



Title 67
SOCIAL SERVICES
Part V. Child Welfare
Subpart 8. Residential Licensing
Chapter 75. Juvenile Detention Facilities
Sections 7501 - 7525

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Chapter 75. Juvenile Detention Facilities

§7501. Purpose

A. It is the intent of the legislature to protect the health, safety, and well-being of the youth of this state who are placed in a juvenile detention facility (JDF). Toward this end, it is the purpose of R.S. 15:1110 to provide for the establishment of statewide standards for juvenile detention facilities, to ensure maintenance of these standards, and to regulate conditions in these facilities through a licensing program. It shall be the policy of this state that all juvenile detention facilities provide temporary, safe, and secure custody of youth during the pendency of youth proceedings, when detention is the least restrictive alternative available to secure the appearance of the youth in court or to protect the safety of the child or the public.

§7503. Authority

A. Legislative Provisions

1. R.S. 15:1110 is the legal authority under which the department prescribes minimum standards for the health, safety and well-being of youth placed in juvenile detention facilities (JDF).

B. Penalties

1. Whoever operates a juvenile detention facility without a valid license issued by the department shall be fined \$1,000 per day for each day of such unlicensed operation in accordance with R.S. 15:1110.1. Such fines may be assessed by the department separately or in conjunction with a proceeding for injunctive relief as provided in Section 7503.B.2.

2. In addition to the civil fines, the department may file suit in the district court in the parish in which the facility is located for injunctive relief, including a temporary restraining order, to restrain the institution, society, agency, corporation, person or persons, or any other group operating the facility, from continuing the violation.

C. Waiver Request

1. In specific instances, the secretary of DCFS may waive compliance with a minimum standard if it is determined that the economic impact is sufficiently great to make compliance impractical, as long as the health and well-being of the staff and/or youth are not imperiled.

a. Standards shall be waived only when the secretary determines, upon clear and convincing evidence, that the demonstrated economic impact is sufficient to make compliance impractical for the provider despite diligent efforts, and when alternative means have been adopted to ensure that the intent of the regulation has been met ensuring the health, safety, and well being of the youth served.

b. An application for a waiver shall be submitted by a provider using the request for waiver from licensing standards form. The form shall be submitted to the DCFS Licensing Section. A request for a waiver shall provide the following information: a statement of the provisions for which the waiver is being requested, an explanation of the reasons why the provisions cannot be met, including information demonstrating that the economic impact is sufficiently great to make compliance impractical, and a description of alternative methods proposed for meeting the intent of the regulation sought to be waived.

c. All requests for a waiver will be responded to in writing by the DCFS secretary or designee. A copy of the waiver decision shall be kept on file at the facility and presented to licensing staff during all licensing inspections.

d. A waiver is issued at the discretion of the secretary and continues in effect at his/her pleasure. The waiver may be revoked by the secretary at any time, either upon violation of any condition attached to it at issuance, or upon failure of any of the statutory prerequisites to issuance of a waiver (i.e., the cost of compliance is no longer so great as to be impractical or the health or safety of any staff or any child in care is imperiled), or upon his/her determination that continuance of the waiver is no longer in the best interest of DCFS.

§7505. Definitions

Abuse—any one of the following acts which seriously endangers the physical, mental, or emotional health of the youth:

1. the infliction, attempted infliction, or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the youth by a parent or any other person;

2. the exploitation or overwork of a youth by a parent or any other person; and

3. the involvement of the youth in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the youth's sexual involvement with any other person or of the youth's involvement in pornographic displays or any other involvement of a youth in sexual activity constituting a crime under the laws of this state.

Administrative Segregation—restriction of a youth to a designated sleeping room or dorm for reasons other than current acting-out behavior, discipline, medical reasons, or threats to the youth.

Administrator—the person with authority and responsibility for the on-site, daily implementation and supervision of the facility's overall operation.

Affiliate—

1. with respect to a partnership, each partner thereof;

2. with respect to a corporation, limited liability company, or other corporate entity, each officer, director and stockholder thereof; and

3. with respect to a natural person: anyone related within the third degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder.

Alternate Power Source—an alternate source of electrical power that provides for the simultaneous operations of life safety systems during times of emergency.

Average Daily Population—a calculation determined by counting the number of youth in detention each day of the month, adding the daily counts (at 0600 hours), and dividing the sum by the number of days in the month.

Average Length of Stay (ALOS)—*average length of stay* is calculated on those youth who end a placement during the reporting period. ALOS is the sum of all the days of all the stays for those released during the period divided by the number of "releases." Stays should be calculated by counting admission date but not date of release.

Body Cavity Search—a visual inspection of a body cavity, defined as a rectal cavity, or vagina, for the purpose of discovering whether contraband is concealed in it.

Complaint—an allegation that any person or facility is violating any provisions of these standards or engaging in conduct, either by omission or commission, that negatively affects the health, safety, rights, or welfare of any youth who is residing in a juvenile detention facility.

Contraband—any object prohibited within a juvenile detention facility, which may include but is not limited to: currency, stolen property, articles of food or clothing, intoxicating beverages, narcotics, firearms or dangerous weapons, telecommunications devices, tattooing equipment, electronic devices, or any other object or instrumentality intended for use as a tool in the planning or aiding in an escape or attempted escape by a youth in a local juvenile detention facility in the state.

Delinquent Act—an act committed by a child of 10 years of age or older, which if committed by an adult is designated an offense under the statutes or ordinances of this state, or of another state if the offense occurred there or under federal law, except traffic violations.

Department (DCFS)—the Louisiana Department of Children and Family Services.

Direct Care Staff—a person counted in the staff/youth ratio, whose duties include the direct care, supervision, guidance, and protection of youth. This may include staff such as administrative staff that has the required background clearances and appropriate training that may serve temporarily as a detention officer.

Electronic Security Wand Scanner—an electronic hand-held security scanner used to detect metal weapons in a detention facility.

Frisk—to search a youth for something concealed, including a weapon or illegal contraband, by passing the hands quickly over clothes or through pockets.

Governing Body—a parent agency exercising administrative control over a facility.

Grievance Procedure—a method for the expression and resolution of youth's grievances or complaints.

Inspection—a thorough investigatory review of information, including written records and interviews with staff and youth, to determine whether and the extent to which a facility's policies, practices, and protocols comply with the standards.

Juvenile Detention Facility (JDF)—means a facility that provides temporary safe and secure custody of youth during the pendency of juvenile proceedings, when detention is the least restrictive alternative available to secure the appearance of the youth in court or to protect the safety of the child or the public, as described in R.S. 15:1110.

Mechanical Restraints—an approved professionally manufactured mechanical device to aid in the restriction of a person's bodily movement. The following are approved mechanical restraint devices.

1. *Ankle Cuffs*—metal, cloth or leather band designed to be fastened around the ankle to restrain free movement of the legs.
2. *Anklets*—cloth or leather band designed to be fastened around the ankle or leg.
3. *Handcuffs*—metal devices designed to be fastened around the wrist to restrain free movement of the hands and arms.
4. *Waist Band*—a cloth, leather, or metal band designed to be fastened around the waist used to secure the arms to the sides or front of the body.

5. *Wristlets*—a cloth or leather band designed to be fastened around the wrist or arm which may be secured to a waist belt.

6. *Plastic Cuffs*—plastic devices designed to be fastened around the wrist or legs to restrain free movement of hands, arms or legs.

Medical Isolation—the restriction of a youth to a sleeping room specifically for medical reasons that may pose a threat to himself/herself, or others at the facility.

Neglect—the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired.

Pat-down Search—a running of the hands over the clothed body of a youth by a staff member to determine whether the youth possesses contraband.

Physical Escort Techniques—the touching or holding a youth with a minimum use of force for the purpose of directing the youth's movement from one place to another. A physical escort is not considered a physical restraint.

Physical Restraint—a professionally trained restraint technique that uses a person's physical exertion to completely or partially constrain another person's body movement without the use of mechanical restraints.

Protective Isolation—is the restriction of a youth to a designated sleeping room or dorm due to his/her safety being threatened.

Qualified Medical Professional—health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for youth within the scope of his or her professional practice.

Qualified Mental Health Professional—a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for youth within the scope of his or her professional practice.

Reasonable Suspicion—suspicion based on specific and articulable facts which indicate that an owner, operator, or current or potential employee or volunteer has been investigated and determined to be the perpetrator of abuse or neglect against a minor resulting in a justified and/or valid finding currently recorded on the state central registry.

Relatives—spouses, children of spouses, brothers, sisters, parents, brother-in-law, sister-in-law, aunts, uncles, nieces, nephews, grandparents, and first cousins.

Room Confinement—the restriction of a youth to his/her assigned sleeping room, due to disciplinary reasons.

Room Isolation—the restriction of a youth to a room that is separated from the general population, due to current acting out behavior.

Shall—must or mandatory.

Special Needs—the individual requirements (as for education) of a person with a mental, emotional, developmental, or physical disability or a high risk of developing one.

State Central Registry—repository that identifies any individual reported to have a justified (valid) finding of abuse and/or neglect of a child or children by DCFS.

Status Offense—an allegation that a youth is truant or has willfully and repeatedly violated lawful school rules, ungovernable, a runaway, committed an offense applicable only to youth, or a youth under age 10 years of age who has committed any act which if committed by an adult would be a crime under any federal, state, or local law.

Strip Search—a search that requires a person to remove some or all of his or her clothing so as to permit a visual inspection of the underclothing, breasts, buttocks, or genitalia of such person.

Substantial Bodily Harm—physical injury serious enough that a prudent person would conclude that the injury required professional medical attention. It does not include minor bruising, the risk of minor bruising, or similar forms of minor bodily harm that will resolve healthily without professional medical attention.

Support Staff—a person who works directly for the facility or a person who provides direct services to youth in a facility on a recurring basis with no discipline authority over youth.

Unencumbered Space—usable space that is not occupied by furnishing or fixtures.

Validated Mental Health Screening Tool—an instrument that has been scientifically tested to determine that it accurately measures what it purports to measure.

Volunteer—an individual who works at the facility and whose work is uncompensated. This may include students, interns, tutors, counselors, persons providing recreational activities including religious service, and other non-staff individuals who may or may not interact with youth in a supervised or unsupervised capacity.

Waiver—an exemption granted by the secretary of the department, or designee, from compliance with a standard that will not place the youth or staff member at risk.

Youth—an individual placed in a JDF in accordance with limitations and exceptions noted in state law who is not less than 10 years of age nor older than 21 years of age.

§7507. Licensing Requirements

A. General Provisions

1.a. All providers meeting the criteria of Section 7507.A.1.b shall obtain a license on or before July 1, 2013 in accordance with R.S. 15:1110(E) in order to continue operating.

b. All providers in operation prior to July 1, 2013 may continue to operate without a license if timely application for a license has been made to DCFS. Providers shall make application to the department within 90 days of the effective date of this Rule. All requirements herein shall be met, unless otherwise expressly stated in writing by the department prior to the issuance of a license.

2. Effective July 1, 2013, it is mandatory to obtain a license from the department prior to beginning operation.

3. Anyone applying for a license after the effective date of these standards shall meet all of the requirements herein, unless otherwise stated in these regulations or other official written policy of the department.

4. Two licenses shall not be issued simultaneously for the same physical address. If a second license is issued for a physical address which is already licensed, the second license shall be null and void.

5. The provider shall allow representatives of DCFS access to the facility, the youth, and all files and records at any time during hours of operation and/or anytime youth are present. DCFS staff shall be allowed to interview any staff member or youth. DCFS staff shall be admitted immediately and without delay, and shall be given access to all areas of a facility, including its grounds. If any portion of a facility is set aside for private use by the facility's owner, DCFS representatives shall be permitted to verify that no youth is present in that portion and that the private areas are inaccessible to youth.

6. All new construction to a currently licensed facility or renovation requires approval from the Office of State Fire Marshal, Office of Public Health, City Fire (if applicable), and the Licensing Section prior to occupying the new space.

7. Neither providers nor staff shall permit an individual convicted of a sex offense as defined in R.S. 15:541, other than youthful offenders convicted of such offense and committed to the custody of that specific facility, to have physical access to a JDF.

8. Providers shall comply with the requirements of the Americans with Disabilities Act, 42 U.S.C. §12101 et seq. (ADA).

9. If the facility is located in the same building or on the grounds of any type of adult jail, lockup, or corrections facility, it shall be a separate, self-contained unit. All applicable federal and state laws pertaining to the separation of youth from adult inmates will apply.

10. The population using housing or living units shall not exceed the designated or rated capacity of the facility.

11. All providers shall adhere to all policies with regard to practice and procedures.

12. DCFS is authorized to determine the period during which the license shall be effective. A license shall be valid until the expiration date shown on the license, unless the license is modified, extended, revoked, suspended, or terminated.

13. Once a license has been issued, DCFS shall conduct licensing inspections at intervals (not to exceed one year) deemed necessary by DCFS to determine compliance with licensing standards, as well as other required statutes, laws, ordinances, rules, and regulations. These inspections shall be unannounced.

14. Whenever DCFS is advised or has reason to believe that any person, agency, or organization that holds a license or has applied for a license is operating in violation of the JDF regulations or laws, DCFS shall conduct an investigation to ascertain the facts.

B. Initial Licensing Application Process

1. An initial application for licensing as a JDF shall be obtained from DCFS. A completed initial license application packet along with a fee as required by law shall be submitted to and approved by DCFS prior to an applicant providing JDF services. The completed initial licensing packet shall include:

- a. application and non-refundable fee as established by R.S. 15:1110(F);
- b. current Office of State Fire Marshal approval for occupancy;
- c. current Office of Public Health, Sanitarian Services approval;
- d. current city fire department approval, if applicable;
- e. city or parish building permits office approval, if applicable;

- f. current local zoning approval, if applicable;
- g. current department of education approval, if applicable;
- h. copy of proof of current general liability and property insurance for JDF;
- i. copy of proof of insurance for vehicle(s) used to transport youth;
- j. organizational chart or equivalent list of staff titles and supervisory chain of command;
- k. administrator resume and proof of educational requirements;
- l. list of consultant/contract staff to include name, contact information, and responsibilities;
- m. copy of table of contents of all policy and procedure manuals;
- n. copy of evacuation plan;
- o. copy of facility rules and regulations;
- p. copy of grievance process;
- q. a floor sketch or drawing of the premises to be licensed; and
- r. documentation of completed state central registry disclosure forms noting no justified (valid) finding of abuse and/or neglect for all staff including owners, operators and administrators or documentation from the Risk Assessment Panel or Division of Administrative Law noting that the individual does not pose a risk to youth.

2. If the initial licensing packet is incomplete, the applicant will be notified in writing of the missing information and will have 14 calendar days to submit the additional requested information. If the department does not receive the additional requested information within the 14 calendar days, the application will be closed. After an initial licensing application is closed, an applicant who is still interested in becoming a JDF shall submit a new initial licensing packet with a new application fee to start the initial licensing process. Once the department has determined the application is complete, the applicant will be notified to contact the department to schedule an initial inspection. If an applicant fails to contact the department and coordinate the initial inspection within 45 calendar days of the notification, the initial licensing application shall be closed. After an initial licensing application is closed, an applicant who is still interested in becoming a JDF shall submit a new initial licensing packet with a new application fee to re-start the initial licensing process.

C. Initial Licensing Inspection

1. In accordance with R.S. 15:1110(E), prior to the initial license being issued to the JDF, an initial licensing inspection shall be conducted on-site at the JDF to assure compliance with all licensing standards. No youth shall be provided services by the JDF until the initial licensing inspection has been performed and DCFS has issued a license. The licensing inspection shall not be completed if the provider is found in operation prior to the issuance of a license and the application shall be denied.

2. In the event the initial licensing inspection finds the JDF is compliant with all licensing laws and standards, and is compliant with all other required statutes, laws, ordinances, rules, regulations, and fees, DCFS may issue a license to the JDF. The license shall be valid until the expiration date shown on the license, unless the license is modified, extended, revoked, suspended, or terminated.

3. The license shall be displayed in a prominent place at the JDF.

D. Fees

1. An annual fee as established by R.S. 15:1110(F), shall be payable to DCFS prior to the date of expiration of the current license by certified check, or money order. Non-payment of fee prior to the date of expiration of the current license shall result in the non renewal of the license. The licensee is responsible for ensuring receipt of the annual fee by the Licensing Section.

6 or fewer youth	7 to 15 youth	16 or More youth
\$400	\$500	\$600

2. Other license fees include:

- a. a \$25 processing fee shall be submitted to the department for replacing a license when changes are requested by the provider, i.e., name change, age range, etc. No processing fee shall be incurred when the request coincides with the regular renewal of a license;

- b. a \$5 processing fee shall be submitted to the department for issuing a duplicate license with no changes.

E. Renewal of License

1. The license shall be renewed on an annual basis prior to its expiration date.

2. The JDF shall submit, at least 30 days prior to its license expiration date, a completed renewal application form, and fee as established by law. The following documentation shall also be included:

- a. Office of Fire Marshal approval;
- b. Office of Public Health, Sanitarian Services approval;
- c. city fire department approval, if applicable;
- d. copy of proof of current general liability and property insurance for JDF; and
- e. copy of proof of insurance for vehicle(s) used to transport youth.

3. Prior to renewing the JDF license, an on-site inspection shall be conducted to assure compliance with all licensing laws and standards. If the JDF is found to be in compliance with the licensing laws and standards, and any other required statutes, laws, ordinances, or regulations, the license shall be renewed for a 12-month period.

4. In the event the annual licensing inspection finds the JDF is non-compliant with any licensing laws or standards, or any other required statutes, ordinances or regulations but the department, in its sole discretion, determines that the noncompliance does not present a threat to the health, safety, or welfare of the youth, the JDF shall be required to submit a corrective action plan to the department for approval. The department shall specify the timeline for submitting the corrective action plan based on such non-compliance or deficiencies cited but no later than 14 calendar days from the date of notification. The corrective action plan shall include a description of how the deficiency shall be corrected and the date by which correction(s) shall be completed. Failure to submit an approved corrective action plan timely shall be grounds for non-renewal of the license.

5. If it is determined that such noncompliance or deficiencies have not been corrected prior to the expiration of the license, the department may issue an extension of the license not to exceed two months.

6. When it is determined by the department that such noncompliance or deficiencies have been corrected, a license will be issued for a period not to exceed 12 months.

7. If it is determined that all areas of noncompliance or deficiencies have not been corrected prior to the expiration date of the extension, DCFS may revoke the license.

F. Notification of Changes

1. A license is not transferable to another person, entity, or location.

2. When a JDF changes location, it is considered a new operation and a new application and fee as required by law for licensure shall be submitted 30 days prior to the anticipated move. An onsite inspection verifying compliance with all standards is required prior to youth occupying the new space.

3. When a JDF is initiating a change in ownership, a written notice shall be submitted to DCFS prior to the ownership change. Within seven calendar days of the change of ownership, the new owner shall submit a completed application, the applicable licensing fee, and a copy of bill of sale or a lease agreement. A change of ownership occurs when the license and/or facility is transferred from one natural or juridical person to another, or when an officer, director, member, or shareholder not listed on the initial application exercises or asserts authority or control on behalf of the entity. The addition or removal of members of a board of directors shall not be considered a change of ownership where such addition or removal does not substantially affect the entity's operation and shall require only notice be given to the DCFS of such addition or removal.

4. The JDF shall provide written notification to the department within 30 calendar days of changes in the administrator. A statement with supporting documentation of qualifications for the new administrator shall be submitted to DCFS.

G. Denial, Revocation, or Non-Renewal of License

1. An application for a license may be denied, a license may be revoked, or a license renewal may be denied for any of the following reasons:

- a. cruelty or indifference to the welfare of the youth in care;
- b. violation of any provision of the standards, rules, regulations, or orders of the department;
- c. disapproval from any agency whose approval is required for licensing;
- d. any validated instance of abuse, neglect, corporal punishment, physical punishment, or cruel, severe, or unusual punishment, if the JDF administrator is responsible or if the staff member who is responsible remains in the employment of the licensee;
- e. the JDF is closed with no plans for reopening and no means of verifying compliance with minimum standards for licensure;
- f. falsifying or altering documents required for licensure;
- g. the owner, administrator, officer, board of directors member, or any person designated to manage or supervise the JDF or any staff providing care, supervision, or treatment to a youth

of the JDF has been convicted of or pled guilty or nolo contendere to any offense listed in R.S. 15:587.1. A copy of a criminal record check performed by the Louisiana State Police (LSP) or other law enforcement entity, or by the Federal Bureau of Investigation (FBI), or a copy of court records in which a conviction or plea occurred, indicating the existence of such a plea or conviction shall create a rebuttable presumption that such a conviction or plea exists;

h. the JDF, after being notified that an officer, administrator, board of directors member, manager, supervisor or any staff has been convicted of or pled nolo contendere to any offense referenced above, allows such officer, director, or staff to remain employed, or to fill an office of profit or trust with the JDF. A copy of a criminal record check performed by the LSP or other law enforcement entity, or by the FBI, or a copy of court records in which a conviction or plea occurred, indicating the existence of such a plea or conviction shall create a rebuttable presumption that such a conviction or plea exists;

i. failure of the owner, administrator or any staff to report a known or suspected incident of abuse or neglect to child protection authorities;

j. revocation or non-renewal of a previous license issued by the state of Louisiana;

k. a history of non-compliance with licensing statutes or standards, including but not limited to failure to take prompt action to correct deficiencies, repeated citations for the same deficiencies, or revocation or denial of any previous license issued by DCFS;

l. failure to timely submit an application for renewal or to timely pay fees as required by law; and/or

m. operating any unlicensed JDF and/or program;

n. permit an individual with a justified (valid) finding of child/abuse and/or neglect, who has disclosed that their name appears with a justified (valid) finding on the state central registry but who does not have a determination by the Risk Evaluation Panel or Division of Administrative Law that the individual does not pose a risk to youth, to be on the premises without being directly supervised by another paid employee of the facility; or to knowingly permit an individual with such a justified (valid) finding of child abuse and/or neglect but who has not disclosed that their name appears on the state central registry, to be on the premises at any time, whether supervised or not supervised;

o. permit an individual, whether supervised or not supervised to be on the juvenile detention facility premises with a ruling by the Risk Evaluation Panel that the individual poses a risk to youth and the individual has not requested an appeal hearing by the Division of Administrative Law within the required time frame.

H. Disqualification of Facility and/or Provider

1. If a facility's license is revoked or not renewed due to failure to comply with state statutes or licensing rules or surrendered to avoid adverse action, DCFS may elect not accept a subsequent application from the provider for that facility, or any new facility, up to but not exceeding a period of 24 months after the effective date of revocation, non-renewal due to adverse action, or surrender to avoid adverse action, or for a period up to but not exceeding 24 months after all appeal rights have been exhausted, whichever is later (the disqualification period). The effective date of a revocation, denial, or non-renewal of a license shall be the last day for applying to appeal the action, if the action is not appealed. Any pending application by the same provider shall be treated as an application for a new facility for purposes of this section and may be denied and subject to the disqualification period. Any subsequent

application for a license shall be reviewed by the secretary or designee prior to a decision being made to grant a license. DCFS reserves the right to determine, at its sole discretion, whether to issue any subsequent license.

2. If a provider has multiple licensed facilities and one of the facility's licenses is revoked or not renewed, a capacity increase shall not be granted at any of the existing licensed facilities for a minimum period of 24 months after the effective date of revocation or non-renewal, or for a minimum period of 24 months after all appeal rights have been exhausted, whichever is later.

3. Any voluntary surrender of a license by a provider facing the possibility of adverse action against its license (revocation or non-renewal) shall be deemed to be a revocation for disqualification purposes and shall trigger the same disqualification period as if the license had actually been revoked.

4. If the applicant has had a history of non-compliance, including but not limited to revocation of a previous license, operation without a license, or denial of one or more previous applications for licensure, DCFS may refuse to accept a subsequent application from that applicant for a minimum period of 24 months after the effective date of denial.

5. With respect to an application in connection with the revoked, denied, or not renewed facility, the disqualification period provided in this Section shall include any affiliate of the provider.

6. If a facility's license was revoked due solely to the disapproval from any agency whose approval is required for licensure or due solely to the facility being closed and there are no plans for immediate re-opening within 30 calendar days and no means of verifying compliance with minimum standards for licensure, the disqualification rule (or period) may not apply. DCFS may accept a subsequent application for a license that shall be reviewed by the secretary or designee prior to a decision being made to grant a license. DCFS reserves the right to determine, at its sole discretion, whether to issue any subsequent license.

7. In the event a license is revoked or renewal is denied, (other than for cessation of business or non-operational status), or voluntarily surrendered to avoid adverse action any owner, officer, member, manager, or administrator of such licensee may be prohibited from owning, managing, or operating another licensed facility for a period of not less than 24 months from the date of the final disposition of the revocation or denial action. The lapse of 24 months shall not automatically restore a person disqualified under this provision eligibility for employment. DCFS, at its sole discretion, may determine that a longer period of disqualification is warranted under the facts of a particular case.

I. Appeal Process

1. The DCFS Licensing Section, shall advise the administrator or owner in writing of the reasons for non-renewal or revocation of the license, or denial of an application, and the right of appeal. If the administrator or owner is not present at the facility, delivery of the written reasons for such action may be made to any staff of the facility. Notice to a staff shall constitute notice to the facility of such action and the reasons therefore. A request for appeal shall include a copy of the letter from the Licensing Section that notes the reasons for revocation, denial, or non-renewal, together with the specific areas of the decision the appellant believes to be erroneous and/or the specific reasons the decision is believed to have been reached in error, and shall be mailed to: Department of Children and Family Services, Appeals Section, P.O. Box 2944, Baton Rouge, LA 70821-9118.

2. A provider may appeal the revocation or non-renewal of a license by submitting a written request to appeal the decision along with a copy of the letter within 15 calendar days of receipt of the letter notifying of the revocation or non-renewal. Provider may continue to operate legally throughout the appeals process. Provider shall be issued a license noting that the provider is in the appeal process.

3. If provider's license expires during the appeal process, the provider shall submit a licensing renewal application and a copy of the satisfactory criminal background clearance for every owner. Each provider is solely responsible for obtaining the licensing application form. The licensing application and full licensure fee as well as copies of the criminal background clearances for all owners shall be received on or postmarked by the last day of the month in which the license expires, or the provider shall cease operation at the close of business by the expiration date noted on the license.

4. A provider may appeal the denial of an application for a license by submitting a written request to appeal the decision along with a copy of the letter within 30 calendar days of receipt of the letter notifying of the denial of application.

5. The DCFS Appeals Section shall notify the Division of Administrative Law of receipt of an appeal request. Division of Administrative Law shall conduct a hearing. The appellant will be notified by letter of the decision, either affirming or reversing the original decision.

6. If the decision of DCFS is affirmed or the appeal dismissed, the provider shall terminate operation of the JDF immediately. If the provider continues to operate without a license, the DCFS may file suit in the district court in the parish in which the facility is located for injunctive relief.

7. If the decision of DCFS is reversed, the license will be re-instated and the appellant may continue to operate.

J. State Central Registry

1. All owners shall complete, sign, and date the state central registry disclosure form (SCR 1) as required by R.S. 15:1110.2. This information shall be reported on or before July 1, 2013 and/or prior to the individual being on the premises of the juvenile detention facility and shall be updated annually, at any time upon the request of DCFS, and within 24 hours or no later than the next business day, whichever is sooner, of any owner receiving notice of a justified (valid) finding of child abuse or neglect.

a. Within 24 hours or no later than the next business day, whichever is sooner, of current owners receiving notice of a justified (valid) finding of child abuse and/or neglect, an updated state central registry disclosure form (SCR 1) shall be completed by the owner as required by R.S. 15:1110.2 and submitted to the Licensing Section management staff. The owner will have 10 calendar days from completion of the state central registry disclosure form to request a risk assessment evaluation in accordance with LAC 67:1.305. If on-site at the facility and immediately upon the knowledge that a justified (valid) finding has been issued by DCFS, the owner shall be directly supervised by a paid staff (employee) of the facility. The employee responsible for supervising the owner must have on file a completed state central registry disclosure form indicating that the employee's name does not appear on the state central registry with a justified (valid) finding of abuse and/or neglect. An owner supervised by an employee who does not have a satisfactory disclosure form on file as provided in this Subsection shall be deemed to be alone and unsupervised. Under no circumstances may the owner with the justified finding be left alone and unsupervised with the youth pending the

disposition of the risk evaluation panel or the Division of Administrative Law. If not on site at the juvenile detention facility, owner shall submit a signed, dated statement that he or she will not be on the premises of the facility at any time.

i. If the risk evaluation panel finds the owner poses a risk to youth and the individual does not appeal the finding within the required timeframe, the owner may close the facility or the license shall be revoked.

ii. If the risk evaluation panel finds the owner poses a risk to youth and the individual appeals the finding to the Division of Administrative Law within the required timeframe, the owner shall continue to be under direct supervision at all times by a paid staff (employee) of the facility until a ruling is made by the Division of Administrative Law that they do not pose a risk to youth. Supervision must continue until receipt of a ruling from the Division of Administrative Law that the owner does not pose a risk to youth.

iii. If the Division of Administrative Law upholds the risk evaluation panel finding that the individual does pose a risk to youth, the owner may close the facility or the license shall be revoked.

2. State central registry disclosure forms, documentation of any disposition of the risk evaluation panel and, when applicable, the Division of Administrative Law ruling shall be available for review by DCFS personnel during the facility's hours of operation. This information shall be kept on file for a minimum of one year from termination of the employee or volunteer from the facility.

3. Any information received or knowledge acquired that a current or prospective owner, operator, volunteer, employee, prospective volunteer, or prospective employee has falsified a state central registry disclosure form stating that they are not currently recorded as a perpetrator with a justified (valid) finding of abuse or neglect shall be reported in writing to Licensing Section management staff as soon as possible, but no later than the close of business on the next business day.

4. Any state central registry disclosure form, risk evaluation panel finding, and Division of Administrative Law ruling that is maintained in a juvenile detention facility licensing file shall be confidential and subject to the confidentiality provisions of R.S. 46:56(F) pertaining to the investigations of abuse and/or neglect.

§7509. Administration

A. Governing Body

1. The provider shall have an identifiable governing body with responsibility and authority over the policies, procedures, and activities of the facility.

2. The provider shall have documents identifying:

- a. all members of the governing body;
- b. business address;
- c. the term of their membership, if applicable;
- d. officers of the governing body, if applicable;
- e. the terms of office of all officers, if applicable; and
- f. officer responsibilities.

3. When the governing body is composed of more than one person, there shall be recorded minutes of all formal meetings and bylaws specifying frequency of meetings and quorum requirements.

B. Accessibility of Administrator

1. There shall be a single administrator, or designee, on site with authority and responsibility for the daily implementation and supervision of the facility's overall operation.

2. The administrator, or designee, shall be accessible to DCFS 24 hours per day, seven days per week.

C. Statement of Philosophy and Goals

1. The provider shall have a written statement describing its philosophy and goals.

D. Policies and Procedures

1. The provider shall have written policies and procedures approved by the administrator and/or governing body that address, at a minimum, the following:

- a. detecting and reporting suspected abuse and neglect;
- b. intake, to include classification procedures and release;
- c. behavior support and intervention program;
- d. youth grievance process;
- e. retention of youth files;
- f. emergency and safety procedures including medical emergencies;
- g. staff intervention/restraints;
- h. room isolation;
- i. room confinement/due process;
- j. incidents;
- k. health care (dental, mental, and medical);
- l. youth rights;
- m. infection control to include blood borne pathogens;
- n. confidentiality;
- o. training;
- p. environmental issues;
- q. physical plant;
- r. access issues;
- s. safety;
- t. security;
- u. suicide prevention and emergency procedures in case of suicide attempt; and
- v. sexual misconduct including but not limited to the following:

i. right to be free from sexual misconduct and from retaliation for reporting sexual misconduct;

ii. dynamics of sexual misconduct in confinement;

iii. common reactions of sexual misconduct victims; and

iv. policy for prevention and response to sexual misconduct.

2. The policies and procedures for operating and maintaining the facility shall be specified in a manual that is accessible to all staff and the public. The policies and procedures listed in Section 7509.D.1 above shall be reviewed at least annually, updated as needed, signed, and dated by the administrator or a representative of the governing body.

3. New or revised policies and procedures shall be disseminated to designated staff, volunteers, and to the youth, as applicable.

E. Facility Rules and Regulations

1. The rules and regulations shall be written in simple, clear, and concise language that most youth can understand and be specific to ensure that the youth know what is expected of them.

2. A staff member shall read the rules and regulations or provide a video presentation of these rules to each youth at the time of admission or within 24 hours after admission, and provide the youth a written copy.

3. Reasonable accommodations shall be made for those youth with limited English proficiency or disabilities.

4. A copy of the rules and regulations shall be posted in each of the common areas and in the living units.

5. Enforcement

a. Rule violations and corresponding staff actions shall be recorded in the youth's file.

b. Disciplinary sanctions shall be objectively administered and proportionate to the gravity of the rule and the severity of the violation.

c. If a youth is alleged to have committed a crime while in the facility, at the discretion of the administrator, the case may be referred to a law enforcement agency for possible investigation and/or prosecution.

d. If a case is referred to a law enforcement agency for possible investigation and/or prosecution, efforts shall be made as soon as possible to notify or attempt to notify the parent/guardian, and the attorney of record of the incident and referral.

F. Other Jurisdictional Approvals. The provider shall comply and show proof of compliance with all relevant standards, regulations, and requirements established by federal, state, local, and municipal regulatory bodies including annual approval by the following:

1. Office of Public Health, Sanitarian Services;

2. Office of the State Fire Marshal;

3. city fire department, if applicable; and

4. Department of Education, if applicable.

§7511. Facility Responsibilities

A. Personnel

1. Policies and Procedures

a. The provider shall have written policies and procedures that establish the provider's staffing, recruiting, and review procedures for staff. The personnel policy manual shall be available for staff and shall include a minimum of the following areas:

- i. organization chart (table of organization);
- ii. recruitment to include equal employment opportunity provisions;
- iii. job descriptions and qualifications, and if applicable, a physical fitness policy;
- iv. personnel files and performance reviews;
- v. staff development, including in-service training;
- vi. termination;
- vii. employee/management relations, including disciplinary procedures and grievance and appeals procedures; and
- viii. employee code of ethics.

b. A written policy and procedure shall require that each staff sign a statement acknowledging access to the policy manual.

2. Job Qualifications

a. The administrator shall meet one of the following qualifications upon hire:

- i. a bachelor's degree plus two years experience relative to the population being served; or
- ii. a master's degree; or
- iii. six years of administrative experience in health or social services, or a combination of undergraduate education and experience for a total of six years.

b. Direct care staff shall be at least 18 years of age and have a high school diploma or equivalency at the time of hire.

3. Volunteers

a. If the provider utilizes volunteers, a written policy and procedure shall establish responsibility for the screening and operating procedures of the volunteer program.

b. Program Coordination

- i. There shall be a staff member who is responsible for operating a volunteer service program for the benefit of youth.
- ii. The provider shall specify the lines of authority, responsibility, and accountability for the volunteer service program.

c. Screening and Selection

i. Relatives of a youth shall not serve as a volunteer with the youth to whom they are related or in the facility where that youth is detained.

d. Professional Services

i. Volunteers shall perform professional services only when they are certified or licensed to do so.

e. Providers that utilize volunteers shall have on each volunteer a completed state central registry disclosure form (SCR 1) noting whether or not his/her name is currently recorded on the state central registry for a justified finding of abuse and/or neglect and he/she is the named perpetrator as required in R.S. 15:1110.2;

i. this information shall be reported prior to the individual being on the premises of the juvenile detention facility and shall be updated annually, at any time upon the request of DCFS, and within 24 hours or no later than the next business day, whichever is sooner, of any volunteer receiving notice of a justified (valid) finding of child abuse and/or neglect;

ii. the current or prospective volunteer shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to the owner or operator of the facility;

(a).if the current or prospective volunteer discloses that his or her name is currently recorded as a perpetrator on the state central registry, the administrator shall inform the individual that he may not continue with volunteer duties or that they will not be considered for volunteer duties at that time due to the state central registry disclosure. The administrator will provide the prospective volunteer with the risk evaluation panel form (SCR 2) so that a risk assessment evaluation may be requested;

(b).individuals are eligible for volunteer services if and when they provide written documentation from the risk evaluation panel or the Division of Administrative Law noting that they do not pose a risk to youth;

iii. current volunteers receiving notice of a justified (valid) finding of child abuse and/or neglect shall complete an updated state central registry disclosure form (SCR 1) noting the existence of the justified (valid) finding as required by R.S. 15:1110.2. This updated SCR 1 shall be submitted to the Licensing Section management staff upon being on the juvenile detention facility premises. Volunteers will have 10 calendar days from the date of required completion of the state central registry disclosure form to request a risk assessment evaluation in accordance with LAC 67:I.305 or shall be informed that he shall not continue with volunteer duties or be on the juvenile detention facility premises;

(a).if the volunteer will no longer provide volunteer services at the facility, the provider shall submit a signed, dated statement indicating that the volunteer will not be on the premises of the facility at any time;

(b).immediately upon the receipt of the knowledge that a justified (valid) finding has been issued by DCFS and as a condition of continued volunteer services, the volunteer shall be directly supervised by a paid staff (employee) of the facility who has not disclosed that their name appears with a justified (valid) finding on the state central registry. Provider shall submit a written statement to Licensing Section management staff acknowledging that the volunteer is under continuous direct supervision by a paid staff who has completed the required state central registry disclosure form and who has indicated on that form that the employee's name does not appear on the state central registry with a justified (valid) finding on the state central registry. Under no circumstances may the volunteer with the justified finding be left alone and unsupervised with the youth pending the disposition by the risk evaluation panel or the Division of Administrative Law that the staff person does not pose a risk to youth. Any volunteer or

employee supervised by an employee who does not have a satisfactory disclosure form on file as provided above shall be deemed to be alone and unsupervised;

(c).if the risk evaluation panel finds the individual does pose a risk to youth and the individual fails to file an appeal within the required timeframe the volunteer shall be informed that he shall not continue with volunteer duties or be on the juvenile detention facility premises;

(d).if the risk evaluation panel finds the individual does pose a risk to youth and the individual appeals the finding to the Division of Administrative Law within the required timeframe, the volunteer shall continue to be under direct supervision at all times by a paid employee of the facility until a ruling is made by the Division of Administrative Law that they do not pose a risk to youth. Supervision must continue until receipt of a ruling from the Division of Administrative Law that they do not pose a risk to youth;

(e).if the Division of Administrative Law upholds the Risk Evaluation Panel finding that the individual poses a risk to youth, the individual may not continue with volunteer duties or be on the juvenile detention facility premises;

iv. any owner, operator, current or prospective employee, or volunteer of a juvenile detention facility requesting licensure by DCFS and/or a juvenile detention facility licensed by DCFS is prohibited from working in a juvenile detention facility if the individual discloses, or information is known or received by DCFS, that the individual's name is recorded on the state central registry (SCR) as a perpetrator for a justified (valid) finding of abuse or neglect of a child, unless there is a finding by the Risk Evaluation Panel or a ruling by the Division of Administrative Law that the individual does not pose a risk to youth.

B. Background Clearance

1. No staff of the facility shall be hired until such person has submitted his/her fingerprints to the Louisiana Bureau of Criminal Identification and Information so that it may be determined whether or not such person has a criminal conviction of a felony, or a plea of guilty, or nolo contendere of a felony, or a criminal conviction, or a plea of guilty or nolo contendere to any offense included in R.S. 15:587.1, or any offense involving a juvenile victim. If it is determined that such a person has a conviction or has entered a plea of guilty or nolo contendere to a crime listed in R.S. 15:587.1(C) or any offense involving a juvenile victim, that person shall not be hired. No staff shall be present on the JDF premises until such a clearance is received.

2. The provider shall contact all prior institutional employers for information on substantiated allegations of sexual abuse consistent with federal, state, and local laws.

3. A criminal record check shall be conducted on all volunteers that interact with the youth. No volunteer of the facility shall be allowed to work with youth until such person has submitted his/her fingerprints to the Louisiana Bureau of Criminal Identification and Information so that it may be determined whether or not such person has a criminal conviction, or a plea of guilty or nolo contendere to any offense included in R.S. 15:587.1, or any offense involving a juvenile victim. If it is determined that such a person has a conviction or has entered a plea of guilty or nolo contendere to a crime listed in R.S. 15:587.1(C) or any offense involving a juvenile victim, that person shall not be allowed to volunteer with youth at the JDF. No volunteer shall be present on the JDF premises until such a clearance is received.

4. Prior to employment, each prospective employee shall complete a state central registry disclosure form prepared by the department as required in R.S. 15:1110.2. This information shall be reported prior to the individual being on the premises of the juvenile detention facility

and shall be updated annually, at any time upon the request of DCFS, and within 24 hours or no later than the next business day, whichever is sooner, of any staff receiving notice of a justified (valid) finding of child abuse or neglect.

a. The prospective paid staff (employee) shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to the owner or operator of the facility.

i. If a prospective staff (employee) discloses that his or her name is currently recorded as a perpetrator on the state central registry, the administrator shall inform the applicant they will not be considered for employment at that time due to the state central registry disclosure. The administrator will provide the prospective employee with the risk evaluation panel form (SCR 2) so that a risk assessment evaluation may be requested.

ii. Individuals are not eligible for employment unless and until they provide written documentation from the risk evaluation panel or the Division of Administrative Law expressly stating that they do not pose a risk to youth.

b. Current staff receiving notice of a justified (valid) finding of child abuse and/or neglect shall complete an updated state central registry disclosure form (SCR 1) noting the existence of the justified (valid) finding as required by R.S. 15:1110.2. This updated SCR 1 shall be submitted to the Licensing Section management staff within 24 hours or no later than the next business day, whichever is sooner, or upon being on the juvenile detention facility premises, whichever is sooner. Staff will have 10 calendar days from the date of required completion of the state central registry disclosure form to request a risk assessment evaluation in accordance with LAC 67:I.305 or shall be terminated immediately.

i. If the staff person will no longer be employed at the facility, the provider shall submit a signed, dated statement indicating that the staff will not be on the premises of the facility at any time.

ii. Immediately upon the receipt of the knowledge that a justified (valid) finding has been issued by DCFS and as a condition of continued employment the staff person shall be directly supervised by a paid staff (employee) of the facility who has completed the required state central registry disclosure form and who has indicated on that form that the employee's name does not appear on the state central registry with a justified (valid) finding on the state central registry. Provider shall submit a written statement to Licensing Section management staff acknowledging that the staff is under continuous direct supervision by a paid staff as provided above. When these conditions are met, the staff (employee) may be counted in staff to youth ratio. Under no circumstances may the staff person with the justified finding be left alone and unsupervised with the youth pending the disposition by the risk evaluation panel or the Division of Administrative Law that the staff person does not pose a risk to youth.

iii. If the risk evaluation panel finds the individual does pose a risk to youth and the individual fails to appeal the decision within the required timeframe, the staff (employee) shall be terminated immediately.

iv. If the risk evaluation panel finds the individual poses a risk to youth and the individual appeals the finding to the Division of Administrative Law within the required timeframe, the staff (employee) shall continue to be under direct supervision at all times by another paid employee of the facility who has completed the required state central registry disclosure form and who has indicated on that form that the employee's name does not appear on the state central registry with a justified (valid) finding on the state central registry until a ruling is made by the Division of Administrative Law that they do not pose a risk to youth.

Supervision must continue until receipt of a ruling from the Division of Administrative Law that they do not pose a risk to youth.

v. If the Division of Administrative Law upholds the risk evaluation panel finding that the individual does pose a risk to youth, the individual shall be terminated immediately.

c. Any owner, operator, current or prospective employee, or volunteer of a juvenile detention facility requesting licensure by DCFS and/or a juvenile detention facility licensed by DCFS is prohibited from working in a juvenile detention facility if the individual discloses, or information is known or received by DCFS, that the individual's name is recorded on the state central registry (SCR) as a perpetrator for a justified (valid) finding of abuse and/or neglect of a child, unless there is a finding by the risk evaluation panel or a ruling by the Division of Administrative Law that the individual does not pose a risk to youth.

C. Health Screening

1. All staff shall receive a physical examination prior to employment, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.

D. Performance Reviews

1. The provider shall conduct an annual written performance review of each staff and the results shall be discussed with the staff.

E. Drug-free Workplace

1. The provider shall have a written policy and procedure regarding a drug-free workplace for all staff.

F. Training and Staff Development

1. Policy and Procedure

a. The provider shall have written policies and procedures that require training and staff development programs, including training requirements for all categories of personnel.

b. Program Coordination and Supervision. The program coordinator shall ensure that the provider's staff development and training program is planned, coordinated and supervised.

2. Orientation

a. All new staff shall receive a minimum of 40 hours of orientation training before assuming any job duties. This training shall include, at a minimum, the following:

- i. philosophy, organization, program, practices and goals of the facility;
- ii. specific responsibilities of assigned job duties;
- iii. administrative procedures;
- iv. emergency and safety procedures including medical emergencies;
- v. youth's rights;
- vi. detecting and reporting suspected abuse and neglect;
- vii. infection control to include blood borne pathogens;
- viii. confidentiality;

- ix. reporting of incidents;
- x. intake to include classification procedures and release;
- xi. discipline and due process rights of incarcerated youth;
- xii. access to health care (dental, mental, and medical);
- xiii. crisis/conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and room confinement, isolation may be used;
- xiv. suicide prevention and emergency procedures in case of suicide attempt;
- xv. sexual misconduct including but not limited to the following:
 - (a).youth's rights to be free from sexual misconduct, and from retaliation for reporting sexual misconduct;
 - (b).dynamics of sexual misconduct in confinement;
 - (c). common reactions of sexual misconduct victims; and
 - (d).agency policy for prevention and response to sexual misconduct.

3. First Year Training

- a. Direct care staff shall receive an additional 120 hours of training during their first year of employment. This training shall include, at a minimum, the following:
 - i. within the first 60 calendar days of employment:
 - (a).adolescent development for males and females; and
 - (b).first aid/CPR;
 - ii. within the first year of employment:
 - (a).classification procedures to include intake screenings;
 - (b).an approved crisis/conflict intervention program;
 - (c). facility's policy and procedures for suicide prevention, intervention and response;
 - (d).lesbian, gay bisexual, transgender specific, cultural competence and sensitivity training;
 - (e).communication effectively and professionally with all youth;
 - (f). sexual misconduct including but not limited to the following:
 - (i). youth's rights to be free from sexual misconduct, and from retaliation for reporting sexual misconduct;
 - (ii).dynamics of sexual misconduct in confinement;
 - (iii.) common reactions of sexual misconduct victims; and
 - (iv). the agency policy for prevention and response to sexual misconduct;
 - (g).key control;
 - (h).universal safety precautions;

- (i). effective report writing; and
- (j). needs of youth with behavioral health disorders and intellectual disabilities and medication.

b. All support (non-direct care) staff shall receive an additional 40 hours of training during their first year of employment. The training shall include, at a minimum, the following:

- i. philosophy, organization, program, practices and goals of the facility;
- ii. specific responsibilities of assigned job duties;
- iii. youth's rights;
- iv. detecting and reporting suspected abuse and neglect (mandatory reporting guidelines);
- v. infection control to include blood borne pathogens;
- vi. confidentiality;
- vii. reporting of incidents;
- viii. discipline and due process rights of incarcerated youth;
- ix. sexual misconduct including but not limited to the following:
 - (a).youth's rights to be free from sexual misconduct, and from the retaliation for reporting sexual misconduct;
 - (b).dynamics of sexual misconduct in confinement;
 - (c).common reactions of sexual misconduct victims; and
 - (d).agency policy for prevention and response to sexual misconduct;
- x. first aid/ CPR; and
- xi. basic safety and security practices.

4. Annual Training

a. All staff shall receive a minimum of 40 hours of training annually. This training shall include, at a minimum, the following:

- i. classification procedures to include intake screenings;
- ii. an approved crisis/conflict intervention program;
- iii. facility's policy and procedures for suicide prevention, intervention and response;
- iv. communication effectively and professionally with all youth;
- v. sexual misconduct including but not limited to the following:
 - (a).youth's rights to be free from sexual misconduct, and from retaliation for reporting sexual misconduct;
 - (b).dynamics of sexual misconduct in confinement;
 - (c).common reactions of sexual misconduct victims-add additional; and
 - (d).the agency policy for prevention and response to sexual misconduct;

- vi. key control;
- vii. universal safety precautions;
- viii. discipline and due process rights of incarcerated youth;
- ix. detecting and reporting suspected abuse and neglect (mandatory reporting guidelines);
- x. effective report writing; and
- xi. needs of youth with behavioral health disorders and intellectual disabilities and medication.

5. Volunteer Training

a. All volunteers shall receive notification and acknowledge in writing their agreement to abide by the following prior to their beginning work and updated annually:

- i. philosophy and goals of the facility;
- ii. specific responsibilities and limitations;
- iii. youth's rights;
- iv. detecting and reporting suspected abuse and neglect;
- v. confidentiality;
- vi. reporting of incidents;
- vii. discipline and due process rights of incarcerated youth;
- viii. sexual misconduct including but not limited to the following:

(a).youth's rights to be free from sexual misconduct, and from retaliation for reporting sexual misconduct;

(b).dynamics of sexual misconduct in confinement;

(c).common reactions of sexual misconduct victims-add additional; and

(d).the agency policy for prevention and response to sexual misconduct.

- ix. basic safety and security practices.

G. Staffing Requirements

1. The provider shall have sufficient available staff to meet the needs of all of the youth.
2. At least two direct care staff shall be on duty at all times in the facility.
3. There shall be a minimum of 1 to 8 ratio of direct care staff to youth during the hours that youth are awake.
4. There shall be a minimum of 1 to 16 ratio of direct care staff to youth during the hours that youth are asleep.
5. Direct care staff of one gender shall be the sole supervisor of youth of the same gender during showers, physical searches, pat downs, or during other times in which personal hygiene practices or needs would require the presence of a direct care staff of the same gender.
6. Video and audio monitoring devices shall not substitute for supervision of youth.

7. The provider shall provide youth that have limited English proficiency with meaningful access to all programs and activities. The provider shall provide reasonable modifications to policies and procedures to avoid discrimination against persons with disabilities.

H. Record Keeping

1. Personnel Files

a. The provider shall maintain a current, accurate, confidential personnel file on each staff. This file shall contain, at a minimum, the following:

i. an application for employment, including the resume of education, training, and experience, including evidence of professional or paraprofessional credentials/certifications according to state law, if applicable;

ii. a criminal background check in accordance with state law;

iii. documentation of staff orientation and annual training;

iv. staff hire and termination dates;

v. documentation of staff current driver's license, if applicable;

vi. annual performance evaluations;

vii. any other information, reports, and notes relating to the individual's employment with the facility; and

viii. annual state central registry disclosure form noting whether or not his/her name is currently recorded on the state central registry for a justified (valid) finding of abuse and/or neglect and he/she is the named perpetrator.

2. Youth Files

a. Active Files. The provider shall maintain active files for each youth. The files shall be maintained in an accessible, standardized order and format. The files shall be current and complete and shall be maintained in the facility in which the youth resides. The provider shall have sufficient space, facilities, and supplies for providing effective storage of files. The files shall be available for inspection by the department at all times. Youth files shall contain at least the following information:

i. youth's name, date of birth, social security number, previous home address, sex, religion, and birthplace;

ii. dates of admission and discharge;

iii. other identification data including documentation of court status, legal status or legal custody, and who is authorized to give consents;

iv. name, address, and telephone number of the legal guardian(s), and parent(s), if appropriate;

v. name, address, and telephone number of a physician and dentist;

vi. the pre-admission assessment and admission assessment;

vii. youth's history including family data, educational background, employment record, prior medical history, and prior placement history;

viii. a copy of the physical assessment report;

ix. continuing record of any illness, injury, or medical or dental care when it impacts the youth's ability to function or impacts the services he or she needs;

x. reports of any incidents of abuse, neglect, or incidents, including use of time out, personal restraints, or seclusion;

xi. a summary of releases from the facility;

xii. a summary of court visits;

xiii. a summary of all visitors and contacts including dates, name, relationship, telephone number, address, the nature of such visits/contacts and feedback from the family;

xiv. a record of all personal property and funds, which the youth has entrusted to the provider;

xv. reports of any youth grievances and the conclusion or disposition of these reports;

xvi. written acknowledgment that the youth has received clear verbal explanation and copies of his/her rights, the facility rules, written procedures for safekeeping of his/her valuable personal possessions, written statement explaining his/her rights regarding personal funds, and the right to examine his/her file;

xvii. all signed informed consents; and

xviii. a release order, as applicable.

b. Confidentiality and Retention of Youth Files

i. The provider shall maintain records in accordance with public records and confidentiality laws.

ii. The provider shall maintain the confidentiality and security of all records. Staff shall not disclose or knowingly permit the disclosure of any information concerning the youth or his/her family, directly or indirectly, to any unauthorized person.

I. Incident Reporting

1. Critical Incidents. The provider shall have written policies and procedures for documenting, reporting, investigating, and analyzing critical incidents.

a. The provider shall report any of the following critical incidents to parties noted in Section 7511.I.1.b below:

i. suspected abuse;

ii. suspected neglect;

iii. injuries of unknown origin;

iv. death;

v. attempted suicide;

vi. escape;

vii. sexual assault;

viii. any serious injury that occurs in a facility, including youth on youth assaults, that requires medical treatment; and/or

ix. injury with substantial bodily harm while in confinement, during transportation or during use of physical intervention.

b. The administrator or designee shall immediately report all critical incidents to the:

- i. parent/legal guardian;
- ii. law enforcement authority, if appropriate, in accordance with state law;
- iii. DCFS Licensing Section management staff;
- iv. defense counsel for the youth; and
- v. judge of record.

c. At a minimum, the incident report shall contain the following:

- i. date and time the incident occurred;
- ii. a brief description of the incident;
- iii. where the incident occurred;
- iv. any youth or staff involved in the incident;
- v. immediate treatment provided, if any;
- vi. symptoms of pain and injury discussed with the physician if applicable;
- vii. signature of the staff completing the report;
- viii. name and address of witnesses;
- ix. date and time the legal guardian, and other interested parties were notified;
- x. any follow-up required;
- xi. actions to be taken in the future to prevent a reoccurrence; and
- xii. any documentation of supervisory and administrative reviews.

d. Investigation of Abuse and Neglect

i. The provider shall submit a final written report of the incident to Licensing, if indicated, as soon as possible but no later than five calendar days following the incident.

ii. An internal investigation shall be conducted of any allegations involving staff and/or youth of abuse or neglect of a youth.

iii. Until the conclusion of the internal investigation, any person alleged to be a perpetrator of abuse or neglect may be placed on administrative leave or may be reassigned to a position having no contact with the complainant or any youth in the facility, relatives of the alleged victim, participants in a juvenile justice program, or individuals under the jurisdiction of the juvenile court. The provider shall take any additional steps necessary to protect the alleged victim and witnesses.

iv. At the conclusion of the internal investigation, the administrator or designee shall take appropriate measures to provide for the safety of the youth.

v. In the event the administrator is alleged to be a perpetrator of abuse or neglect, the governing body or commission shall:

(a).conduct the internal investigation or appoint an individual who is not a staff of the facility to conduct the internal investigation;

(b).place the administrator on administrative leave, until the conclusion of the internal investigation, or ensure the administrator has no contact with the youth in the facility, relatives of the alleged victim, participants in a youth justice program, or individuals under the jurisdiction of the youth court.

vi. Copies of all written reports shall be maintained in the youth's file.

J. Abuse and Neglect

1. Provider shall ensure staff adheres to a code of conduct that prohibits the use of physical abuse, sexual abuse, profanity, threats, or intimidation. Youth shall not be deprived of basic needs, such as food, clothing, shelter, medical care, and/or security.

2. In accordance with Article 603 of the *Louisiana Youth's Code*, all staff employed by a juvenile detention facility are mandatory reporters. In accordance with Article 609 of the *Louisiana Youth's Code*, a mandatory reporter who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect or was a contributing factor in a child's death shall report in accordance with Article 610 of the *Louisiana Youth's Code*.

K. Grievance Procedure

1. The provider shall have a written policy and procedure which establishes the right of every youth and the youth's legal guardian(s) to file grievances without fear of retaliation.

2. The written grievance procedure shall include, but not be limited to:

a. a formal process for the youth and the youth's legal guardian(s) to file grievances that shall include procedures for filing verbal, written, or anonymous grievances. If written, the grievance form shall include the youth's name, date, and all pertinent information relating to the grievance;

b. a formal process for the provider to communicate with the youth about the grievance within 24 hours and to respond to the grievance in writing within five calendar days;

c. a formal appeals process for provider's response to grievance.

3. Assistance by staff not involved in the issue of the grievance shall be provided if the youth requests.

4. Documentation of any youth's or youth's legal guardian(s) grievance and the conclusion or disposition of these grievances shall be maintained in the youth's file. This documentation shall include any action taken by the provider in response to the grievance and any follow up action involving the youth.

5. The provider shall maintain a log documenting all verbal, written, and/or anonymous grievances filed and the manner in which they were resolved.

6. A copy of the grievance and the resolution shall be given to the youth, a copy maintained in the youth's file, and a copy in a central grievance file.

L. Quality Improvement

1. The provider shall have a written policy and procedure for maintaining a quality improvement program to include:

- a. systematic data collection and analysis of identified areas that require improvement;
 - b. objective measures of performance;
 - c. periodic review of youth files;
 - d. quarterly review of incidents and the use of personal restraints and seclusion to include documentation of the date, time and identification of youth and staff involved in each incident; and
 - e. implementation of plans of action to improve in identified areas.
2. Documentation related to the quality improvement program shall be maintained for at least two years.

§7513. Admission and Release

A. Limitations for Admission

1. Pre-admission criteria shall limit eligibility to youth likely to commit a serious offense pending resolution of their case, youth likely to fail to appear in court or youth held pursuant to a specific court order for detention.
2. Status offenders shall be detained at the facility only in accordance with state law, or if they have violated a valid court order and have received due process protections and consideration of less restrictive alternatives to include as required by the Federal Juvenile Justice and Delinquency Prevention Act.(OJJDP Act 42 USC 5633)
3. Youth with serious medical, mental health needs, or youth who are detectably intoxicated are not admitted into the facility unless and until appropriate medical professionals clear them. Youth transferred from or cleared by outside medical or mental health facilities are admitted only if the facility has the capacity to provide appropriate ongoing care.

B. Intake on Admission

1. The provider shall have written policies and procedures regarding admission to the facility. Upon admission to the facility, the following shall be adhered to:
- a. staff shall review inactive files from any previous admission to obtain history on the youth;
 - b. each youth shall be informed of the process at the initiation of intake;
 - c. staff shall review paperwork with law enforcement; and
 - d. staff shall conduct electronic security wand scanner, frisk, and search of the youth.
2. Youth shall be processed into the facility within four hours of admission. Intake for the juvenile justice system shall be available either onsite or through on-call arrangements 24 hours a day, 7 days a week.
3. Screenings shall include approaches that ensure that available medical/mental health services are explained to youth in a language suitable to his/her age and understanding.
4. All screenings shall be conducted by a qualified medical/mental health professional or staff who have received instruction and training by a qualified medical/mental health professional.

5. Screenings conducted by trained staff shall be reviewed by a qualified medical/ mental health professional within 72 hours of admission.

6. The screenings shall occur within two hours of presentation for admission.

7. The screenings shall be in a confidential setting.

8. When a youth shows evidence of suicide risk, the facility's written procedures governing suicide intervention shall be immediately implemented.

C. Admission Screenings

1. Mental Health Screening

a. The provider shall use a standardized, validated mental health screening tool to identify youth who may be at risk of suicide or who may need prompt mental health services. Provider will ensure that persons administering the mental health screening tool are annually trained/re-trained in its administration and the use of its scores, as recommended by the author of the screening tool if more frequent than annually.

b. All youth whose mental health screening indicates the need for an assessment shall be seen by a qualified mental health professional within 24 hours of admission.

2. Medical Screening

a. The screening shall include:

i. inquiry into current and past illnesses, recent injuries, and history of medical and mental health problems and conditions, including:

(a).medical, dental, and psychiatric/mental health problems;

(b).current medication;

(c).allergies;

(d).use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body;

(e).recent injuries (e.g. at or near the time of arrest);

(f).pregnancy status; and

(g).names and contact information for physicians and clinics treating youth in the community.

b. During this screening, staff shall observe:

i. behavior and appearance, indications of alcohol or drug intoxication, state of consciousness, and sweating;

ii. indications of possible disabilities to include but not limited to vision, hearing, intellectual disabilities and mobility limitations;

iii. conditions of skin, bruises, lesions, yellow skin, rash, swelling, and needle marks or other indications of drug use or physical abuse; and

iv. tattoos and piercings.

c. After the screening, staff shall refer the following youth for needed services:

i. youth who are identified in the screening as requiring additional medical services shall be referred and receive an expedited medical follow-up within 24 hours or sooner if medically necessary;

ii. when a youth shows evidence or alleges abuse or neglect by a parent, guardian, or relative, a staff member shall immediately contact law enforcement and DCFS. In situations where a youth shows evidence of or alleges abuse by law enforcement officials, the parish district attorney's office shall be notified.

D. Processing

1. Staff shall document in the youth's file that the youth was allowed to attempt to contact parents/guardians by phone within six hours of arrival at the facility.

2. The provider shall provide the youth food regardless of the time of arrival.

3. Within 24 hours of admission, youth shall receive a written and oral orientation and documentation of the orientation shall be placed in the youth's file.

4. The orientation shall include the following:

- a. identification of key staff and roles;
- b. policy on contraband and searches;
- c. due process protections;
- d. grievance procedures;
- e. access to emergency and routine health and mental health care;
- f. housing assignments;
- g. youth rights;
- h. access to education, programs, and recreational materials;
- i. policy on use of force, restraints, and isolation;
- j. behavior management system;
- k. emergency procedures;
- l. how to report problems at the facility such as abuse, feeling unsafe, and theft;
- m. non-discrimination policies;
- n. a list of prohibited practices; and
- o. facility rules and regulations.

5. Youth shall be showered and given uniforms and toiletry articles. The youth's own clothing may be laundered, then stored and ready for their release. If the youth refuses to have clothing laundered, there shall be documentation in the youth's file of the refusal.

6. Youth admitted to the facility shall be presented in court for a continued custody hearing within 72 hours or released as required in CC Article 819.

E. Admission Assessments

1. Mental Health Assessment

a. Youth shall receive a mental health assessment performed by a qualified mental health professional within 72 hours unless the youth was assessed within 24 hours of admission. The assessment shall include:

- i. history of psychiatric hospitalizations and outpatient treatment (including all past mental health diagnoses);
- ii. current and previous use of psychotropic medication;
- iii. suicidal ideation and history of suicidal behavior;
- iv. history of drug and alcohol use;
- v. history of violent behavior;
- vi. history of victimization or abuse (including sexual victimization and domestic violence);
- vii. special education history;
- viii. history of cerebral trauma or seizures;
- ix. emotional response to incarceration and arrest; and
- x. history of services for intellectual/developmental disabilities.

2. Medical Assessment

a. Youth shall receive a medical assessment, performed by a qualified medical professional within 72 hours following admission. The medical assessment shall include the following:

- i. a review with the parent or legal guardian (phone or in person) of the physical issues of the youth;
- ii. detailed history of potentially preventable risks to life and health including smoking, drug and alcohol use, unsafe sexual practices, eating patterns, and physical activity;
- iii. contact with physician(s) in the community as needed to ensure continuity of medical treatment;
- iv. record of height, weight, pulse, blood pressure, and temperature;
- v. vision and hearing screening;
- vi. testing for pregnancy;
- vii. review of screening results and collection of additional data to complete the medical, dental, and mental health histories;
- viii. review of immunization history, if available, and attempt to notify parent(s)/guardian(s) of the needed immunization records;
- ix. testing for sexually transmitted infections, consistent with state recommendations;
- x. review of the results of medical examinations and tests, and initiation of treatment when appropriate; and
- xi. identification of signs and symptoms of victimization or abuse including sexual victimization and domestic violence.

b. Youth shall receive a Mantoux Tuberculin skin test within 72 hours of arrival at the facility, unless documentation has been received that a Mantoux Tuberculin skin test was completed in the last six months.

F. Population Management

1. The facility staff shall review the institutional population on a daily basis to ensure that the institutional population does not exceed its capacity.

G. Classification Decisions

1. The provider shall have written policies and procedures regarding housing and programming decisions. The administrator, or designee, will review, on a weekly basis, the process and any decisions that depart from established policies, and shall document such review and any departure from those policies.

2. Classification policies shall include potential safety concerns when making housing and programming decisions including:

- a. separation of younger from older youth;
- b. physical characteristics to include height, weight, and stature;
- c. separation of genders;
- d. separation of violent from non-violent youth;
- e. maturity;
- f. presence of mental or physical disabilities;
- g. suicide risk;
- h. alleged sex offenses;
- i. criminal behavior;
- j. specific information about youth who need to be separated from each other (not just general gang affiliation); and
- k. identified or suspected risk to include medical, escape, and security.

3. Youth shall be assigned to a room based on classification and will be reclassified if changes in behavior or status are observed.

4. Decisions for housing or programming of youth who are or are perceived to be gay, lesbian, bisexual, or transgender youth on the basis of their actual or perceived sexual orientation shall be made on an individual basis in consultation with the youth and the reason(s) for the particular treatment shall be documented in the youth's file. The administrator or designee shall review each decision.

5. When necessary, staff shall develop individualized classification decisions to provide for the safety of particular youth.

H. Release Procedures

1. The provider shall have a written policy and procedure for releasing youth to include, but not limited to, the following:

- a. verification of identity of the person who the youth is being released to;

- b. verification that a release order is obtained;
 - c. completion of release arrangements, including the person or agency to whom the youth is to be released;
 - d. return of personal property;
 - e. completion of any pending action, such as claims for damaged or lost possessions;
 - f. notification of arrangements for medical follow-up when needed, including continuity of medications; and
 - g. instructions on forwarding of mail.
2. The provider shall have a written policy and procedure for the temporary release of youth for escorted and unescorted day leaves into the community for the following:
- a. needed medical and dental care;
 - b. to visit ill family members or attend funerals; and
 - c. to participate in community affairs and/or events that would have a positive influence on the youth.

§7515. Youth Protections

A. Rights

1. The provider shall have written policies and procedures that ensure each youth's rights are guaranteed and protected.
2. A youth shall not be subjected to discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or disability.
3. A youth shall not be subjected to supervision or control by other youth. Supervision is to be exercised only by facility staff.
4. A youth has the right to be free from physical, verbal, or sexual assault by other youth or staff.
5. A youth shall not be required to work unless the activity is related to general housekeeping or as required by a court order or deferred prosecution agreement for community service restitution.
6. A youth shall not participate in medical, pharmaceutical, or cosmetic experiments.
7. A youth has the right to consult with clergy and participate in religious services in accordance with his/her faith, subject to the limitations necessary to maintain facility security and control. Youth shall not be forced to attend religious service and disciplinary action shall not be taken toward the youth who choose not to participate in such services.
8. Each youth shall be fully informed of these rights and of all rules and regulations governing youth conduct and responsibilities, as evidenced by written acknowledgment, at the time of admission of the receipt of a copy of youth rights, and when changes occur.

B. Access Issues

1. Telephone Usage

- a. The provider shall have a written policy and procedure regarding telephone use.

b. Youth shall be permitted to have unrestricted and confidential telephone contact with professionals, such as attorneys, probation officers, and caseworkers.

c. In addition to the persons identified above in Section 7515.B.1.b, the youth shall be allowed a minimum of two free telephone calls per week, 10 minutes each to persons on the youth's approved list.

2. Mail/Correspondence

a. The provider shall have a written policy and procedure regarding youth sending and receiving mail/correspondence.

b. A youth's written correspondence shall not be opened or read by staff unless the administrator, or designee, has compelling reasons to believe the correspondence contains material which presents a clear and present danger to the health or safety of the youth, other persons, or the security of the facility. A record shall be maintained in the youth's file when mail is read by staff, documenting the specific reason why the mail was read, and signed by the administrator or designee. Mail may be opened by staff only in the presence of the youth with inspection limited to searching for contraband.

c. Written communication with specific individuals may be restricted by:

i. the youth's court ordered rules of probation or parole;

ii. the facility's rules of separation; or

iii. a specific list of individuals furnished by the youth's parent/legal guardian indicating individuals who should not communicate with the youth.

d. Incoming correspondence from a restricted source shall be returned unopened to the sender. When mail is withheld from the youth, the reasons shall be documented in the youth's file and the youth shall be informed.

e. Youth shall be provided writing material and postage for the purpose of correspondence. Outgoing mail shall be sealed by the youth in the presence of staff.

f. Provisions shall be made to forward mail when the youth is released or transferred.

g. Money received in the mail shall be held for the youth in his/her personal property inventory or returned to the sender.

h. Incoming legal mail shall not be opened, read, or copied.

3. Visitation

a. The parent/legal guardian shall be allowed to visit youth unless prohibited by the court.

b. Visits with youth by attorneys and/or their representatives, and other professionals associated with the youth shall not be restricted and shall be conducted in private such that confidentiality may be maintained.

c. Visits to youth may be restricted if it is determined by the administrator, or designee, that allowing the visit would pose a threat to the safety or security of the staff, other youth, visitors, or the facility. When a visit is restricted, the visitor(s) shall be notified at the time the determination is made. The reason why the visit was restricted shall be documented in the youth's file.

d. The visitors of the youth shall be provided a written copy of the visitation policy and schedule.

e. Visitation rules shall be posted in public view.

f. Other individuals may be granted visits at the discretion of the administrator or his/her designee.

g. Visitors who are under the influence of alcohol or drugs, in possession of contraband, exhibiting disruptive behavior, wearing improper attire, or unable to produce valid identification shall not be permitted to visit, and the occurrence shall be documented in the youth's file.

h. A record shall be maintained in the youth's file of the names of all persons who visit the youth.

i. A record shall be maintained in the youth's file of the names of individuals prohibited to visit with the youth and the reason(s) for the denial.

j. Visiting hours shall be regularly scheduled so that visitors have an opportunity to visit at set times at least twice a week.

k. Special visiting arrangements shall be made for visitors who cannot visit the youth during the regular visiting schedule.

l. Youth who do not have visitors shall not be routinely locked in their rooms during visiting hours.

C. Prohibited Practices

1. The provider shall have a written list of prohibited practices by staff. The following practices are prohibited:

a. the use of corporal punishment by any staff. Corporal punishment does not include the right of staff to protect themselves or others from attack, nor does it include the exercise of approved physical restraint as may be necessary to protect a youth from harming himself/herself or others;

b. any act or lack of care that injures or significantly impairs the health of any youth, or is degrading or humiliating in any way;

c. placement of a youth in unapproved quarters;

d. forcing a youth to perform any acts that could be considered cruel or degrading;

e. delegation of the staff's authority for administering discipline and privileges to other youth in the facility;

f. group punishment for the acts of an individual;

g. deprivation of a youth's meals or regular snacks;

h. deprivation of a youth's court appearances;

i. deprivation of a youth's clothing, except as necessary for the youth's safety;

j. deprivation of a youth's sleep;

k. deprivation of a youth's medical or mental health services;

l. physical exercise used for discipline, compliance, or intimidation;

- m. use of any mechanical restraint as a punishment;
- n. use of any chemical restraint; and
- o. administration of medication for purposes another than treatment of a medical, dental, or mental health condition.

2. Use of force by staff on detained youth, through either acts of self-defense or the use of force to protect a youth from harming himself/herself or others, shall be immediately reported in writing to the administrator of the facility. A copy of the written report shall be maintained in the youth's file.

3. The youth shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the youth in the youth's file.

4. A list of prohibited practices shall be posted in the facility.

5. Any instance of a prohibited practice shall be documented immediately in the youths file.

D. Behavior Management System

1. The provider shall have a written policy and procedure for the behavior management system to be used to assist the youth in conforming to established standards of behavior and the rules and regulations of the facility.

2. The behavior management system shall provide written guidelines and parameters that are readily definable and easily understood by youth and staff.

3. The behavior management system shall be designed to provide graduated incentives for positive behavior and afford proportional measures of accountability for negative behavior.

4. Incentives shall not include any program, service, or physical amenity to which the youth is already entitled by these rules or federal, state, or local laws.

E. Room Confinement/Isolation/Segregation

1. The provider shall have written policies and procedures to be adhered to when a youth is confined to his/her sleeping room or an isolation room. They will include the use of room confinement, room isolation, protective isolation, and administrative segregation.

2. When a youth is placed in room confinement/isolation/segregation, the following shall be adhered to:

a. The administrator or designee shall approve the confinement of a youth to his/her sleeping room or an isolation room.

b. During the period of time a youth is in confinement, the youth shall be checked by a staff member at least every 15 minutes. The staff shall be alert at all times for indications of destructive behavior on the part of the youth, either self-directed or toward the youth's surroundings. Any potentially dangerous item on the youth or in the sleeping rooms shall be removed to prevent acts of self-inflicted harm.

c. The following information shall be recorded and maintained for that purpose prior to the end of the shift on which the restriction occurred:

- i. the name of the youth;
- ii. the date, time and type of the youth's restriction;

- iii. the name of the staff member requesting restriction;
- iv. the name of the administrator or designee authorizing restriction;
- v. the reason for restriction;
- vi. the date and time of the youth's release from restriction; and
- vii. the efforts made to de-escalate the situation and alternatives to isolation that were attempted.

d. Staff involved shall file an incident report with the shift supervisor by the end of the shift. The report shall outline in detail the presenting circumstances and a copy shall be kept in the youth's file and a central incident report file. At a minimum, the incident report shall contain the following:

- i. name of the youth;
- ii. date and time the incident occurred;
- iii. a brief description of the incident;
- iv. where the incident occurred;
- v. any youth and/or staff involved in the incident;
- vi. immediate treatment provided if any;
- vii. signature of the staff completing the report; and
- viii. any follow-up required.

e. If the confinement continues through a change of shifts, a relieving staff member shall check the youth and the room prior to assuming his or her post and assure that the conditions set forth in these rules are being met.

- f. There shall be a means for the youth to communicate with staff at all times.
- g. There shall be no reduction in food or calorie intake.
- h. The youth shall have access to bathroom facilities, including a toilet and washbasin.

3. Room Isolation

a. This type of isolation shall be utilized only while the youth is an imminent threat to safety and security.

b. Staff shall hold a youth in isolation only for the time necessary for the youth to regain self-control and no longer pose a threat. The amount of time shall in no case be longer than four hours.

4. Room Confinement

a. Room confinement shall not be imposed for longer than 72 hours.

b. If a youth is placed in room confinement for longer than eight hours, the youth shall be allowed due process. Due process procedures include the following:

- i. written notice to the youth of the alleged rule violation;
- ii. a hearing before a disciplinary committee comprised of impartial staff who were not involved in the incident of alleged violation of the rule. The disciplinary committee may gather

evidence and investigate the alleged violation. During the hearing, the youth will be allowed to be present provided he/she does not pose a safety threat. The youth may have a staff member of his/her choosing present for assistance. The youth will be allowed to present his/her case and present evidence and/or call witnesses;

iii. following the hearing, the disciplinary committee shall render decision and find the youth at fault or not;

iv. the youth shall receive a written notice of the committee's decision and the reasons for the decision;

v. the youth may appeal a finding of being at fault to the administrator assigned to the JDF.

5. Administrative Segregation

a. No youth shall be placed on administrative segregation for longer than 24 hours without a formal review of the youth's file by a qualified mental health professional and the facility administrator.

b. While a youth is on administrative segregation, the youth shall be provided with daily opportunities to engage in program activities such as education and large muscle exercise, as his/her behavior permits. The program activities may be individual or with the general population, at the discretion of the administrator or designee.

F. Staff Intervention/Restraints

1. The provider shall have written policies and procedures and practices regarding the progressive response for a youth who poses a danger to themselves, others, or property. Approved physical escort techniques, physical restraints and mechanical restraint devices are the only types of interventions that may be used in the facility. Physical and mechanical restraints shall only be used in instances where the youth's behavior threatens imminent harm to the youth or others, or serious property destruction, and shall only be used as a last resort. Plastic cuffs shall only be used in emergency situations. Use of any percussive or electrical shocking devices or chemical restraints is prohibited.

2. Restraints shall not be used for punishment, discipline, retaliation, harassment, intimidation or as a substitute for room restriction or confinement.

3. When a youth exhibits any behavior that may require staff intervention, the following protocol shall be adhered to when implementing the intervention unless the circumstances do not permit a progressive response:

a. Staff shall begin with verbal calming or de-escalation techniques.

b. Staff shall use an approved physical escort technique when it is necessary to direct the youth's movement from one place to another.

c. Staff shall use the least restrictive physical or mechanical restraint necessary to control the behavior.

d. If physical force is required, the use of force shall be reasonable under the circumstances existing at the moment the force is used and only the amount of force and type of restraint necessary to control the situation shall be used.

e. Staff may proceed to a mechanical restraint only when other interventions are inadequate to deal with the situation.

- f. Staff shall stop using the intervention as soon as the youth re-gains self control.
4. During the period of time a restraint is being used:
 - a. the youth shall be checked by a staff member at least every 15 minutes. Documentation of these checks shall be recorded and maintained in the youth's file. If the use of the restraint exceeds 60 minutes, a health professional must authorize the continued use of the restraint. However, restraints cannot be used for longer than four hours;
 - b. there shall be a means for the youth to communicate with staff at all times;
 - c. staff shall not withhold food while a youth is in a mechanical restraint;
 - d. the youth shall have access to bathroom facilities, including a toilet and washbasin.
5. In all situations in which a restraint is used, staff involved shall record an incident report with the shift supervisor by the end of the shift. The report shall outline in detail the presenting circumstances and a copy shall be kept in the youth's file and a central incident report file. At a minimum, the incident report shall contain the following:
 - a. the name of the youth;
 - b. the date, time, and location the intervention was used;
 - c. the type of intervention used;
 - d. the name of the staff member requesting use of the intervention;
 - e. the name of the supervisor authorizing use of the intervention;
 - f. a brief description of the incident and the reason for the use of the intervention;
 - g. the efforts made to de-escalate the situation and alternatives to the use of intervention that were attempted;
 - h. any other youth and/or staff involved in the incident;
 - i. any injury that occurred during the intervention restraint and immediate treatment provided if any;
 - j. the date and time the youth was released from the intervention;
 - k. the name and title of the health professional authorizing continued use of a restraint if necessary beyond 60 minutes;
 - l. signature of the staff completing report; and
 - m. any follow-up required.
6. The youth shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the youth in the youth's file.
7. Facility staff shall not use physical restraints or mechanical restraints unless they have been trained in the use of such restraints. Training shall include methods of monitoring and assessing a restrained youth for injuries and loss of circulation as a result of the use of mechanical restraint.
8. After any incident of use of a restraint, medical follow-up shall occur as soon as a qualified medical professional is available at the facility, or sooner if medically necessary as determined by the facility administrator.

G. Prohibited Practices When Using Restraints

1. The provider shall have a written list of prohibited practices by staff members when using a restraint. The following are prohibited:

- a. restraints that are solely intended to inflict pain;
- b. restraints that put a youth face down with sustained or excessive pressure on the back, chest cavity, neck or head;
- c. restraints that obstruct the airway or impair the breathing of the youth;
- d. restraints that restrict the youth's ability to communicate;
- e. restraints that obstruct a view of the youth's face;
- f. any technique that does not allow monitoring of the youth's respiration and other signs of physical distress during the restraint;
- g. any use of four or five-point restraints, straightjackets, or restraint chairs;
- h. mechanical restraint devices that are so tight they interfere with circulation or that are so loose they cause chafing of the skin;
- i. use of a waistband restraint on a pregnant youth;
- j. use of a mechanical restraint that secures a youth in a position with his/her arms and/or hands behind the youth's back (hog-tied) or front, with arms or hands secured to the youth's legs;
- k. use of a mechanical restraint that affixes the youth to any fixed object, such as room furnishings or fixtures; and/or
- l. use of any maneuver that involves punching, hitting, poking, pinching, or shoving.

2. A youth in mechanical restraints shall not participate in any physical activity, other than walking for purposes of transportation.

3. A list of these prohibitions shall be posted in the facility.

4. The youth shall receive a list of the prohibitions when using a restraint. There shall be documentation of acknowledgement of receipt of the list of prohibitions in the youth's file.

§7517. Facility Services

A. Education

1. The provider shall have written policies and procedures, and practices to ensure that each youth has access to the most appropriate educational services consistent with the youth's abilities and needs, taking into account his/her age, and level of functioning.

2. The provider shall provide accommodations for educational services to be provided by the local school district in accordance with local school board calendar.

3. Prior to the end of the first official school day following admission, the youth shall receive a brief educational history screening with respect to their school status, special education status, grade level, grades, and history of suspensions or expulsions. Staff shall use this information to determine initial placement in the facility educational program.

4. The youth shall receive a free and appropriate public education.

5. Within three calendar days of the youth's arrival at the facility, the provider shall request educational records from the youth's previous school.

6. The youth shall attend the facility school at the earliest possible time but within three calendar days of admission to the facility.

7. The youth's admission assessment shall identify if the youth has any disabilities. Youth with disabilities shall be identified to the local school district.

8. The provider shall ensure youth have access to vocational training, GED programs, and other alternative educational programming if available from the local school district.

9. Youth in restricted, disciplinary, or high security units shall receive an education program comparable to youth in other units in the facility consistent with safety needs.

10. When youth are suspended from the facility school, the suspension shall comply with local jurisdiction due process requirements.

11. Behavior intervention plans shall be developed for a youth whose behavior interferes with their school attendance and progress.

12. The provider shall have available reading materials geared to the reading levels, interests, and primary languages of confined youth.

13. The school classes shall be held in classrooms/multi-purpose rooms. The provider shall ensure that the educational space is adequate to meet the instructional requirements of each youth.

14. The provider shall ensure that youth are available for the minimum minutes in a school day required by law.

15. The administrator shall immediately report in writing to the local school district if the facility school is not being staffed adequately to meet state student to teacher ratios for education, including not but not limited to, special education staff and substitute teaching staff. If the issue is not timely resolved by the local school district, then the administrator shall file a written complaint with the State Board of Education and cooperate with any subsequent directives received from the State Board of Education.

B. Daily Living Services

1. Written schedules of daily routines shall be posted and available to the youth.

2. Personal Possessions

a. Space shall be provided for secure storage of each youth's personal property.

b. A separate locked cabinet or drop safe for money and other valuables shall be provided.

3. Clothing and Bedding

a. The provider shall maintain an inventory of clothing, and bedding to ensure consistent availability and replacement of items that are lost, destroyed, or worn out.

b. The provider shall provide clean underclothing, socks, and outerwear that fit properly.

c. The provider shall provide for the thorough cleaning and when necessary, disinfecting of youth's personal clothing.

d. The provider shall issue clean bedding and linen, including two sheets, a pillow, pillowcase, a mattress, and sufficient blankets to provide reasonable comfort.

e. Linen shall be exchanged weekly and towels exchanged daily.

4. Bathing and Personal Hygiene

a. Youth shall be given appropriate instructions on hygiene and shall be required to comply with facility rules of personal cleanliness and oral hygiene.

b. Youth shall be required to bath or shower daily and/or after strenuous exercise.

c. Youth shall have access to adequate personal hygiene and toiletry supplies, such as hairbrushes, toothbrushes including hygiene supplies specific for females, if females are detained in the facility.

d. Items that could allow for spread of germs shall not be shared among youth.

e. Shaving equipment shall be made available upon request under close supervision on an as needed basis.

C. Food Services

1. Food Preparation

a. The provider shall develop and implement a written policy and procedure for providing food services. Accurate records shall be maintained of all meals served. All components of the food service operation in the facility shall be in compliance with all applicable public health requirements.

b. A staff member experienced in food service management shall supervise food service operations.

c. A nutritionist, dietitian, or other qualified professional shall ensure compliance with recommended food allowances and review a system of dietary allowances.

d. A different menu shall be followed for each day of the week and the provider shall keep dated records of menus, including substitutions and changes.

e. The kitchen, consisting of all food storage, food preparation, food distribution, equipment storage, and layout shall comply with Office of Public Health requirements.

2. Nutritional Requirements

a. A youth shall receive no fewer than three nutritionally balanced meals in a 24 hour period.

b. Meals shall be planned and shall provide a well-balanced diet sufficient to meet nutritional needs.

c. Youth shall receive snacks in the evenings.

3. Modified Diets

a. The provider shall provide meals for youth with special dietary requirements, such as youth with allergies or other medical issues, pregnant youth, and youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws.

4. Daily Schedule

- a. Three meals, two of which shall be hot, shall be provided daily, lasting a minimum of 20 minutes each.
- b. No more than 14 hours shall elapse between the evening meal and breakfast meal.
- c. Variations shall be allowed on weekends and holidays.
- d. Regular meals and/or snacks shall not be withheld for any reason.
- e. Youth shall not be forced to eat any given food item.
- f. Provisions shall be made for the feeding of youth admitted after the kitchen has been closed for the day.
- g. Normal table conversation shall be permitted during mealtimes.
- h. There shall be a single menu for staff and youth.

5. General Issues

a. The general population shall not be fed meals in sleeping rooms except under circumstances where safety and security of the building and/or staff would otherwise be jeopardized.

D. Health Related Services

1. Health Care

- a. The provider shall have written policies and procedures and practices to ensure preventive, routine, and emergency medical, mental health and dental care for youth.
- b. The provider shall have a responsible health authority accountable for health care services pursuant to a contract or job description.
- c. The provider shall provide health services to youth free of charge.
- d. Limit sharing of confidential information to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state and federal law.
- e. Each provider shall provide a dedicated room or rooms for examinations.

2. Medical Care

- a. The provider shall have availability or access to a physician or local emergency room 24 hours, seven days a week.
- b. Staff assigned to provide medical care shall be qualified to do so as required by law.
- c. The youth shall be notified of how and to whom to report complaints about any health related issues or concerns.
- d. The provider shall ensure that each youth receive medical care if they are injured or abused.
- e. The provider shall immediately attempt to notify the youth's parent/legal guardian of a youth's illness or injury that requires service from a hospital.
- f. Youth may request to be seen by a qualified medical professional without disclosing the medical reason and without having non-health care staff evaluate the legitimacy of the request.

g. The provider shall ensure that any medical examination and treatment conforms to state laws on medical treatment of minors, who may give informed consent for such treatment, and the right to refuse treatment.

h. Medical staff shall obtain informed consent from a youth and/or parent/legal guardian as required by law, and shall honor refusals of treatment.

i. When medical and/or mental health staff believe that involuntary treatment is necessary, the treatment shall be conducted in a hospital and not at the facility after compliance with legal requirements.

j. Staff shall document the youth and/or parent/legal guardian's consent or refusal, including counseling with respect to treatment, in the youth's medical file.

k. Pregnant youth shall be provided prenatal care. Any refusal for prenatal care by the pregnant youth shall be documented in their file.

l. Youth who are victims of sexual assault shall receive immediate medical treatment, counseling, and other services.

m. Files of all medical examinations, follow-ups and services, together with copies of all notices to a parent/legal guardian shall be kept in the youth's medical file.

n. Youth placed in medical isolation shall participate in programming as determined by the facility's qualified medical professional.

3. Mental Health Care

a. The provider shall ensure that 24-hour on-call or emergency mental health services are available for youth.

b. Youth shall be appropriately assessed and treated for suicide risk, to include the following principles.

i. All staff working with youth shall receive training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides to include the use of a cut-down tool for youth hanging.

ii. Staff shall document the monitoring of youth on suicide watch at the time they conduct the monitoring.

iii. Qualified mental health professionals shall determine the level of supervision to be provided.

iv. Qualified mental health professionals shall provide clear, current information about the status of youth on suicide watch to staff supervising youth.

v. Staff shall not substitute supervision aids, such as closed circuit television or placement with roommates, for in-person one-on-one staff monitoring.

vi. Youth at risk of suicide shall be engaged in social interaction and shall not be isolated. Youth on all levels of suicide precautions shall have an opportunity to participate in school and activities to include the one-on-one staff person.

vii. Youth on suicide watch shall not be left naked. Clothing requirements shall be determined by a qualified mental health professional.

viii. Only a qualified mental health professional shall authorize the release of a youth from suicide watch or lower a youth's level of precautions. Qualified mental health professionals shall return youth to normal activity as soon as possible.

ix. A qualified mental health professional shall follow-up with youth during and after the youth is released from suicide watch. The follow-up shall be to the degree and frequency that the qualified mental health professional determines is necessary to meet the youth's mental health needs.

x. Suicides or attempts of suicide shall be accurately documented. There shall be an administrative and mental health review and debriefing after each such occurrence.

xi. Staff shall immediately notify the parent/legal guardian following any incident of suicidal behavior.

xii. Staff shall immediately notify the parent/legal guardian following any incident of self-harm as determined by a qualified mental health professional.

4. Medication

a. The provider shall ensure that medication is administered by a registered nurse, licensed practical nurse, or licensed medical physician; by persons with appropriate credentials, training, or expertise in accordance with R.S. 15:911.; or self-administered according to state law. All administration, conditions, and restrictions of medication administration shall be in accordance with R.S. 15:911.

b. The administration of all prescription and non-prescription medication shall be documented whether administered by staff or supervised by staff while self-administering. This documentation shall include:

- i. the youth's name;
- ii. date;
- iii. time;
- iv. medication administered;
- v. the name of the person administering the medication; and
- vi. the youth's signature, if self-administered.

c. If a youth refuses to take medication, documentation shall include:

- i. the youth's name;
- ii. date;
- iii. time;
- iv. medication to be administered;
- v. the name of the person attempting to administer the medication;
- vi. the refusal;
- vii. reason for the refusal; and
- viii. the youth's signature, if youth is willing to sign.

d. Receipt of prescription medication shall be by a qualified medical professional or unlicensed trained personnel and the process shall be as follows.

i. When medication arrives at the facility, the qualified medical professional/unlicensed trained personnel shall conduct a count with the name of the person delivering the medication and document the count utilizing a facility form which includes the person delivering medication; the name of youth to whom the medication is prescribed and the amount, physician, and date prescribed for all medication.

ii. All medication shall be in the original container and not expired.

iii. The qualified medical professional shall prepare a medication administration record for all medications.

iv. The qualified medical professional shall place the medication in a locked medication location.

e. The qualified medical professional shall identify and confirm the prescription of all medication received at the facility.

f. There shall be a system in place to ensure that there is a sufficient supply of prescribed medication available for all youth at all times.

i. At shift change, a qualified medical professional or unlicensed trained personnel shall review the medication administration record to ensure that medication was administered as ordered and maintain an inventory of the medication.

ii. Any deviation in the medication count shall be reported to the administrator or designee when identified.

iii. The qualified medical professional or unlicensed trained personnel shall ensure that any medication given to a youth is in accordance with a physician's order.

iv. There shall be a system in place for the documentation of medication errors.

g. Standing orders for non-prescription medication, including directions from the physician indicating when they should be contacted, shall be signed by a physician. There shall be no standing orders for prescription medication. The orders shall be reviewed and signed annually.

h. Medication shall not be used as a disciplinary measure, for the convenience of staff, or as a substitute for programming.

i. The provider shall notify the youth's parent/legal guardian of the potential benefits and side effects of medication prescribed while the youth is in the facility. The youth or the youth's parent/legal guardian must consent to changes to their medication, prior to administration of any new or altered medication.

j. The qualified medical professional or unlicensed trained personnel shall ensure that the on call physician is immediately notified of any side effects observed by the youth, or by staff, as well as, any medication errors. Any negative side effects shall be promptly recorded in the youth record. The parent/legal guardian shall be notified verbally or in writing within 24 hours of any such side effects and a notation of such communication shall be documented in the youths file.

k. Medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security, as required by manufacturer's guidelines and/or law.

l. Discontinued and outdated medication, as well as, medication with damaged containers, or illegible or missing labels shall be properly disposed of according to state law.

m. The provider shall maintain an adequate supply of emergency medication and easily accessible information to include the phone number of the poison control center in case of overdoses or toxicological emergencies.

5. Dental Care

a. The provider shall have a written policy and procedure and practice for providing dental services to all youth to include the following.

i. Youth shall be allowed to brush their teeth at least twice daily.

ii. The provider shall provide a dental examination by a physician/dentist, as needed.

iii. The provider shall provide emergency dental care, as needed.

iv. The qualified medical professional will contact the youth's parents/legal guardian regarding any dental needs identified.

v. All dental examinations, follow-ups, and services shall be documented in the youth's medical file.

6. Immunizations

a. The provider shall have a written policy and procedure and practice regarding the maintenance of immunization records.

b. Within seven days of admission, each youth's immunization records shall be requested from the school of record or other resources. If not received in the time specified, staff shall follow-up with school or other resources. Any immunization record received shall be included in the youth's medical file.

c. The provider shall provide or make arrangements for needed immunizations, as identified by a qualified medical professional.

E. Exercise/Recreation/Other Programming

1. The provider shall have a policy and procedure for approving a program of exercise, recreation, and other programming for all youth. The program will ensure that girls have reasonable opportunities for similar activities, skill development, and an opportunity to participate in programs of comparable quality.

2. Youth in the facility, including youth on disciplinary or restricted status, shall receive at least one hour of large muscle exercise daily. This exercise shall be outside, weather permitting.

3. Youth in the facility shall receive a minimum of one hour of recreational time per day outside of the youth's sleeping room. Recreational activities shall include a range of activities in dayroom/multipurpose rooms or common areas, including but not limited to reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.

4. The provider shall provide functioning recreational equipment and supplies for physical education activities.

5. Youth shall be provided unstructured free time. There shall be an adequate supply of games, cards, writing, and art materials for use during unstructured recreation time.

6. Reading materials appropriate for the age, interests, and literacy levels of youth shall be available in sufficient variety and quantity to the youth. Youth shall be allowed to keep reading materials in their rooms including religious reading material.

7. The provider shall offer life and social skill competency development, which helps youth function more responsibly and successfully in everyday life situations. These shall include social skills that specifically address interpersonal relationships, through staff interactions, organized curriculums, or other programming.

8. Staff, volunteers, and community groups shall provide additional programming reflecting the interests and needs of various racial and cultural groups within the facility and are gender-responsive. The facility activities may include art, music, drama, writing, health, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups.

9. The provider shall offer gender-responsive programming, to include topics such as physical and mental abuse, high-risk sexual behavior, mental health, parenting classes, and substance abuse issues.

10. The provider shall develop a daily activity schedule, which is posted in each living area and outlines the days and times of each youth activity.

F. Transportation

1. The provider shall have written policies and procedures and practices to ensure that each youth is provided with transportation necessary to meet his/her needs and in a safe and secure manner.

2. The provider shall ensure proper use of official vehicles and guard against use of a vehicle in an escape attempt.

3. Any vehicle used in transporting youth shall be properly licensed and inspected according to state law.

4. The driver shall be properly licensed.

5. The number of passengers shall not exceed vehicle rated capacity.

6. Youth shall not be permitted to drive facility vehicles.

7. Bodily injury and property damage liability shall be maintained for all vehicles.

8. Youth shall not be transported in open truck beds.

9. Seat belts shall be worn at all times.

10. Doors shall remain locked when in transport.

11. Youth shall not be affixed to any part of the vehicle or secured to another youth.

12. Mechanical restraints used during routine transportation in a vehicle or movement of a youth from the facility to another location outside the facility shall not be required to be documented as a restraint.

13. At least one staff member transporting a youth shall be of the same gender as the youth in transport.

14. The driver shall have the ability to communicate to the facility.

15. All vehicles used for the transportation of youth shall be maintained in a safe condition and in conformity with all applicable motor vehicle laws.

16. The provider shall ensure that an appropriately equipped first aid kit is available in all vehicles used to transport youth.

§7519. Physical Environment

A. Physical Appearance and Conditions

1. The provider shall have written policies and procedures and practices for the maintenance of a clean and sanitary facility that promotes a safe and secure environment for youth and addresses emergency repairs, replacement of equipment and general upkeep, preventive and ongoing maintenance of the physical plant and equipment.

2. Weekly sanitation inspections shall be made of all facility areas. A designated staff member shall submit a written sanitation report to the administrator. A copy of the report shall be kept on file.

3. The provider shall have an effective pest control program to prevent insect and rodent infestation.

4. The facility's perimeters shall be controlled by appropriate means to provide that youth remain within the perimeter and to prevent access by the general public without proper authorization. Facilities shall not utilize razor wire to secure the perimeter.

5. The provider shall provide heating, cooling and ventilation systems that are appropriate to summer and winter comfort zones, with no unhealthy extremes.

6. The provider shall ensure access to clean drinking water.

B. Positive Institutional Atmosphere

1. Staff demonstrates an appropriate level of tolerance of normal adolescent behavior in their day to day working with youth.

2. Furnishings and other decorations reflect a home-like, non-penal environment to the maximum extent possible.

3. Staff recognizes and celebrates important holidays, birthdays, and other dates of significance to youth.

4. The décor and programming acknowledge and value the diverse population of youth in the facility.

C. Dining Areas

1. Dining areas shall be clean, well lit, ventilated and equipped with dining tables and appropriate seating for the dining tables.

D. Sleeping Areas

1. Size requirements for single and double occupancy housing units shall be as follows.

a. A single occupancy room shall have at least 35 square feet of unencumbered space. At least one dimension of the unencumbered space shall be no less than seven feet. In determining unencumbered space in the cell or room, the total square footage is obtained and the square footage of fixtures and equipment is subtracted.

- b. A double occupancy room shall have at least 50 square feet of unencumbered space.
2. Ceilings shall be a minimum of 10 feet from ceiling to floor.
3. There shall be separate sleeping rooms for male and female youth.
4. Youth held in sleeping rooms shall have access to a toilet above floor level, a washbasin, clean drinking water, running water, and a bed above floor level.
5. The provider shall not use any room that does not have natural lighting as a sleeping room.
6. The provider shall remove protrusions and other tie-off points from rooms.
7. Doors
 - a. The doors of every sleeping room shall have a view panel that allows complete visual supervision of all parts of the room. The view panel shall be one-quarter inch tempered or safety glass panels at least 10 inches square.
 - b. Doors shall be hinged to a metal frame set securely in the wall with sound insulation strips on the jamb.
 - c. Hinge pins of doors shall be tamperproof and non-removable.
 - d. In newly constructed or renovated facilities doors to sleeping rooms shall be arranged alternately so that they are not across the corridor from each other.
 - e. Each youth's housing door shall be hung so that it opens outward, in the opposite direction of the youth living area, or slide horizontally into a recessed pocket in order to prevent the door from being barricaded.
8. Lighting in sleeping rooms shall provide adequate illumination and shall be protected by a tamperproof safety cover.
9. Furniture and Fixtures
 - a. All furnishings, fixtures, and hardware in sleeping rooms shall be as suicide resistant as possible.
 - b. All youth shall have a bed above floor level
 - c. Only flame-retardant furnishings shall be used in the facility.
10. There shall not be any exposed pipes in sleeping rooms. Traps and shut-off valves shall be behind locked doors outside the sleeping rooms.

E. Bathrooms

1. Individual showers shall be provided for all youth, with a ratio of not less than one shower for each six youth in the population.
2. At least one washbasin shall be provided for each six youth.
3. Urinals may be substituted for up to one-half of the toilets in male units.
4. A minimum of one toilet for each six youth shall be provided in each living unit.
5. Youth in "dry" rooms (without toilets) shall have immediate access to toilets (no longer than a five minute delay after a youth request).

6. Bathroom fixtures shall be sturdy, securely fastened to the floor and/or wall.

7. Showers shall be equipped to prevent slipping.

8. Bathroom facilities shall be designed so that youth are able to shower and perform bodily functions without staff or other youth viewing them naked.

F. Exercise Area

1. Facilities shall have outdoor exercise areas 100 square feet per youth for the maximum number of youth expected to use the space at one time, but not less than 1,500 square feet of unencumbered space.

G. Day Room Area

1. Facilities shall have dayrooms that provide a minimum of 35 square feet of space per youth (exclusive of lavatories, showers, and toilets) for the maximum number of youth per the unit capacity, and no dayroom encompasses less than 100 square feet of space (exclusive of lavatories, showers, and toilets).

H. Interview, Visitation and Counseling Areas

1. The provider shall provide sufficient space for interviewing, counseling, and visiting areas.

2. The interview and visiting room shall allow privacy, yet permit visual supervision by staff, and shall be located within the security perimeter completely separate from the youth living quarters.

I. Laundry

1. The provider shall have a process in place to ensure clean laundry is available for the youth.

J. Storage Areas

1. The provider shall have securely locked storage space for all potentially harmful materials. Keys to such storage spaces shall only be available to authorized staff members.

2. All service and maintenance areas shall be locked and shall be inaccessible to the youth.

3. Separate areas for mechanical equipment shall be provided in a location inaccessible to the youth.

4. Storage space shall be provided for janitorial supplies, food/kitchen supplies and equipment, arts and crafts materials, office supplies, and other supplies required for the maintenance of the facility.

5. Storage areas shall not be accessible by youth.

6. There shall be a location for secure storage of restraining devices and related security equipment. This equipment shall be readily accessible to authorized persons.

K. Housekeeping

1. There shall be a provision for providing housekeeping services for the facility's physical plant.

2. Cleaning and janitorial supplies shall be kept in a locked supply area. Supplies shall be issued and controlled by staff.

3. Unsupervised youth shall not have unrestricted access to areas where cleaning chemicals are stored.

4. Youth shall be directly supervised when cleaning chemicals and equipment are in use.

5. Chores shall be assigned in relation to the youth's age and abilities, and shall be planned so as not to interfere with regular school programs, study periods, recreation, or sleep.

6. The provider shall store and secure objects that can be used as weapons, including but not limited to knives, scissors, tools, and other instruments.

§7521. Emergency Preparedness

A. The provider shall have a written policy and procedure and practice which ensures the smooth operation, evacuation, if necessary, and steps to be taken during a security threat or disaster, which could impact the operations of the facility or the safety of youth, staff and/or visitors. Quick reference guides shall be located in a designated area for easy access. These procedures shall be reviewed and revised, as necessary. Procedures will incorporate responses to the following events:

1. disturbances and riots;
2. hostages;
3. bomb threats;
4. use of emergency medical services;
5. gas leaks, spills or attacks;
6. power failure;
7. escapes;
8. hurricanes, tornados, severe weather, flooding;
9. fires/smoke;
10. chemical leaks;
11. work stoppage; or
12. national security threat.

B. The emergency preparedness plan shall cover:

1. the identification of key personnel and their specific responsibilities during an emergency or disaster;
2. agreements with other agencies or departments;
3. transportation to pre-determined evacuation sites;
4. notification to families;
5. needs of youth with disabilities in cases of an emergency;
6. immediate release of a youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors;

7. the evacuation of youth to safe or sheltered areas. Evacuation plans shall include procedures for addressing both planned and unplanned evacuations and to alternate locations both in close proximity of the facility as well as long distance evacuations;

8. ensuring access to medication and other necessary supplies or equipment.

C. Drills

1. The provider shall conduct fire drills once per month, one drill per shift every 90 days, at varying times of the day. Documentation of the fire drill shall include the following:

- a. date of drill;
- b. time of drill;
- c. number of minutes to evacuate facility;
- d. number of youth evacuated;
- e. problems/concerns observed during the drill;
- f. corrections if problems or concerns noted; and
- g. signatures of staff present during drill.

2. The provider shall make every effort to ensure that staff and youth recognize the nature and importance of fire drills.

D. Alternate Power Source

1. An alternate power source policy shall be developed. The facility shall have an alternate source of electrical power that provides for the simultaneous operations of life safety systems including:

- a. emergency lighting;
- b. illuminated emergency exit lights and signs;
- c. emergency audible communication systems and equipment;
- d. fire detection alarms systems;
- e. ventilation and smoke management systems;
- f. refrigeration of medication;
- g. medical devices; and
- h. door locking devices.

2. Testing of Alternate Power Source

a. The alternate power source system shall be tested by automatic self-checks or manual checks to ensure the system is in working condition.

b. Any system malfunctions or maintenance needs that are identified during a test, or at any other time, shall require that a written maintenance request be immediately submitted to the appropriate personnel.

E. Emergency Plan for Unlocking Doors

1. The facility will adhere to Life Safety Code, Article 10-3141 and 10-3142.

2. The provider will ensure that reliable means are provided to permit the prompt release of youth confined in locked sections, spaces or rooms in the event of fire or other emergency.

3. Prompt release from secure areas shall be guaranteed on a 24 hour basis by sufficient personnel with ready access to keys.

F. Declared State of Emergency

1. Facilities under a declared state of emergency due to a natural disaster or other operational emergency of facilities housing youth from these affected facilities shall be exempt from capacity requirements as determined by law.

§7523. Safety Program

A. Policies and Procedures

1. The provider shall have policies and procedures and practices that ensure an on-going safety program is maintained.

B. General Safety Practices

1. Firearms and weapons shall be prohibited in secure areas. The provider shall require that visiting law enforcement personnel store their weapons either in provided lock-boxes or locked in their vehicles.

2. Staff shall accompany private contractors when in the presence of youth.

3. The provider shall ensure that a properly equipped first aid kit is available in each living unit.

C. Security

1. Doors and Perimeter Control

a. The provider shall maintain controlled access to the facility and internal doors at all times.

b. The provider shall designate entrances and exits for use by staff and the public. Designated perimeter entrances and doors will be secured to ensure that youth remain on facility grounds and to prevent unauthorized public access to the facility.

c. The provider shall record admissions and departures of visitors entering and exiting the facility to include the nature of business, arrival and departure times, and a brief notation of unusual circumstances surrounding any visit.

d. The provider shall control access to any vehicular entrance, when applicable.

e. The provider shall maintain security of all doors, unoccupied areas and storage rooms and accessibility of authorized persons to secured areas.

2. Youth Supervision and Movement

a. Supervision of movement shall include the following:

i. staff shall be aware of the location and the number of youth he/she is responsible for at all times;

ii. staff shall not leave his/her area of responsibility without first informing the supervisor;

- iii. at least one escort must be the same sex and/or gender of youth during movement;
- iv. staff shall conduct a periodic head count;
- v. instruction shall be provided for staff escorting youth within and outside the facility;
- vi. prohibition of the supervision of youth by youth; and
- vii. shift assignments, including the use, location, and scope of assignment.

3. Searches

- a. The provider shall have a written policy and procedure for conducting searches.
- b. The provider shall conduct routine and unannounced searches/inspections of all areas of the physical plant and other areas deemed necessary by administration to ensure the facility remains secure at all times.
- c. The provider shall conduct individual room searches when necessary with the least amount of disruption and with respect for youth's personal property.
- d. Search of visitors shall be conducted when it is deemed necessary (as permitted by applicable law) to ensure the safety and security of the operation of the facility.
- e. Searches of youth, except body cavity searches conducted by a qualified medical professional, shall be conducted by a facility staff member of the same gender as the youth and limited to the following conditions:
 - i. pat down/frisk search to prevent concealment of contraband and as necessary for facility security; and
 - ii. oral cavity search to prevent concealment of contraband, to ensure the proper administration of medication, and as necessary for facility security.
- f. Youth may be required to surrender their clothing and submit to a strip search under the following guidelines:
 - i. only if there is reasonable suspicion to believe that youth are concealing contraband or it is necessary for facility security; and
 - ii only with supervisory approval.
- g. Youth may be required to undergo body cavity search under the following guidelines:
 - i. only if there is reasonable suspicion to believe that youth are concealing contraband;
 - ii. only with the approval of the administrator or designee; and
 - iii. only if conducted by a qualified medical professional, in the presence of one other staff member of the same gender as the youth being searched.
- h. The provider shall document justification for a body cavity search and the results of the search placed in the youth's file.
- i. All searches, excluding pat down/frisk searches, shall be conducted with youth individually and in a private setting.
- j. Staff shall not conduct searches of youth and/or youth's room as harassment or for the purpose of punishment or discipline.

4. Key Control

a. The provider shall ensure safe and secure inventory, accountability, distribution, storage, loss, transfer, and emergency availability of all keys. The provider shall develop and implement written policy addressing loss of keys.

5. Equipment and Tool Control

a. The provider shall ensure safe and secure inventory, accountability, distribution, storage of all tools and equipment. The provider shall develop and implement a written policy addressing loss of equipment and tools.

b. Equipment and tool use by youth shall be under the direct supervision of designated staff and according to state law.

§7525. Data

A. Admission Data

1. The provider shall maintain accurate records on all new admissions, to include the following data fields:

- a. demographics of youth admitted, aggregated by:
 - i. race;
 - ii. ethnicity;
 - iii. gender;
 - iv. date of birth;
 - v. parish of residence; and
 - vi. geographical zone determined by provider to include zip code, local law enforcement zones);
- b. legal status of youth, aggregated by:
 - i. custody status of the youth; and
 - ii. adjudication status;
 - (a) pre-adjudicated-status/delinquent; and
 - (b) post-adjudicated-status/delinquent;
- c. offenses of youth admitted, aggregated by:
 - i. specific charge(s);
 - ii. intake date; and
 - iii. release data;
- d. youth participation in Families in Need of Services (FINS) program:
 - i. dates of participation in FINS (formal or informal); and/or
 - ii. referrals to FINS (formal or informal).

B. Operational Data

1. The provider shall maintain accurate records of operational events that include the following data fields:

- a. youth released, aggregated by:
 - i. race;
 - ii. ethnicity;
 - iii. gender; and
 - iv. custody status;
- b. average daily population of youth in the facility; and
- c. average length of stay of youth in the facility.

C. Detention Screening Data

1. If a provider conducts a Risk Assessment Instrument (RAI) on new admissions, it shall maintain an accurate record of the following data fields:

- a. demographics of youth screened, aggregated by:
 - i. race;
 - ii. ethnicity;
 - iii. gender;
 - iv. date of birth;
 - v. parish of residence; and
 - vi. geographical zone determined by provider to include zip code, local law enforcement zones;
- b. offense of youth screened:
 - i. specific charge(s); and
 - ii. release date;
- c. screen data:
 - i. date completed;
 - ii. overrides usage; and
 - iii. screening outcomes: release/alternative to detention/secure detention;
- d. outcome data:
 - i. successful/unsuccessful; and
 - ii. recidivism/failure to appear (FTA).