recorded in the youth's medical file.
5. Unless a resident is actively acting out and is considered an immediate security risk, Medical Department personnel shall address medical needs/requests of residents who are restricted for disciplinary reasons as needed.
6. Subsequent follow-up care is provided by the medical staff as a matter of routine when it is medically indicated. In order to provide continuity of care, a return visit may be scheduled upon completion of sick call. Any testing or treatment which cannot be adequately provided within Medical Department shall be referred to appropriate referral resources.
7. Medical Department personnel are available on-call by telephone for consultation twenty-four hours a day for emergencies. The Shift Supervisor is responsible for making the determination on the proper course of action in the absence of medical department personnel. If a resident is in need of immediate medical attention, depending on the emergency, the youth shall be transported to the hospital or an ambulance will be called.
8. All policies concerning sick calls shall be communicated to the youth upon arrival through the orientation process.

Medical Administration  
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Sick Calls

9. If a resident has a complaint concerning an examination or any service conducted by the Medical Department, the resident will be allowed to file a grievance. The grievance shall be forwarded to the Shift Supervisor and the Detention Administration for follow-up.

## Medical Administration

### Section 700 – Policy 7.6 – Page 1 of 2

### First Aid Kits and OTC Medical Supplies

First Aid Kits shall be placed throughout the detention facility to ensure that all staff has rapid access to emergency supplies. First aid kits are located between A/B Hallway, C Unit laundry area, the supervisor's office and the kitchen. At a minimum, each first aid kit shall contain the following materials:

- Rolled gauze
- Sponges
- Triangle bandages
- Band-Aids
- Instruction pamphlets for first aid
- Salves and medication approved by the medical staff
- Antiseptic lotion
- Cut-down scissors
- Safety pins, and tweezers
- Ammonia inhalant

If detention staff uses any of the items in the first-aid kit, a list of the items used shall immediately be provided to the Shift Supervisor and communicated to the Medical Department so that the contents of the first aid kits can be replenished as needed.

The Medical Department is responsible for inventory of items in the first aid kit and an inventory will be taken at least quarterly to ensure that all items are available and not expired.

Additionally, a supply of individually packaged, over the counter (OTC) medications and medical supplies shall be securely stored in the control room's medication storage cabinet for daily resident use. The medical department is responsible for stocking and replenishing these supplies as needed.

Medical Administration  
Section 700 – Policy 7.6 – Page 2 of 2  
First Aid Kits and OTC Medical Supplies

**DISPENSING OVER-THE-COUNTER MEDICATION:**

All OTC medication must be administered by authorized medical personnel or the detention supervisor, and documented properly by listing the date, name of resident receiving the medication and the dosage. A log of OTC Medication is kept in the supervisor's office and the medical department will review the list of administered OTC medication periodically to ensure medication is being issued in a manner consistent with normal medical standards.

When issuing OTC medication, the supervisor/Medical staff will:

- Document the resident's name
- List the type of medication and the dosage
- List the time and date the medication was issued

**NOTE:** Detention Supervisor shall only dispense medication when medical personnel are not present and available to issue medication.

Medical Administration  
Section 700 – Policy 7.7 – Page 1 of 1  
Procedures for Receiving/Storing Medication

The Medical Department is responsible for the proper management and administration of all medication. Medication issued to residents will only be done through consultation with the facility's contracted physician or authorized health provider by agreement with the facility's physician.

**PROCEDURE FOR RECEIVING/STORING MEDICATIONS:**

1. Medication brought in by parents or court personnel must be in properly labeled containers and dosages must be reviewed and approved by the Medical Department and, if necessary, the facility's physician prior to be administered.
2. Medication that is ordered for residents of the Saginaw County Juvenile Detention Center is ordered based on a licensed physician's written order and received through a licensed pharmaceutical company.
3. Controlled substances, medical equipment (except basic first aid supplies and OTC medication) and sharps are stored in a locked cabinet within the Medical Department to which no resident or staff member other than Medical Department personnel shall have any access.
4. Medications requiring refrigeration are kept in the medical refrigerator inside the Medical Department. Drugs stored in the medical refrigerator are stored separately from food.
5. All medication received or ordered for residents must be accounted for by medical personnel (an inventory control sheet will be maintained for all medications processed through the Medical Department).
6. When a medication expires, it is disposed of according to state or federal guidelines.
7. All prescriptions are to be dispensed by a registered pharmacist from a licensed Pharmacy.
8. Medical areas containing drugs are locked when not in use and when left unattended.



Medical Administration  
Section 700 – Policy 7.8 – Page 1 of 2  
Procedures for Issuing Medication

**DISPENSING OF MEDICATION:**

All medications are to be administered by licensed medical or nursing personnel in accordance with the Medical and Nurse Practice acts of the State of Michigan. Detention Supervisor or staff acting in the capacity as Detention Supervisor, may also administer medications as set-up by the medical staff, but only in the absence of medical department personnel.

The procedure for dispensing medication is as follows:

1. The medical staff is responsible for the set-up of medications. Medication will be set up in individual packets that specify the exact dosage, date and time that the medication is to be issued. Packets of medication will be set up only 1 week at a time for inventory and control purposes. The remaining medication will be kept secure in the medical department.
2. Only staff trained as Detention Supervisors will administer medications as directed by the medical department, and only when medical department personnel is not available to issue the medication.
3. Authorized medication will be removed from the cabinet in supervisor's office. The supervisor or medical personnel will review each packet and compare it to the medical book to ensure the medication being issued is the correct dosage and prescribed time.
4. Medication will be dispensed to one resident at a time. The identity of the resident must be verified prior to issuing medication. If there are any questions, the Supervisor or medical personnel will seek staff who can verify the resident's identity. In most cases, the resident will be wearing an ID band.
5. The supervisor or medical personnel will pour the contents of the packet into the resident's hand, ensuring that they have pulled up their sleeve to prevent medication from being hidden.
6. The resident will be given water or will stand at the drinking fountain. Medical staff or supervisors will directly observe the resident while he/she ingests the medication.
7. Residents will be asked to open their mouth and roll their tongue around the upper and lower parts of their mouth to ensure that the medication has been ingested.

## Medical Administration

### Section 700 – Policy 7.8 – Page 2 of 2

#### Procedures for Issuing Medication

8. If there is any question whether a resident properly ingested their medication, staff shall complete a more thorough check of the resident's mouth.
9. Each dose of medication administered is to be recorded on the resident's medication sheet in the medication book, and **only after the medication** has been issued. The person administering the medication shall sign their initials on the proper date and time that the medication was issued. Only the person who actually issued the medication is permitted to sign the medication sheet!

#### **ADMINISTERING MEDICAL TREATMENTS/CREAMS:**

Under the direction of the medical department, Youth Care Staff may be asked to supervise and monitor a resident to ensure that a specific medical treatment is carried out. Specific medical instructions will be provided to staff so that the treatment is conducted in a manner consistent with sound medical practice.

#### **REFUSAL OF MEDICATION:**

If a medication is refused by the resident or held by the nurse, the word "Refused" is written on the resident's Medication Sheet and reported to the medical department via an incident report.

Immediate attention is required in refusals of life-safety medications. Notification to the Director and the resident's court worker must be made in writing.

#### **MEDICATION ERRORS:**

Medication errors (such as a missed medication or issuing the wrong medication) are to be reported immediately to the Assistant Director or Director of the facility. An incident report is filled out by the Shift Supervisor or medical personnel and kept in the resident's file.

Medication errors must be reviewed by the Clinical Administrator and the responsible physician/consultant pharmacist, as requested by the medical department. Findings from the review will be presented to the Director, and any additional action will be determined at the time.

Corrective action shall be initiated as promptly as possible.

# Medical Administration

## Section 700 – Policy 7.9 – Page 1 of 3

### Medical Records

A complete medical record shall be kept for each juvenile to accurately document all medical services provided throughout the period of detention. These records, in accordance with the Detention Center rules relating to security and privacy, shall be retained after a juvenile's release for a period of time sufficient to allow continuity of treatment.

Medical Records shall include the following information:

- Completed admission face sheet
- Health appraisal data forms, including history of immunizations
- All findings, diagnoses, treatments, and dispositions
- Prescribed medications and their administration
- Laboratory, X-ray, and diagnostic studies
- Signature and title of documenter
- Consent and refusal forms
- Release-of-information forms
- Places, dates, and times of health encounters
- Health service reports
- Medical treatment plan
- Progress reports and discharge summary, if any

#### **COLLECTION AND RECORDING OF MEDICAL DATA:**

Only qualified facility medical staff shall collect and record health history, vital signs, and other health appraisal data on medical record forms. All medical record forms shall be uniform and approved by detention's health care provider.

#### **RECORD OF VISITS TO MEDICAL DEPARTMENT:**

A record of each visit to the clinic, physician, or dentist after admission to the detention facility shall be kept with a recommendation for treatment. A record will be kept of all medications that include dosage and time given.

Medical Administration  
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Medical Records

**STORAGE OF RECORDS:**

The Medical Department shall maintain a system of identification and filing to ensure rapid access to each youth's medical record. The detention facility shall provide storage space and equipment for all medical records that is safe from fire and water damage and secure from unauthorized use.

The medical records are the responsibility of the Medical Department, who shall control access to the medical reports. Medical records shall be kept in locked cabinets located in the medical department, separate from other records. All inactive medical records shall be separated from the active records and accessible only to the Detention administration.

**CONFIDENTIALITY OF MEDICAL INFORMATION:**

The active health record shall be maintained separately from detention records. Medical records shall be confidential, secure, and safeguarded against loss, defacement, tampering, or use by unauthorized persons. A resident requesting his/her medical records may review it in the presence of the Medical Department Personnel.

Medical Staff share need-to-know information concerning a youth's medical management security, and ability to participate in programs with the Detention staff.

Authorization from the Director is required for release of medical information to persons not otherwise authorized to receive such information.

**TRANSFER OF HEALTH RECORDS:**

When a resident is transferred to another facility, a summary of the medical record may accompany him/her as requested by court personnel or placement agencies.

Medical Administration  
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Medical Records

Information on the following shall accompany **all youth** being transferred:

- Medication needs during transit.
- Medical conditions with special problems or needs, such as diabetes or epilepsy.
- Psychiatric problems, especially suicidal tendencies.
- Handicaps that may require special procedures during transportation.

**NOTE: This information shall be documented on an incident report form and sent with transporters.**

# Medical Administration

## Section 700 – Policy 7.10 – Page 1 of 4

### Communicable Diseases

#### **OVERVIEW:**

The Medical Department shall monitor the control and treatment of infectious or communicable diseases throughout Saginaw County. This includes the Detention Center.

Examinations shall be performed by the medical staff for all symptomatic cases. Residents shall be tested as needed (exhibiting symptoms or complaints) for infectious hepatitis, sexually transmitted diseases, HIV infections, and parasites. Residents suspected of or found to have a communicable disease by medical staff may be isolated from other residents or have other special instructions that could include separate toilet use, hand washing, separate laundry of towels, linen, clothing, proper handling of food utensils and dishes, and proper cleaning and disinfecting of isolation areas. No information regarding anyone with a communicable disease will be released to the news media.

#### **LICE/SCABIES INFECTION/DELOUSING PROCEDURES:**

All resident's hair and scalps will be inspected by trained staff for evidence of lice at time of admission. Lice must be seen on the resident by the Detention staff or the medical staff. Residents with proven infestation will be immediately treated with a pediculocide. No chemical treatment may be administered without written authorization from the medical department. Mayo or vinegar treatments may also be used, and do not require medical authorization. Follow up inspections and treatments will be conducted as needed until lice are no longer detected.

**PLEASE NOTE: It may be necessary to medically isolate a resident with a chronic condition. This will be determined by the Medical Department.**

#### **INFECTIOUS HEPATITIS PROCEDURES (A, B, OR C):**

The spread of infectious hepatitis occurs through contact with blood, urine, mucus membranes, or stool of an infected person. Residents diagnosed with infectious hepatitis will receive specialized instructions from the physician who will determine activity limitations and/or housing limitations within Detention.

## Medical Administration

### Section 700 – Policy 7.10 – Page 2 of 4

### Communicable Diseases

Procedures to prevent the transmissions of infectious hepatitis are similar to those precautions surrounding the contact, control, and transportation of bodily fluids. Specific medical instructions will be provided by the physician as to what precautions shall be followed.

#### **HIV INFECTION PROCEDURES:**

##### **Testing of Residents:**

HIV/AIDS testing as a general screening tool will not occur. Testing shall be administered only:

- As directed by a physician, based upon the resident's prior medical history or high-risk behavior history, with full resident consent
- A resident diagnosed as HIV positive will be referred through medical staff to trained community resource professionals for counseling.
- Residents requesting HIV infection testing shall be referred to medical staff at which time they will be referred to the Saginaw County Health Department, upon release.

#### **CONFIDENTIALITY:**

The diagnosis of HIV positive and associated illnesses evokes much fear in those who may be in contact with the individual. The right to privacy must be carefully guarded.

**(Caution: Disclosure of information pertaining to AIDS related symptomatology to unauthorized persons may result in placing you at risk of having a personal lawsuit filed against you.)**

**Universal precautions are to be used with all residents. The medical staff shall advise the Director if any additional precautions are needed for specific residents.**

#### **HOUSING/MEDICAL PRECAUTIONS:**

A resident with HIV infections may participate in the regular programming. Medical isolation is not necessary unless the physician determines that such isolation is needed to protect the health

## Medical Administration

### Section 700 – Policy 7.10 – Page 3 of 4

### Communicable Diseases

of the resident. Safety of other residents and staff can be ensured if the infection control procedures described in the communicable disease policy are strictly adhered to. Special

precautions need only be taken if staff is likely to come into contact with body fluids of an infected individual.

#### **TRAINING:**

HIV, AIDS, tuberculosis and other communicable diseases education/training specific to the needs of programming is conducted on an annual basis.

The Saginaw County Health Department may distribute any new information that should be disseminated to staff as needed.

#### **EXPOSURE TO COMMUNICABLE DISEASE – WHAT TO DO:**

In the event an employee believes a possible exposure to HIV has taken place, he/she shall wash the affected areas with soap and water, and shall fill out an *Exposure Incident Report*. The Detention supervisor will advise the employee regarding further follow-up, such as referral to the Employee Health Center or hospital.

An example of such exposure might be an accidental needle stick injury of medical staff or exposure of a person with an open wound on his/her hand to the blood of a resident with HIV infection.

If Detention staff believes a resident could have been exposed, the resident should be instructed to wash the affected area with soap and water, and then receive prompt medical attention from the medical staff.

Whenever a resident becomes directly exposed to blood or other body secretions, an Incident Report is to be completed and given to the Director immediately. If exposure involves an employee, an Exposure Incident Report form is to be filled out and referred to the Director or Assistant Director. Staff will be encouraged to seek public health officials for advice.



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Section 700 – Policy 7.10 – Page 4 of 4  
Communicable Diseases

**EMPLOYEES WITH INFECTIOUS DISEASES:**

It is the policy of the Saginaw County Detention Center to treat employees having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) the same as other employees with a handicap or disability. County policy specifically provides for equal employment opportunity for disabled employees and applicants and provides for reasonable accommodations as required by law.

Employees with HIV infections are to be presumed fit for carrying out their regular duties unless otherwise indicated by a physician. Should a doctor indicate that the employee cannot assume full duties; efforts must be made to accommodate the disability consistent with Saginaw County policy and the needs of programming. Staff with ARC or AIDS are expected to follow all the basic precautions set forth in this policy to avoid exposure of their body fluids to others.

Medical Administration  
Section 700 – Policy 7.11 – Page 1 of 2  
Medical Transport Policy

**OVERVIEW:**

The necessity to transport a resident out of the facility to the hospital or doctor will be reviewed first by the detention medical department, unless medical personnel are not present in the building, then the supervisor on-duty will make the determination to send the resident to the hospital. The seriousness of the resident's offense will be weighed in terms of determining who will transport the resident from the facility.

**TRANSPORTATION OF RESIDENTS FOR MEDICAL REASONS (BOTH EMERGENCY AND NON EMERGENCY SITUATIONS):**

1. Provide the staff transporter with the resident's **medical consent form** (located in the resident's file.) The supervisor should also provide the staff transporter with the **Blanket Medical Authorization Order** – signed by the judge, which authorizes the detention center to seek emergency medical treatment. **These are located in the medical book.**
2. The Staff transporter should be a full time staff member and the same gender as the resident being sent out, unless an extenuating circumstance exists.
3. The detention transport car shall be used for all transports and the resident shall be placed in the back seat of the car.
4. Any resident being sent out of the building for treatment, whether for a routine medical appointment or in an emergency situation shall be shackled **and** handcuffed unless the injury that is being treated prevents the application of restraints.
5. Notify the administration of the situation as soon as possible.
6. The staff transporter shall remain with the **resident at all times** throughout the resident's treatment. Medical personnel may try to discourage staff from being present for certain treatment, but detention staff will explain the need for direct custody of the resident.
7. The staff transporter shall be sent with additional restraints and the detention cell phone for the purpose of staying in communication with the detention center.
8. **Adult waiver residents (both traditional and automatic waivers) shall be transported by the Saginaw County Sheriff's Department unless extreme extenuating circumstances exist, necessitating the resident's immediate removal**

Medical Administration  
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Medical Transport Policy

**from the facility. If this situation exists, the supervisor shall contact the Sheriff's department to get to the hospital/medical treatment location as soon as possible.**

**Detention staff will remain to supervise the resident until such time that the Sheriff's department can take over supervision.**

9. No visitation will be permitted while a resident is being treated at the hospital.

**Any time a resident has left the building for any reason, remember to always search him/her upon return to the facility.**

# Medical Administration

## Section 700 – Policy 7.12 – Page 1 of 2

### Medical Emergencies

#### **OVERVIEW:**

All medical emergencies (illness or injury) shall be responded to immediately by Detention staff.

In all cases:

1. Notify staff that additional help is necessary (activate beeper, or use radio)
2. Stay with the resident to provide appropriate assistance
3. Notify staff of the need to contact 911
4. Notify responding staff of the need for necessary medical supplies. (Medical Jump bag located in the Medical Department.)

If a medical emergency occurs when medical personnel are not on-duty but does not require immediate removal from the facility, the supervisor is authorized to:

- Contact the on-call medical personnel for medical advice (this number is posted on the bulletin board in the supervisor's office as well as the staff information book).
- If no medical staff are available, the supervisor may take other appropriate action including removing the child from the facility and transporting him/her to the emergency room.

**REMEMBER – WHEN IN DOUBT – TAKE THE CHILD TO THE HOSPITAL.**

If the medical emergency is of a life threatening nature, the supervisor is authorized to use the police handie-talkie to request an ambulance. This will save several minutes of response time in reference to contacting Central Dispatch by phone via the emergency number 911. If the emergency is not life threatening, immediately make arrangements for staff to transport the resident to the hospital emergency room.

# Medical Administration

## Section 700 – Policy 7.12 – Page 2 of 2

### Medical Emergencies

Staff is advised that a medical jump bag is available for emergencies in the detention center. Staff will be trained regularly regarding the use of medical supplies contained in the jump bag, and are advised to use any necessary items that are available to treat a medical emergency until EMS personnel arrive.

#### **CONTENTS OF EMERGENCY JUMP BAG**

##### **EMBLEM POCKET**

7- ABD PADS  
4- CERVICAL COLLARS

##### **MIDDLE POCKET**

O/2 TANK WITH 15 LITER REGULATOR  
O/2 KEY FOR TANK  
2- NON-REBREATHER MASKS  
6- ADULT NASAL CANNULAS  
2- OXYGEN DELIVERY COUPLERS (CHRISTMAS TREES)  
B/P CUFF  
STETHOSCOPE  
SCISSORS  
PENLIGHT

##### **BACK POCKET**

4- LARGE TRAUMA DRESSINGS  
2- WET PROOF ABDS  
1-EPI PEN  
NITRILE GLOVES  
BAND-AIDS

##### **END POCKET**

MICRO-SHIELD  
BURN GEL  
GLUCOSE 15  
CLOTH TAPE  
COBAN  
4 NON-CONFORMING GAUZE ROLLS  
4X4 GAUZE PADS  
AMMONIA CAPS  
ANTIBIOTIC OINTMENT

# Supervisor Quick Reference

## Section 800 – Policy 8.1 – Page 1 of 5

### Reference

#### **INTAKE AUTHORITY:**

During regular court hours, Monday thru Friday – excluding holidays, authorization to lodge a youth must be received from one of the following positions:

1. Intake Worker
2. Court Administrator
3. Court Referee
4. Family Court Judge
5. Casework Supervisor

When the court is closed, authorization for an intake will be conducted by the on-duty supervisor. The police must contact the supervisor to receive authorization to detain a youth. If the police insist on speaking to a court official, the supervisor can refer then to the on-call court official. This person will have the final authority for authorization for lodging. The police must contact the pager number to receive authorization to detain a youth. If authorization is given, the intake worker will call the detention supervisor's office to advise the supervisor that an intake will be arriving shortly. The on-duty pager number will be made available to detention and can be found in the staff information book.

#### **PICK-UP ORDERS:**

This is a legal document authorizing the arresting agency to take specific action. Please read the order and follow the order precisely. Some pick-up orders authorize detention, other pick-up orders do not authorize detention but specifically give another order. Please remember to check the date on the pick-up order, to ensure that the order is still valid and has not expired. Pick-up orders are maintained in the supervisor's office in a book labeled ***Pick-Up Orders***.

#### **PICK-UP LIST:**

This is not a legal document, but is a list of youth in which prior authorization has been received to allow the police to lodge the youth once they have been apprehended. When a child has been detained because of a pick-up order, a hearing must be scheduled within 24 hours.

# Supervisor Quick Reference

## Section 800 – Policy 8.1 – Page 2 of 5

### Reference

#### **COMPLAINT AND CUSTODY FORMS:**

These forms must be filled out when a child is detained. These forms give the detention center authorization to place the child in custody.

The **complaint form** documents the alleged offense in detail. This form also documents physical characteristics such as: eye color, weight, height, gender, and race. It also provides documentation of who the child is living with, who his/her legal guardian is, etc. **Please make sure these forms are filled out completely.**

**Complaint Form – page two** authorizes detention to take a child into custody. Make sure to complete the following sections:

- #1 – Child's full name
- #29 – Basis for custody
- #32 – Basis for detention or alternative custody
- #33 – Name of person who authorized detention, and detention placement
- #34 – Parent notification of hearing
- #40 – Name of caseworker

The supervisor must sign and date below line #40.

#### **TIME LODGED:**

This must be completed accurately to indicate when the child arrived in detention. Juvenile law requires a preliminary hearing within 24 hours of lodging, hence the significance of completing this portion of the form.

#### **HEARING SCHEDULE:**

All children lodged in detention must have a hearing within 24 hours of lodging excluding Sundays and Court Holidays.

# Supervisor Quick Reference

## Section 800 – Policy 8.1 – Page 3 of 5

### Reference

#### **COMPLETION OF THE INTAKE:**

1. Complete the admission face sheet. Make sure to take appropriate action as required by the directions on the face sheet.
2. Have staff complete the property sheet. Make sure to get the correct bin number to insure the resident's clothing is not lost. Place valuables (excluding money) in the file cabinet in the supervisor's office. Money must be counted and placed in the cash box.
3. Review the computer census to see if the child has been in detention before. Update the computer screen as necessary.
4. Retrieve the resident's file if he/she has been to detention before. Review file for appropriate information. If one is available, include a copy of the release synopsis in the unit folder.
5. File all papers appropriately – ensuring that the court receives the complaint and custody forms.
6. Allow the resident to make a phone call to his/her parent or guardian.
7. Issue a resident/parent handbook to the resident. The supervisor or staff will review the handbook with the resident to ensure he/she understands the procedures of the detention center.
8. Send the resident to the intake room for his/her intake search.
9. Have staff escort the resident to the unit and introduce him/her to the staff and residents who are present.

#### **VALUABLES OF NEW ADMISSIONS:**

At the onset of the admission process, the supervisor will ask the youth to place all of his/her personal items on the desk. This includes any items in their coat or jacket. These items may include a wallet, purse, jewelry, money, etc. The supervisor should ask the youth to empty his/her pockets and ensure that all jewelry has been removed. Each of these items will be recorded on the property sheet. This form must be reviewed by the youth and signed and dated by both the youth and the staff person responsible for completing the intake.

Record anything that is removed from a youth's personals and given to parents, police, etc. Sign and date the property sheet with this information.



# Supervisor Quick Reference

## Section 800 – Policy 8.1 – Page 4 of 5

### Reference

#### **RELEASE PROCEDURES:**

There are essentially three (3) agencies who can authorize the release of a resident. Please review the following:

##### **1. Internal Release**

This involves our court or Saginaw County DHS. The supervisor must receive **at a minimum** a verbal order from the resident's probation office or DHS worker that the child can be released. This order can also be received from the judge, the court administrator, a hearing referee, the casework supervisor, or an intake worker.

Be certain that you complete any legal documents related to the proper release of a resident, such as the completion of bond rules, probation rules, etc.

The person authorizing a resident's release must sign the **detention release form**.

##### **2. Adult Court-Ward Release**

1. A verbal order must be received from the court of jurisdiction (district or circuit). The order may also be received from the Saginaw County Sheriff's department that the resident can be released.

2. Once the verbal order is received, the supervisor will require that a FAX be sent to the Detention Center to confirm the authorization of release. The FAX will qualify as the order of release for the child.

3. The supervisor must also call the court or Sheriff's department to confirm that the call originated from one of the above – and is authentic.

4. Confirm that the Family Court has not issued an order requiring that the resident remain detained.

5. Release the resident per instructions of the court.

Supervisor Quick Reference  
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Reference

**3. Out-of-County Wards:**

Residents lodged at this facility from counties other than Saginaw will be released under the following circumstances:

- The probation officer or other court official will call indicating the resident will be released or a pre-arranged date will be scheduled for release.
- An order for release will be FAXED or brought to the facility with transporters – indicating that the resident can be released.
- The probation officer or transporter will display proper identity using picture I.D. from their employer. A valid driver's license will suffice as well.

# ELECTRONIC SECURITY OPERATION

Page 1 of 5

## **EXPLANATION OF SYSTEM**

Your system consists of a desk and rack mounted control arrangement. This system provides for door unlocking, door duress and opening, fire emergency warning and trouble warning, as well as video monitoring and audio monitoring, and audio announcing.

## **ALARM ANNUNCIATION**

Door violations will cause panel tone and display an LED light. To cancel the tones press the silence button. To clear the alarms press the reset button. A Red LED light on solid indicates that the door is till open. Flashing LED lights indicate that the door is closed and the alarm points need to be reset. The reset button is located on the desk panel.

## **DAY/NIGHT (DOORS)**

This switch has been permanently set in the night position. If any of the emergency access or escape doors are breached, an alarm will be sounded. These doors are the emergency exit doors which are, of course, located throughout the facility.

## **DOOR UNLOCK - AUTOMATIC RELOCK - DOOR 39 AND 75**

Doors indicated with a key symbol have an electronic unlocking system. Pressing the button will automatically unlock the door. Two doors have automatic relock; these doors are 75 and 39, the two main entrance doors to the facility. Door 75 is the sally port or south entrance to the Juvenile Detention Facility, door 39 is the entrance from the court. All other doors with a key symbol will unlock electronically but must be manually relocked.

## **DOOR UNLOCK - GROUP RELEASE**

Units A, B, C, and D have group room emergency exit door release for immediate emergency evacuation. This requires a two step operation. First insert and turn the "group release key" located at the rack panel, you do not need to hold the key, just turn it. Then press the unlock

# ELECTRONIC SECURITY OPERATION

## Page 2 of 5

button associated with the unit you want to unlock. The doors will remain unlocked until the "lock" button is pressed. You must manually return to each door and relock the doors.

### **FIRE ALARM**

The fire alarm actually utilizes two systems, a trouble system indicating a problem which must be immediately investigated and an actual fire emergency alarm in which the bells throughout the building will ring. If the system indicates any of the following the steps for each are as follows:

#### **A. Fire Alarm**

1. Unlock cabinet using B-Key (located on supervisor's keys)
2. Check screen for location
3. Contact staff in the area to verify problem
4. If no problems exist silence system by pressing **"fire alarm acknowledge"** button then the **"alarm silence"** button
5. Press the **"system reset"** button

#### **B. Pull Station**

1. Unlock cabinet using B-key (located on supervisor's keys)
2. Check screen for location
3. Press **"fire alarm acknowledge"** button then **"alarm silence"** button
4. Go down and manually reset the pull station using the B-Key
5. Once the pull Station is reset return to the office then hit **"system reset"** button to reset the system

#### **C. Trouble**

1. Unlock cabinet using B-Key (located on supervisor's keys)
2. Check screen for location
3. Press "trouble acknowledge" button
4. Call Howard at 239-4856 or 222-8526 (pager)

- a. Smoke Detector: The smoke detector could either have a full alarm or it could indicate a trouble alarm. In the event of either, locate the area in which the smoke detector is sounding and immediately determine that the

reason is not an actual fire emergency. If it is a trouble alarm, a smoke detector may reset itself if the cause was simply dust in the smoke detector. If the trouble alarm will not stop, you can silence the alarm by the switch on the panel in the supervisor's office. In doing so, immediately contact the maintenance department to inspect the smoke detector system.

- b. Manual Pull Station: If a manual pull station is activated please immediately investigate to determine whether a real fire emergency is occurring or if the pull stations have been tampered with. A pull station will sound the main alarm, not a trouble alarm. The main alarm includes the building bells. If it is not a real fire emergency, the pull station needs to be reset. Maintenance needs to be contacted. All staff has a key to reset (B-Key) the pull station alarm.
- c. Sprinkler System: The sprinkler system, if it is activated, is either due to a real fire emergency, due to heat in the building or to tampering. The only way to deactivate throughout the facility, not a trouble alert. Shut the water off to the system once you've determined a real fire emergency is not occurring and contact maintenance immediately.

### **SPINKLER SYSTEM.**

The sprinkler system will be activated when the temperatures reach a certain level in the facility in the event of an actual fire. The sprinkler system will also activate if there is tampering with the system such as breakage of one of the sprinkler heads. If there is breakage, water will continue to flow from the broken sprinkler head flooding the area in which the sprinkler head is located. If this occurs do the following.

- A. ZONE SHUT OFF: If a sprinkler head is activated and water is flowing from the head, first investigate to ensure that a real fire emergency is not occurring. Once it is determined that the sprinkler head had been

tampered with, shut the water off by zones throughout the building. There are four zones in the building. These are labeled:

1. SS-A
2. SS-B
3. SS-C
4. SS-D

These zones relate to the individual unit and constitute the location of the zone shut off valve for each particular unit. A sprinkler head activated in unit A requires that staff go to the area of the building marked SS-A to find the shut off valve. The shut off valves are clearly marked throughout the facility for all units, as noted SS-A, SS-B, SS-C and SS-D. The shut off valves require that a valve be turned to shut the water off.

B. MAIN SHUT OFF: If the shut off valve for a particular zone is not functioning and cannot be shut off, the water can be shut off from the main valve which is located in a closet adjacent to the shower in the intake room. Turn either of two large circular controls (which look like wheels) to the right **as** far as you can, this will shut off the main water. Please only use this method as a secondary method for two reasons. First, all of the water in the line will continue to run for about 15 minutes further flooding the activated sprinkler head area. Secondly, shutting off the main water will also shut off the water to all of the sprinkler heads throughout the facility, which is not a good idea in the event of any actual fire emergency.

### **INTERCOM AND PAGING SYSTEM OF MONITOR TO LISTEN AND TALK**

A. INTERCOM AUDIO: Selecting an intercom position will allow audio monitoring and talk back to each of the 25 locations on the particular panel, multiplied by four for each particular unit A, B, C and D. There is one other panel which allows for monitoring and talking back to other areas of the building such as the penthouse, intake room, school, ect. Since this function is shared in the units with the unit group worker, there are four switched on the control panel that are labeled master position the supervisor controls the. use of the monitor system. When it is in the A unit position of the other unit positions, the workers in the

## Electronic Security

### Operation Page 5 of 5

unit are able to communicate and utilize this system within each individual room in the designated unit.

#### **VIDEO CAMERAS**

There are 25 closed circuit TV cameras currently connected to a digital camera system. All activities that these cameras view is being recorded and maintained for approximately 10 days. From your position in the supervisor's office you are able to switch from several different cameras to monitor several different areas of the facility.

#### **OUTSIDE CAMERAS**

You also have outside access to a camera that will pan, tilt and zoom to be able to monitor the parking lot and outside play areas and most outside areas of the facility.

# UNIVERSAL PRECAUTIONS

Page 1 of 4

1. Follow a universal precaution, which means avoiding direct contact of your skin and mucous membranes with blood, blood products, secretions, wastes and body tissues of residents or other potentially infectious materials. Consider all residents' body secretions and blood to be potentially infectious.
2. Scrub hands and skin surfaces thoroughly and immediately with soap and water if they become contaminated with blood and body fluids, such as urine or secretions. Mucous membrane (eyes, mouth or nose) exposures to blood or body fluids must be flushed thoroughly with water. Report these incidents to a supervisor immediately. An incident form will be filled out and appropriate follow-up measures will be implemented.
3. **Wearing gloves is mandatory.** It is not an option. Wear gloves when performing procedures in which hands may come in contact with blood, body fluids or other potentially infectious materials. Wash hands thoroughly each time gloves are removed. Change gloves when they become visibly soiled, punctured or torn. Remove gloves immediately after handling and/or disposing of a "contaminated" item. Remove gloves carefully without touching the outside surface; turn gloves inside out while pulling off. If you see blood – wear gloves.  
Wear gloves if you have if you have cuts, scratches or other breaks in your skin when there is a potential for exposure to infectious material.
4. Clean up all blood and body fluid spills immediately.
  - a. Wear gloves when cleaning spills.
  - b. For washable surfaces use bleach or bleach alternative such as Nutra-quat. Place contaminated articles in plastic bag. Cleaning solution must be mixed as needed to maintain the proper strength.
5. Wipe all work surfaces exposed to blood or body fluids with bleach solution or equal alternative such as Nutra-quat after each incident as needed.
6. Prevent wounds from sharp instruments and needles. Sharp instruments must be considered as potentially infectious, and handled and disposed of with extraordinary care to prevent accidental injuries.
7. Use disposable equipment whenever possible and discard after one use.



## UNIVERSAL PRECAUTIONS

Page 2 of 4

8. Place disposable, syringes, needles, other sharps, and empty vials in puncture proof containers located in the work area in which they are used. These containers are labeled with a biohazard symbol. Do not overfill containers. When full or when moving, close plastic lid to prevent spillage.
9. Place other contaminated items in a biohazard container which holds a biohazard labeled red bag. These are located in the medical department and the intake room. At the end of the week or as needed the custodial department will close the bag and dispose of it.
10. Transport specimens in approved, covered, biohazard labeled containers.
11. Wash hands thoroughly with soap and water before leaving the work area.
12. Do not eat, drink, smoke, handle contact lenses, or apply cosmetics or lip balm in the work area. Do not wash dishes or eating utensils in the sink of the work area.
13. Do not keep food and drink in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
14. Use the mouth-to-mouth ventilation devices for emergency resuscitation. These devices are disposable and are to be disposed of properly after use.
15. Wear protective goggles located in the specified area if blood, body fluid, or splashes are anticipated.
16. Remove any body fluid/blood soiled clothing and put on detention intake clothing for the remainder of the day. These are available at the intake room and C-unit. Transport soiled clothing to your home in a sealed plastic bag.
17. Wash clothing that has been soiled with blood or body fluids in hot water and detergent using the normal laundry cycle. Wear gloves and rinse blood soiled area in cold water first. It is mandatory to wear gloves when doing laundry and mandatory to wash hands afterwards.
18. Use a red bag (obtained by the supervisor) if clothing or bedding is soaked and dripping wet with blood. Such items should be placed in a red bag and disposed of in a biohazard container.
19. Use a blue bag if clothing or bedding has been soiled with any other bodily fluids (urine, vomit). The blue bag should be placed in the intake room.

## UNIVERSAL PRECAUTIONS

Page 3 of 4

20. Soiled goggles will be appropriately discarded after use and replaced.
21. **BIOHAZARD WASTE SPILL KIT:** The spill clean-up kit will be inventoried and reported to the supervisor on-duty at the beginning of each shift change by A-unit, B-unit, C-unit and D-unit. Specifically, there is a tag on the spill clean-up kit. At the start of each shift, each unit will note whether the tag is broken or not, this consists of the total inventory for DYCS. DYCS from each unit will report to the supervisor if the tag has been broken, will inventory the kit and replace all items. The maintenance department will also log on the protective equipment checklist the location of the spill kit, the items returned and the reason for the items being used. On a monthly basis, the maintenance department will check each spill kit to ensure that it contains the proper equipment.
22. Stay informed about your facility's policies and follow recommended procedures exactly.
23. All medical biohazard waste will be taken to the County Health Department as needed in approved bags and containers. All biohazard waste will be transported to the Saginaw County Health Department.
24. Biohazard waste spill kit will be located on the wall in the Supervisor's office area.
25. It is mandatory that gloves be worn when doing intakes, searching residents, searching the residents' rooms, when picking up all trash and removing all trash from the building and at anytime when you come in contact with blood or infectious fluid.
26. Employees who do not follow the above universal precautions guidelines will be counseled and progressively disciplined.

### **HAND WASHING PROCEDURE**

Hand washing is the single most important personal hygiene practice. It is defined as vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under running water. This allows for suspension and removal of microorganisms. Hands must be washed frequently during the workday and whenever soiled. They must be washed before and after eating and handling food.

## UNIVERSAL PRECAUTIONS

Page 4 of 4

### **Hands must be washed in the following instances:**

1. Before and after every intake assessment.
2. Immediately after glove removal.
3. Immediately and thoroughly if hand exposure to blood or body fluids.

### **Procedure**

1. Wet hands under running water.
2. Apply soap and work into full lather scrubbing palms, backs of hands, between fingers, around and under fingernails.
3. Scrub for a full 10 seconds.
4. Rinse hands under clear running water.
5. Dry hands well with paper towels.
6. Turn off faucet using paper towels.
7. Dispose of paper towel in appropriate waste receptacle.

## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **EMPLOYEE TRAINING OUTLINE FOR OCCUPATIONAL EXPOSURE TO HIV AND HBV**

Employees with occupational exposure will participate in a training program within 10 days of employment and annually thereafter.

Additional training will be provided when changes such as modifications of tasks or procedures or new tasks or procedures affect the employee's occupational exposure.

The training program shall contain at a minimum the following elements:

1. An accessible copy of the Federal Register 29 CFR Part 1910.1030 and an explanation of its contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;

9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and administration of it will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post-exposure evaluation and follow-up the employer is required to provide for the employee following an exposure incident;
13. An explanation of the biohazard signs and labels.
14. An opportunity for interactive questions and answers with the person conducting the training session.

**TRAINING RECORDS SHALL CONTAIN THE FOLLOWING INFORMATION:**

1. The dates of the training sessions.
2. The contents or summary of the training sessions.
3. The name, job title and qualifications of person conducting the training.
4. The names, job titles and qualifications of all persons attending the training.

Training records will be maintained for three years from the date on which training occurred.

## **ACKNOWLEDGEMENT OF RECEIPT OF TRAINING**

OSHA 29 CFR Part 1910.1030 - Occupational Exposure to Bloodborne Pathogens

Date of Training\_\_\_\_\_ Trainer\_\_\_\_\_ Title\_\_\_\_\_

\_\_\_\_\_Initial Training \_\_\_\_\_Orientation \_\_\_\_\_Annual \_\_\_\_\_Other/Retraining

### **Summary of Training (including but not limited to:)**

- \_\_\_\_\_1. Copy of OSHA Standard 29 CFR Part 1910.130
- \_\_\_\_\_2. Explanation of the epidemiology and symptoms of bloodborne diseases.
- \_\_\_\_\_3. Modes of transmission of bloodborne diseases.
- \_\_\_\_\_4. Review of Exposure Control Plan.
- \_\_\_\_\_5. Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- \_\_\_\_\_6. Use and limitations of methods that will prevent exposure.
- \_\_\_\_\_7. Types, proper use location, removal, handling, decontamination and disposal of personal protective equipment.
- \_\_\_\_\_8. Selection of personal protective equipment.
- \_\_\_\_\_9. Benefits of being vaccinated for Hepatitis B and that the vaccine will be offered free of charge.
- \_\_\_\_\_10. Actions to take and person to contact in an emergency involving blood or other potentially infectious materials.
- \_\_\_\_\_11. Procedures to follow if an exposure incident occurs.

- \_\_\_\_12. Post exposure evaluation and follow-up.
- \_\_\_\_13. Explanation of the signs and labels required.
- \_\_\_\_14. Question and answer session.
- \_\_\_\_15. Other:

**I have received training in the topics listed above. I was provided an opportunity to ask questions and receive answers and know that I may contact the facilitator listed above if I have additional questions.**

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Employee Signature

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Job Title

---

Date

Documentation Maintained:

Initial Training - Medical Dept.

Annual Training - Assistant Director

## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **CATEGORY A EMPLOYEES**

**The following chart indicates, by job title, Category A employees and the reason they have been designated as such.**

#### **HAZARD DETERMINATION FOR AT RISK EMPLOYEES**

Job Title	Duties
Detention Supervisor	Oversees the building, DYCS, and the residents.
DYCS (Detention Youth Care Specialists)	Oversees the residents.
Nurse	Performs medical treatment.
Utility Worker	Cleans the building.
Maintenance	Maintains the building and repairs any necessary equipment, cleans up broken chairs, glass, etc.
Kitchen Staff	Cooks, cleans the kitchen, washes the dishes/silverware, cleans the cafeteria, and puts stock away.
Director	Oversees the entire operation of the building, including the employees and the residents.
Asst. Director	A member of the administrative team. Works directly with the Director.
Clerical Staff	Performs all clerical duties – typing, filing, etc.

**All other employees not specified in this chart are Category B employees.**

06/05



## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **EMPLOYEE MEDICAL RECORDS RETENTION FOR OCCUPATIONAL EXPOSURE TO HIV AND HBV**

A designated medical facility\* will establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.30.

This record shall include:

1. The name and social security number of each employee;
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of the information provided to the healthcare professional.
6. Exposure incident report filled out for the administration.

The designated medical facility shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

The designated medical facility will maintain the records for at least the duration of employment plus thirty years.

**\*SEE ADMINISTRATION FOR CURRENT IDENTIFICATION OF THE DESIGNATED MEDICAL FACILITY.**

## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **EMPLOYEE EXPOSURE CONTROL PLAN FOR HBV AND HIV**

Persons at increased risk of acquiring infection with Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), include homosexual and bisexual men, heterosexuals with multiple partners, intravenous (IV) drug abusers, persons transfused with contaminated blood or blood products, heterosexual contacts of persons with HIV infection, and children born to infected mothers.

HIV is transmitted through sexual contact, any open area of the skin (e.g., cut, scratch) where infected blood and other body fluids can enter. Whether or not you have an open route of transmission always protect yourself from blood and other body fluids by using universal precautions: gloves, handwashing, etc., refer to page 18. HIV has been isolated from blood, semen, cervical secretions, urine, saliva, tears, and breast milk; it is likely to be isolated from other body fluids, secretions, and tissues.

However, the following human body fluids are those considered to be potentially infectious: semen, vaginal secretions, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Studies of nonsexual household contacts of AIDS patients indicate that casual contact with saliva and tears does not result in transmission of infection. The kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the work place does **not** pose a risk for transmission of HIV.

The epidemiology of HIV infection is similar to that of Hepatitis B Virus (HBV) infection, and much that has been learned over the last 15 years related to the risk of acquiring Hepatitis B in the work place can be applied to understanding the risk of HIV transmission in health-care and other occupational settings. Both viruses are transmitted through sexual contact, parenteral, mucous membrane or non-intact skin exposure to contaminated blood or blood products; and perinatal transmission from infected mothers to their offspring. Thus, some of the same major groups at risk for HBV infection (e.g., homosexual men, IV drug abusers, persons with hemophilia, infants born to infected mothers) are also the groups at highest risk for HIV infection. Neither HBV nor HIV has been shown to be transmitted by casual contact in the work place, contaminated food or water, or airborne routes.

Current evidence indicates that, despite the epidemiologic similarities of HBV and HIV infection, the risk for HBV transmission in health-care settings far exceeds that for HIV transmission. The risk of acquiring HBV infection following a needlestick accident from an HBV carrier ranges from 6% to 30%, while the risk of acquiring HIV infection following a needlestick involving a source patient with AIDS is less than 1%.

The employee will be sent, as soon as possible (appointment will be set up through the medical department), to the designated medical facility for collection and testing of blood for HBV and hepatitis B antibody; and for evaluation and treatment of the possible hepatitis B exposure. The designated medical facility has a copy of the OSHA Federal Register (12/91) regulation. The Center will be given a copy of the exposure report. Record of HB immunization will be sent to the Center.

### **HUMAN IMMUNODEFICIENCY VIRUS TESTING PROCEDURE**

If it is determined that the source has engaged in high risk activities, HIV testing will be strongly recommended for both the employee and the source, utilizing informed consent. This procedure will be implemented by the designated medical facility.

#### HIV EXPOSURE ASSESSMENT

- A. Have you or any sexual partner had a blood transfusion between 1977 and 1985?  
YES\_\_\_ NO\_\_\_ UNSURE\_\_\_
  - B. Have you or any sexual partner ever used IV drugs and/or shared needles to shoot up? YES\_\_\_ NO\_\_\_ UNSURE\_\_\_
  - C. Have you every had more than one sex partner?  
YES\_\_\_ NO\_\_\_ UNSURE\_\_\_
  - D. Have you had sex with a person you didn't know well?  
YES\_\_\_ NO\_\_\_ UNSURE\_\_\_
  - E. Have you had sex with both men and women?  
YES\_\_\_ NO\_\_\_ UNSURE\_\_\_
1. The employee will be offered confidential testing within one week of exposure; coded blood samples will be used. Testing will be voluntary. Blood will be drawn by the laboratory staff.

2. The employee will sign a written consent form agreeing to undergo testing; if after discussing the test, the employee elects to decline testing, a form will still be signed indicated it was offered to them. If the employee consents to baseline blood collection, but does not give consent at the time for HIV testing, the sample will be preserved for 90 days. Testing will be done if the employee wishes testing within this time period.
3. Testing will be offered in the time intervals of: Exposure, and, if seronegative, retested after 6 weeks, at 3 months, 6 months and 12 months following exposure. This interval schedule will be followed if the exposure source is unknown or is HIV positive. If the exposure source individual is tested or known to be seronegative, baseline testing of the employee will be followed with a test at 3 months after the exposure. The HIV counselor will keep a schedule of when the employee is to return for testing and notify the employee when to return.
4. Counseling and education will be provided at the time of testing by the HIV counselor.

The vaccine series (Step 1-4) will be initiated at the designated medical facility according to the following table, based on the factors regarding the exposure source and Hepatitis B vaccine history of the exposed employee.

The designated medical facility will provide the Health Department and the employee with a copy of the written opinion of the medical evaluation within 15 days of completion of the evaluation. The medical opinion must address:

1. Recommendation and follow through with HB vaccination, if indicated (see post-exposure vaccination table).
2. Informing the employee of exposure evaluation results.
3. Informing the employee of any medical conditions that may result from this exposure to blood or potentially infectious materials and which may require further evaluation and treatment.

All other findings are confidential and not included in the written report.

## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **IMPORTANT INFORMATION ABOUT HEPATITIS B AND HEPATITIS B VACCINE**

#### **PLEASE READ THIS CAREFULLY**

#### **WHAT IS HEPATITIS B?**

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). The term "viral hepatitis" is often used for and may include hepatitis B and other similar diseases which affect the liver but are caused by different viruses.

Hepatitis B virus infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into the chronic phase and become "chronic carriers." The virus remains in the liver and blood.

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur. Over half of the people who become infected with HBV never become sick, but some may later have long-term liver disease from their HBV infection.

In the United States about 300,000 persons, mostly young adults, catch hepatitis B each year. About one quarter will develop jaundice, and about 10,000 will need to be hospitalized. About 250 people die each year from severe acute hepatitis B and liver failure.

HBV is passed from one person to another in blood or certain body secretions. This may occur during sexual relations or when sharing things like toothbrushes, razors, or needles used to inject drugs. A baby

can get HBV at birth from its mother. A doctor or nurse may get HBV if blood from an infected patient enters through a cut or accidental needlestick.

Those people infected with HBV who become "chronic carriers" can spread the infection to others throughout their lifetime. They can also develop long-term liver disease such as cirrhosis (which destroys the liver) or liver cancer.

### **WHO BECOMES A CHRONIC CARRIER OF HBV?**

Between 6 and 10 of every 100 young adults who catch hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others throughout their lifetime. Children and infants catch hepatitis B are more likely to become carriers than adults.

Of every 10 infants who are infected at birth, up to 9 will become chronic HBV carriers. The younger a child is when the infection occurs, the more likely that child will become a carrier.

About one-fourth of these carriers go on to develop a disease called "chronic active hepatitis." Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. About 4,000 persons die from hepatitis B-related cirrhosis each year in the United States and more than 800 die from hepatitis B-related liver cancer.

The risk of catching hepatitis is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with hepatitis B infection, vaccination to help prevent infections is recommended for these groups.

### **HEPATITIS B VIRUS INFECTIONS IN CHILDREN:**

Each year 22,000 children are born to women who are carriers of HBV. In the past, 4,000-5,000 of these infants were born with HBV infection. Almost all of these infections can now be prevented. A pregnant woman can find out if she is infected with HBV by getting a simple blood test. If she is infected, she can protect her newborn infant from infection by getting the child immunized with hepatitis B vaccine and hepatitis B immune globulin (HBIG) as soon after birth as possible.

Certain groups of children are more likely to get HBV because they or their parents come from countries where HBV infection is much more common than in the United States. (These are countries in Asia, Africa, South American, the South Pacific and eastern and southern Europe.) It is very important that these children receive hepatitis B vaccine at birth or at least before they are one year old.

### **HEPATITIS B VACCINE:**

Hepatitis B vaccine is made two ways. The plasma-derived vaccine is made from portions of HBV particles that have been purified from the blood of carriers. The method used to prepare this vaccine kill all types of viruses found in human blood, including the virus that causes Acquired Immunodeficiency Syndrome (AIDS). This type is only used for dialysis patients.

The recombinant vaccine is made from common baker's yeast cells through genetic engineering. The yeast-derived vaccine does not contain human blood products.

The vaccine is given by injection on three separate dates. The first two doses should be given one month apart, and the third dose, 5 months after the second. After three doses, the hepatitis B vaccine is 85%-95% effective in preventing hepatitis B infection in those who received vaccine. Protection lasts at least ten years if given properly. Booster doses are not routinely recommended presently.

### **WHO SHOULD GET HEPATITIS B VACCINE?**

The vaccine is recommended for persons at high risk of HBV infection who are or may be unprotected. These groups include:

1. Persons with occupational risk, health care and public safety workers who are exposed to blood or blood products or who may get accidental needlesticks should be vaccinated.
2. Clients and staff of institutions for the developmentally disabled. The special behavioral and medical problems of the retarded make this a high risk setting. The risk in these institutions is related to contact with blood and also with bites and contact with skin lesions and other body fluids that contain HBV. Clients and staff of group and foster homes where a carrier is known to be present should also be vaccinated.
3. Hemodialysis patients. Although the hepatitis B vaccine is less effective in these patients, it should still be offered to all hemodialysis patients.

4. Homosexually active men.
5. Users of unlawful injectable drugs. Sharing needles is an extremely high-risk activity for transmitting hepatitis B.
6. Recipients of certain blood products. Persons such as hemophiliacs who receive special products to help their blood clot are at high risk of infection.
7. Household and sexual contacts of HBV carriers. When HBV carriers are identified, household and sexual contacts should be offered vaccine.
8. Adoptees from countries with high rates of HBV infection. Families with orphans or unaccompanied minors from such countries should have the child checked for HBV carriage, and if positive, family members should be vaccinated.
9. Other contacts of HBV carriers. Persons who have casual contact with carriers at schools and offices are at little risk of catching HBV infection, and vaccine is not recommended for them. However, if developmentally disabled HBV carriers behave aggressively or have special medical problems that may expose classroom contacts to have their blood or body secretions, classroom contacts may be at risk and vaccine use should be considered. Teachers and aides have been shown to be at significant.
10. Special populations from areas with high rates of hepatitis B. These groups include Alaskan natives, native Pacific islanders, and immigrants and refugees from Eastern Asia and sub-Saharan Africa and their U.S. born children.
11. Infants born to women who are infected with HBV. Infants born to infected women or to women who are chronic HBV carriers should be given hepatitis B vaccine and HBIG (see below) within 12 hours of birth. They should then get their second and third vaccine doses at 1 and 6 months of age. If they don't get these shots, these infants will very likely be infected with HBV and become chronic carriers themselves. Pregnant women can find out if they are infected with HBV by getting a simple blood test, which is now recommended as a routine part of their prenatal care.
12. Special childhood populations. Immigrant and refugee children from parts of the world where HBV infection is common (Asia, Africa, South American South Pacific and eastern and southern Europe) are at high risk of HBV infection. All immigrant and refugee children 7 years of age and younger should get hepatitis B vaccine.



### **VACCINE ALSO SHOULD BE CONSIDERED FOR:**

13. Long-term inmates of prisons. The risks of prisoners catching HBV infection may be due to use of unlawful injectable drugs and male homosexual practices.
14. Heterosexuals who come in for treatment of sexually transmitted diseases and who have histories of sexual activity with multiple sexual partners in the last six months.
15. Persons who plan to travel to areas outside the United States that have high rates of hepatitis B infection, stay in these areas for more than 6 months, and have close contact with the local population; and, persons traveling for shorter durations who may have sexual contact with local persons in areas where HBV infection is common. Persons traveling abroad who will perform medical procedures in areas where HBV infection is common are at very high risk.

### **ADDITIONAL VACCINEES:**

Hepatitis B vaccine is also recommended as part of the therapy used to prevent hepatitis B infection after exposure to HBV. Post exposure use of hepatitis B vaccine is recommended for the following persons: (1) persons having accidents involving HBV- or HBsAg-positive (Hepatitis B surface antigen) blood where there is entry through the skin or a mucous membrane; (2) infants less than 12 months old whose mother or primary caregiver has HBV infection; and (3) persons having sexual contact with someone who has a positive blood test for HBsAg. The hepatitis B vaccine series should be started at the same time as other therapy, primarily, treatment with hepatitis B immune globulin (HBIG).

HBIG is often given along with hepatitis B vaccine to people who have been exposed to HBV. It gives protection from the virus for the first 1 to 3 months; then the vaccine takes over and gives long lasting protection. HBIG is made from human plasma (a part of the blood). Any viruses found in the blood are killed during its preparation, and no one has ever been known to get hepatitis B or AIDS or any other virus from HBIG. Most people need only one dose to protect them after exposure to HBV.

### **WHO SHOULD GET HEPATITIS B IMMUNE GLOBULIN?**

HBIG is recommended for the following people. (For most people, the first dose of hepatitis B vaccine should be given at the same time as the HBIG.)

### **INFANTS**

1. Infants born to women who are infected with HBV. These infants should get one dose of HBIG and the first dose of vaccine within 12 hours of birth.
2. Unvaccinated infants less than 12 months old whose mother (or primary caregiver) has acute hepatitis B. All infants less than 12 months can easily become HBV carriers after hepatitis B infection. Exposed infants who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Infants who have already been vaccinated do not need HBIG.

## **ADULTS AND OTHERS**

1. Persons accidentally exposed to blood or body fluids that may contain HBV. Exposed persons who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Exposed persons who have had hepatitis B shots may also need HBIG. A doctor or nurse should make the decision.
2. People having sexual contact with anyone who has acute hepatitis B. These people should get a dose of HBIG with 14 days of the most recent sexual contact with anyone who has acute hepatitis B. They may also need to get hepatitis B vaccine.

## **POSSIBLE SIDE EFFECTS FROM THE VACCINE AND HBIG:**

The most common side effect of hepatitis B vaccination is soreness where the shot is given. Tenderness at the injection site has been reported in up to 46% of infants vaccinated. Of children who get the vaccine, 2% to 5% may get a fever greater than 102°F or become irritable. When hepatitis B vaccine is given with other childhood vaccines, it does not make these mild reactions worse than would be seen with the other vaccines alone. HBIG has sometimes been associated with swelling and hives. As with any drug, there is a slight chance of allergic or more serious reactions with either the vaccine or HBIG. However, no serious reactions have been shown to occur due to the hepatitis B recombinant vaccines. (These are the ones currently in use.) A person cannot get hepatitis B or AIDS from a hepatitis B shot or from a HBIG shot.

Before recombinant vaccines were used in the United States, another type of hepatitis B vaccine (plasma-derived) was used. Surveillance showed that getting the first dose of plasma-derived hepatitis B vaccine may have been associated with the paralytic illness Guillain-Barre syndrome (GBS). However, the recombinant vaccine has not been shown to be associated with GBS.

## **PREGNANCY:**

No information is available about the safety of the vaccine or HBIG for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B infection, there should be no risk. In contrast, if a pregnant woman gets a hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby. Therefore, pregnant women, who are otherwise eligible, can be given hepatitis B vaccine and HBIG.

**QUESTIONS:**

If you have any questions about hepatitis B, hepatitis B vaccine, or HBIG, please ask us now or call your doctor or health department before you sign this form.

**REACTIONS:**

If the person who received the vaccine get sick and visits a doctor, hospital, or clinic during the 4 weeks after receiving the vaccine, please report it to your supervisor.

## **HEPATITIS B VACCINATION PROCEDURE**

It is mandated that employees who have potential occupational exposure to blood, body fluids, or potentially infectious materials are offered the Hepatitis B vaccine. This offer of vaccine is in reference to those Saginaw County Juvenile Detention Center employees with duties that involve potential exposure. Exempt employees are those who have previously completed a HB vaccination series, have had antibody testing that indicates the employee is immune or has a contraindication to vaccine. This series involves three injections and the cost will be paid for by the employer.

### **PRE-EXPOSURE VACCINATION**

Hepatitis B vaccination will be offered routinely to all DYCS, nursing, custodial, and employees who have the potential for occupational exposure to blood and other potentially infectious body fluids. Any other staff determined by the Director to be at high risk for exposure shall receive the vaccine.

The following steps in the vaccination procedure are:

1. Employees will be given an important information form to read about the vaccine and will sign the consent or declination form agreeing to or declining vaccination. Those that initially decline vaccination may reconsider and be vaccinated at any time.
2. The vaccine series will be administered by the Saginaw County Health Department nurses by appointment.
3. An immunization clinic card will be kept on file for those receiving the vaccination.
4. Each employee will receive a green record copy noting dates of Hepatitis B vaccination and return date for follow-up doses. Employees must schedule their next appointment with the Saginaw County Health Department nurse when the next dose of the 3 dose series is due. If there are any changes in this procedure regarding the process, the responsibility to make note of this is by the employee. Further, the responsibility for completing the vaccination process, keeping the appointments and completing the process is that of the employee.

The Hepatitis B vaccine will be administered in the following series: 1 ml. intramuscularly initially, 1 ml. one month after the first dose and 1 ml. six months after the first dose. Booster doses will be provided as deemed necessary by either declining immunity or further policy changes.

### **POST-EXPOSURE VACCINATION**

For employees experiencing exposure to blood or blood components, Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine will be offered, if needed, to the exposed employee at the designated medical facility.

**SAGINAW COUNTY JUVENILE DETENTION CENTER**

**HEPATITIS B VACCINE FORM**

I have read the information about hepatitis B and hepatitis B vaccine. I've had an opportunity to ask questions which were answered satisfactorily. I understand the risks and benefits of the hepatitis B vaccine.

\_\_\_\_\_ I wish to receive Hepatitis B vaccine.

\_\_\_\_\_ I do not wish to receive Hepatitis B vaccine.

\_\_\_\_\_  
Signature                      Witness

\_\_\_\_\_  
Date

**SAGINAW COUNTY JUVENILE DETENTION CENTER**

**HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Date

Employee Signature

\_\_\_\_\_  
Date

Witness



## **SAGINAW COUNTY JUVENILE DETENTION CENTER**

### **UNIVERSAL PRECAUTIONS TO PREVENT TRANSMISSION OF \*HIV/HBV IN THE WORKPLACE**

1. Follow universal precautions, which means avoiding direct contact of your skin and mucous membranes with blood, blood products, secretions, wastes and body tissues of residents or other potentially infectious materials. Consider all residents' body secretions and blood to be potentially infectious.
2. Scrub hands and skin surfaces thoroughly and immediately with soap and water if they become contaminated with blood or body fluids, such as urine or secretions. Mucous membrane (eyes, mouth or nose) exposures to blood or body fluids must be flushed thoroughly with water. Report these incidents to a supervisor immediately. An incident form will be filled out and appropriate follow-up measures will be implemented.
3. Wearing gloves is mandatory. It is not an option. Wear gloves when performing procedures in which hands may come in contact with blood, body fluids or other potentially infectious materials. Wash hands thoroughly each time gloves are removed. Change gloves when they become visibly soiled, punctured or torn. Remove gloves immediately after handling and/or disposing of a "contaminated" item. Remove gloves carefully without touching the outside surface; turn gloves inside out while pulling off. If you see blood - wear gloves.

Wear gloves if you have cuts, scratches or other breaks in your skin when there is a potential for exposure to infectious materials.

4. Clean up all blood and body fluid spills immediately.

- a. Wear gloves when cleaning spills.
  - b. For washable surfaces use bleach or bleach alternative such as Nutra-quat. Place contaminated articles in plastic bag.
- Cleaning solution must be mixed as needed to maintain the proper strength.
- 5. Wipe all work surfaces exposed to blood or body fluids with bleach solution or equal alternative such as Nutra-quat after each incident as needed.
  - 6. Prevent wounds from sharp instruments and needles. Sharp instruments must be considered as potentially infectious, and handled and disposed of with extraordinary care to prevent accidental injuries.

\*HIV = Human Immunodeficiency Virus

HBV = Hepatitis B Virus

**SAGINAW COUNTY JUVENILE DETENTION CENTER**

**PROTECTIVE EQUIPMENT CHECKLIST**

THIS PAGE WAS CREATED BY BOB BUNCHEK AND HE HAS IT ON HIS COMPUTER.

IF CHANGES NEED TO BE MADE -- CHECK WITH BOB BUNCHEK AS HE HAS THIS PAGE.



## **APPENDIX**

# **SAGINAW COUNTY JUVENILE DETENTION CENTER**

## **EMPLOYEE EXPOSURE CONTROL PLAN**

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