I. **Policy:** The Center for Adolescent Services (CAS) has clearly defined written policies, procedures and practices governing admission.

II. **Procedure**
A. **Referrals**
   1. Criteria for Acceptance
      a. The Center for Adolescent Services (CAS) has established the following criteria for acceptance into the program:
         i. Male or female, ages 12 to 17;
         ii. Seriousness or pattern of offenses: Felony 2, 3, 4, or 5;
         iii. Medium or High Risk, according to Yo-LSI/OYAS;
         iv. Adjudicated Sexual Offense, (Post Successful Completion of Treatment);
         v. Resident of the State of Ohio;
         vi. Documented sanctions and services have occurred or have been offered as prescribed in the Court’s continuum of care;
         vii. Additional support services have been provided by community agencies;
         viii. Documented intervention by probation officer to obtain compliance of youth;
         ix. Court interventions to address non-compliance;
         x. Unable to reduce need/risk score through the use of less restrictive services;
         xi. Youth requires a secure setting to reduce risk to the community and is considered a reasonable candidate for treatment;
         xii. Probation Officer has reviewed the case with Supervisor and the recommendation is approved;
         xiii. Probation Officer discusses the program with parent(s)/guardians(s) and they agree to participation in the program;
         xiv. Probation Supervisor reviews referral and forwards complete packet to RPP with recommendation for placement;
         xv. Substance abuse problems, if present, are considered to be secondary to the delinquent behavior.

2. **Referral Information**
   a. All referrals must include the following information:
      i. The Universal Referral Form with Supervisor’s rational and approval completed;
      ii. A completed Continuum of Care;
      iii. A current Incident History;
iv. An up-to-date DIR;  
v. An up-to-date YO-LSI/OYAS Assessment;  
vi. Cumulative school records (i.e. attendance, grades, individual educational plans, etc.);  
vii. If available, psychological reports, psychiatric reports, clinical assessments (i.e., Samaritan Behavioral Health Crisis Care Assessment);  
viii. Out of home consideration form;  
ix. Along with any additional pertinent information to the case.

B. Screening
   1. Formal Review
      i. The Formal Review Team serves as a centralized place for screening youth of high/moderate and high risk/needs offenders.  
      ii. When staff formally reviews a case, the goal will be to provide the least restrictive treatment options for the court that will impact the youth’s criminogenic behavior in accordance with the continuum of care.  
      iii. The Director or designee reviews the referral information to determine if youth is appropriate for placement.  
      iv. If youth is found appropriate the Director or designee provides referral information to the Program Manager or designee to complete assessment(s).  
      v. The Program Manager or designee prepares for the youth’s admission.

C. Rejection Criteria
   1. CAS will not discriminate on the basis of race, religion, national origin, gender, or disability in the acceptance of referrals or in making decisions regarding admission.  
   2. Based upon the design, intent and capabilities of the program, CAS has established the following factors as being sufficient reason to reject a potential referral:  
      i. Psychiatric diagnosis of a thought disorder or other severe mental illness;  
      ii. Chronic history of violent behavior;  
      iii. Adjudicated of a sex offense;  
      iv. Low intellectual functioning (I.Q. below 70);  
      v. Delinquency considered to be secondary to substance abuse concerns;  
      vi. Significant and serious medical issues requiring frequent medical attention.
I. **Policy:** Written intake criteria prohibit discrimination in accepting referrals on the basis of sex, disability, race, creed, or national origin.

II. **Definition:**
   A. **Creed** - A system of codification of belief or opinion.
   B. **Disability** - A physical or mental impairment that substantially limits one or more of the major life activities of an individual.

III. **Procedure:**

   A. The facility will not discriminate on the basis of sex, disability, race, creed, national origin, or gender in the acceptance of referrals or in making decisions regarding admission.

   B. **Criteria for Acceptance**
   1. Male or female, ages 12 to 17;
   2. Seriousness or pattern of offenses: Felony 2, 3, 4, or 5;
   3. Medium or High Risk, according to Yo-LSI/OYAS;
   4. Adjudicated Sexual Offense, (Post Successful Completion of Treatment);
   5. Resident of the State of Ohio;
   6. Documented sanctions and services have occurred or have been offered as prescribed in the Court’s continuum of care;
   7. Additional support services have been provided by community agencies;
   8. Documented intervention by probation officer to obtain compliance of youth;
   9. Court interventions to address non-compliance;
   10. Unable to reduce need/risk score through the use of less restrictive services;
   11. Youth requires a secure setting to reduce risk to the community and is considered a reasonable candidate for treatment;
   12. Probation Officer has reviewed the case with Supervisor and the recommendation is approved;
   13. Probation Officer discusses the program with parent(s)/guardians(s) and they agree to participation in the program;
   14. Probation Supervisor reviews referral and forwards complete packet to RPP with recommendation for placement;
   15. Substance abuse problems, if present, are considered to be secondary to the delinquent behavior.
16. Based upon the design, intent and capabilities of the program, the facility has established the following factors as being sufficient reason to reject a potential referral:
   a. Psychiatric diagnosis of a thought disorder or other severe mental illness;
   b. Low intellectual functioning (I.Q. below 70);
   c. Delinquency considered to be secondary to substance abuse concerns;
   d. Significant and serious medical issues requiring frequent medical attention.
I. Policy: Legal commitment authority is documented by court order, statute or compact.

II. Procedure

A. Ohio Department of Youth Services and Montgomery County Juvenile Court policy and procedure dictate that a juvenile shall have a legal commitment order placing youth at the Center for Adolescent Services.

B. The following information, at a minimum, is required to be documented in the legal commitment order:

1. Statement officially placing the youth at the Center for Adolescent Services;
2. The committing offense, Ohio Revised Code number, and the level of felony;
3. An order specifying the school district responsible for the cost of educating the juvenile;
4. Statement/order stating parent(s)/guardian(s) level of financial responsibility for clothing, medical, and dental expenses incurred by their youth while in placement;
5. Order for the juvenile and parent(s)/guardian(s) to fully cooperate with the rules and fully participate in the treatment program;

C. Documentation of the legal commitment order shall be as follows:

1. The legal court order received from the Juvenile Court shall be maintained in the juvenile’s permanent case record in administration.

2. Receipt of the court order shall be marked on the case record audit checklist when it is placed in the juvenile's case record.

3. The juvenile’s date of arrival, along with his/her Juvenile Court identification number is reported to the Ohio Department of Youth Services on the month-ending population report.
I. Policy: The agency record information on each juvenile to be admitted that, unless prohibited by local statute, includes, at a minimum, the following:

A. Name  
B. Address  
C. Date of Birth  
D. Sex  
E. Race or Ethnic Origin  
F. Reason for Referral  
G. Whom to notify in the case of emergency  
H. Date information gathered  
I. Name of referring agency or committing authority  
J. Educational/school history  
K. Social history, where available  
L. Special medical problems or needs  
M. Personal physician, if applicable  
N. Legal status, including jurisdiction, length and conditions of placement  
O. Signature of both interviewee and employee gathering information

These policies and procedures are reviewed annually.

II. Procedure  
A. Establishment of the case record  
   1. The record is established at the time of admission into the program by the Family Specialist or designee.  
   2. The Administrative Assistant will maintain the active case record.  
      a. The assigned Family Specialist member is responsible for the following:  
         1. Completion of the face sheet;  
         2. Completion of the juvenile’s admission/intake policy documentation;  
         3. Submission of all original forms to the Administrative Assistant for establishment of the case record;  
         4. Submission of copies of identified intake policy documentation paperwork for youth to the following departments within CAS:  
            i. Medical Services:  
               a. Medical Consent and Release Form  
               b. Face Sheet
c. Parent/Guardian Reported Medical Information
d. Medical insurance card (if applicable)
e. Immunization Record.

ii. Control Desk for REIB Binder:
   a. Medical Consent and Release Form
   b. Face Sheet
   c. Medical Insurance Card.

iii. Control Desk for Visitation Binder:
   a. Visitation Policy Documentation

iv. Youth’s Assigned Unit:
   a. Face Sheet.
   b. Telephone Policy Documentation
   c. Visitation Policy Documentation

3. Content of the case record
   a. The case record on each juvenile will include as a minimum the following information:
      1. Name
      2. Address
      3. Date of Birth
      4. Sex
      5. Race or Ethnic Origin
      6. Reason for Referral
      7. Whom to notify in the case of emergency
      8. Date information gathered
      9. Name of referring agency or committing authority
      10. Educational/school history
      11. Social history, where available
      12. Special medical problems or needs
      13. Personal physician, if applicable
      14. Legal status, including jurisdiction, length and conditions of placement
      15. Signature of both interviewee and employee gathering information

   b. The record shall include any of the following information that may be applicable to the individual resident:
      1. Referral and Assessment documentation;
      2. Universal Referral, Probation Services
      3. Dispositional Investigation Report (DIR)
      4. Admission and Legal Information;
      5. Employment, Restitution, Education, and Medical Documentation;
      6. Policy Documentation;
      7. Treatment and Program Documentation;
      8. Leave Pass, Transition & Termination Documentation.
I. **Policy:** Written policy, procedure, and practice provide that the facility distributes a copy of admission policies to referring agencies and interested parties.

II. **Procedure**

A. Criteria for Acceptance

1. The Center for Adolescent Services (CAS) has established the following criteria for acceptance into the program:
   
   a. Male or female, ages 12 to 17;
   
   b. Seriousness or pattern of offenses: Felony 2, 3, 4, or 5;
   
   c. Medium or High Risk, according to Yo-LSI/OYAS;
   
   d. Adjudicated Sexual Offense, (Post Successful Completion of Treatment);
   
   e. Resident of the State of Ohio;
   
   f. Documented sanctions and services have occurred or have been offered as prescribed in the Court’s continuum of care;
   
   g. Additional support services have been provided by community agencies;
   
   h. Documented intervention by probation officer to obtain compliance of youth;
   
   i. Court interventions to address non-compliance;
   
   j. Unable to reduce need/risk score through the use of less restrictive services;
   
   k. Youth requires a secure setting to reduce risk to the community and is considered a reasonable candidate for treatment;
   
   l. Probation Officer has reviewed the case with Supervisor and the recommendation is approved;
   
   m. Probation Officer discusses the program with parent(s)/guardians(s) and they agree to participation in the program;
   
   n. Probation Supervisor reviews referral and forwards complete packet to RPP with recommendation for placement;
   
   o. Substance abuse problems, if present, are considered to be secondary to the delinquent behavior;

2. Based upon the design, intent and capabilities of the program, CAS has established the following factors as being sufficient reason to reject a potential referral:
   
   a. Psychiatric diagnosis of a thought disorder or other severe mental illness;
   
   b. Low intellectual functioning (I.Q. below 70);
   
   c. Delinquency considered to be secondary to substance abuse concerns;
   
   d. Significant and serious medical issues requiring frequent medical attention.
3. CAS will not discriminate on the basis of race, religion, national origin, gender, or disability in the acceptance of referrals or in making decisions regarding admission.

B. Dissemination of Admission Policies
   1. Admission policies are reviewed yearly and revised accordingly.
   2. CAS admission policies are distributed to the following:
      i. Probation Officer
      ii. Magistrate or Judge
      iii. New Employees, as acknowledged within Orientation Training Checklist.
I. Policy: It is the written policy, procedure, and practice of the Center for Adolescent Services to provide that the facility advises the referring facility when a prospective juvenile is not accepted into the program, stating specific reasons.

II. Procedure
A. In all rejections of placement, the referring agency will receive a written correspondence concerning the specifics of rejection.

B. Rejection Criteria
1. CAS will not discriminate on the basis of race, religion, national origin, gender, or disability in the acceptance of referrals or in making decisions regarding admission.
2. Based upon the design, intent and capabilities of the program, CAS has established the following factors as being sufficient reason to reject a potential referral:
   a. Psychiatric diagnosis of a thought disorder or other severe mental illness;
   b. Chronic history of violent behavior;
   c. Adjudicated of a sex offense;
   d. Low intellectual functioning (I.Q. below 70);
   e. Delinquency considered to be secondary to substance abuse concerns;
   f. Significant and serious medical issues requiring frequent medical attention.

C. In all rejections of placement, the referring agency will receive a written correspondence within forty-eight (48) hours of rejection decision. This written correspondence will detail the specifics of rejection and will be forwarded, at a minimum, to the following Juvenile Court officials:
1. Judge or Magistrate;
2. Referring Probation Officer;
3. Referring Agency
I. **Policy:** Written policy, procedure, and practice provides that the facility indicates, upon written request from the prospective juvenile, the reason(s) why he/she was not accepted into the program.

II. **Procedure**

A. Upon receipt of written request from youth, the Family Specialist and/or Family Specialist Supervisor will provide a written response to the youth regarding the reason(s) why he/she was not accepted into the program.

B. This response will be provided within forty-eight (48) hours of written request.
I. Policy:

It is the written policy, procedure, and practice of the Center for Adolescent Services that at the time of admission, facility staff discusses program goals, services available, rules governing conduct, program rules, and possible disciplinary actions with the juvenile; this is documented by employee and juvenile signatures.

II. Definitions:

A. Resident Handbook: Packet detailing the following:
   a. Mission Statement
   b. Purpose of Program
   c. Parent / Guardian Role and Responsibilities
   d. Legal and Historical Perspective
   e. Program Overview
   f. Provision of Services
   g. Residents’ Rights and Responsibilities
   h. General Rules of the Program and Behavior
      i. Unit Rules
      ii. Item(s) permitted in Resident’s Rm.
      iii. Group Movement
      iv. Dining Room Procedures
      v. Academy Rules
      vi. Uniform and Hygiene
   i. Rule Infraction, Grievance, and Disciplinary Hearing Processes
   j. Medical Request Process
   k. Staff Rights and Responsibilities
   l. Visitation Procedures
   m. Leave Pass Permission/Agreement Procedures
   n. Safety and Security Practices

B. Receipt and Acceptance of Handbook Regulations Form: The cover page of the Resident Handbook. This document detailing that youth, parent(s)/guardian(s), and Family Specialist have reviewed and discussed the Resident Handbook Regulations.

III. Procedure

A. Resident Admission
   1. Upon admission, the Family Specialist meets with the resident and the parent(s)/guardian(s) to review & discuss the Resident Handbook.
2. The resident, parent(s)/guardian(s), and Family Specialist acknowledge the review and discussion of the Resident Handbook by signing the Receipt and Acceptance of Handbook Regulations Form.
3. When a literacy problem or communication problem exits, a staff member assists the resident in understanding the material.
4. Family Specialist forwards the original, signed Receipt and Acceptance of Handbook Regulations Form to Administration. This form is maintained within the resident’s permanent case file.

B. **Program Rules & Expectations**
   1. When rules are updated and/or changed the staff and residents are made aware of any updates through memo form, unit meetings, and new additions to handbooks.
   2. All residents are informed of the expectations and responsibilities during their orientation.
I. **Policy:**

It is the written policy, procedure, and practice of CAS to provide that the Director and/or designee receives appropriate information on each juvenile being considered for admission to the program.

II. **Definitions**

A. Juvenile Court System (JCS): Centralized computer program for the input and storage of juvenile case information.

III. **Procedure**

A. Referral Information

1. All referrals must include the following information prior to acceptance into program:
   a. The Universal Referral Form with Supervisor’s rational and approval completed;
   b. A completed Continuum of Care;
   c. A current Incident History;
   d. An up-to-date DIR;
   e. An up-to-date YO-LSI;
   f. Cumulative school records (i.e. attendance, grades, individual educational plans, etc.);
   g. If available, psychological reports, psychiatric reports, clinical assessments (i.e., Samaritan Behavioral Health Crisis Care Assessment);
   h. Out of home consideration form;
   i. Along with any additional pertinent information to the case.

B. Screening

1. Formal Review
   a. The Formal Review Team serves as a centralized place for screening youth of high/moderate and high risk/needs offenders.
   b. The Director or designee reviews the referral information to determine if youth is appropriate for placement.
   c. If youth is found appropriate the Director or designee provides referral information to the Program Manager or designee to complete assessment(s).
   d. The Program Manager or designee prepares for the youth’s admission into CAS.

C. Resident Information

1. All staff have access to the Juvenile Court System (JCS) and can reference resident case information prior to and throughout resident placement.
I. **Policy:** It is the written policy, procedure and practice of CAS to provide that the program does not discriminate on the basis of race, religion, national origin, gender, or disability.

II. **Procedure**

A. The facility does not discriminate on the basis of race, religion, national origin, gender, or disability in the acceptance of referrals or in making decisions regarding admission.

B. **Criteria for Acceptance**

1. The Center for Adolescent Services (CAS) has established the following criteria for acceptance into the program:
   a. Seriousness or pattern of offenses: Felony 2, 3, 4, or 5;
   b. Yo-LSI total score of 18 or above;
   c. OYAS Disposition Tool with a score of 19 to 33;
   d. Resident of the State of Ohio;
   e. Documented sanctions and services have occurred or have been offered as prescribed in the Court’s continuum of care;
   f. Additional support services have been provided by community agencies;
   g. Documented intervention by probation officer to obtain compliance of youth;
   h. Court interventions to address non-compliance;
   i. Unable to reduce need/risk score through the use of less restrictive services;
   j. Youth requires a secure setting to reduce risk to the community and is considered a reasonable candidate for treatment;
   k. Probation Officer has reviewed the case with Supervisor and the recommendation is approved;
   l. Probation Officer discusses the program with parent(s)/guardians(s) and they agree to participation in the program;
   m. Substance abuse problems, if present, are considered to be secondary to the delinquent behavior.

C. **Rejection Criteria**

1. Based upon the design, intent and capabilities of the program, CAS has established the following factors as being sufficient reason to reject a potential referral:
   a. Psychiatric diagnosis of a thought disorder or other severe mental illness;
   b. Chronic history of violent behavior;
   c. Adjudicated of a sex offense;
   d. Low intellectual functioning (I.Q. below 70);
   e. Delinquency considered to be secondary to substance abuse concerns;
   f. Significant and serious medical issues requiring frequent medical attention.
I. **Policy:**

It is the written policy, procedure, and practice of the Center for Adolescent Services to provide that if a juvenile with an indeterminate commitment remains in a program for (6) six months, a written report is submitted by his/her counselor to the Program Director and the committing or releasing authority, stating the justification for keeping the juvenile in the program.

II. **Definitions**

A. **Report and Recommendation:** Report submitted to Director and Judge/Magistrate illustrating a youth’s progress and justification for keeping the juvenile in the program.

III. **Procedure**

A. Juveniles are placed for an indeterminate and determinate amount of time.

B. Juveniles are placed by a legal court order stating that the child is hereby placed at CAS until such time as said child successfully completes its programming.

C. **Report and Recommendation**

1. The assigned Family Specialist prepares the Report and Recommendation form as follows:
   a. If the juveniles’ placement within the program reaches six (6) months.

2. Report development begins when the juveniles’ treatment reaches his/her twenty-third (23) week.

3. The Report and Recommendation Form will include the following:
   a. **Report**
      1. Original Ohio Youth Assessment System (OYAS) Residential Tool Risk Level;
      2. Academic Performance
      3. Wide-Range Achievement Test (WRAT) Pre/Post Scores
      4. Treatment Summary regarding progress in Family Specialist’s family/individual sessions, individual services provided by other program providers, overview of phase treatment groups, any other miscellaneous information pertinent to the consideration of youth’s release, and the services that are arranged for youth upon release (i.e., school, counseling, and so on).
   b. **Recommendation**
1. Justification for keeping the juvenile in the program

D. The assigned Family Specialist provides the completed Report and Recommendation Form to the Program Manager, Director and Judge/Magistrate.

E. The completed Report and Recommendation Form is maintained within the juvenile’s permanent case record.
I. Policy:
Written policy, procedure, and practice provide that a quarterly progress report is made available to the parent or legal guardian of each juvenile and the juvenile.

II. Definitions
A. Personal Program Plan: Document detailing the juvenile’s treatment goal(s), responsivity and strength(s).
B. Thirty (30) Day Personal Program Plan Review(s): Document detailing juvenile’s progress in achieving Initial Treatment Plan Goals.

III. Procedure
A. Family Specialist and/or Family Specialist Supervisor develop youth’s initial personal program plan within the first twenty-one (21) days of admission and updates every thirty (30) days thereafter.

1. Parent(s)/guardian(s) are invited to attend and participate actively in all personal program plan meetings.
2. When a parent(s)/guardian(s) is unable to attend a meeting or review, the Family Specialist and/or Family Specialist Supervisor reviews the updated personal program plan with parent(s)/guardian(s) in the next family counseling session and solicits input.
3. Parent(s)/guardian(s) acknowledge their child’s progress and plan by reviewing, signing and dating the initial and any thirty (30) day personal program plan review(s).

B. Family Specialist and/or Family Specialist Supervisor forward the initial personal program plan and all thirty (30) day personal program plan review(s) to the Program Manager.

C. The initial personal program plan and all thirty (30) day personal program plan review(s) are maintained in the resident’s permanent case file.
I. **Policy**

The Center for Adolescent Services provides or makes arrangements for the provision of the following services:

A. Educational, vocational, and psychological assessment
B. Educational/vocational programs
C. Individual and group counseling activities
D. Appropriate recreation and leisure activities
E. Consistent family contact
F. Food Service
G. Assistance with transportation
H. Transitional Services
I. Emergency financial assistance
J. Medical health services
K. Mental health services
L. Employment counseling and placement

II. **Procedure**

A. The Center for Adolescent Services (CAS) is an educational and treatment facility operating within the Montgomery County Juvenile Court.

B. The primary focus of treatment at CAS is to help residents identify their individual strengths and talents, and to help them learn to use those strengths to address their needs in effective, healthy, and successful ways.

C. CAS is committed to providing the highest quality treatment possible within a secure, correctional environment. To accomplish this goal, CAS will provide, or make arrangements for the provision of, the following services:

1. Educational, Vocational, and Psychological Assessment
   a. CAS will maintain a contractual relationship with the Montgomery County ESC to provide special education services including, but not limited to, psycho-educational evaluations, IEP development, and speech therapy.
   b. When indicated by Program Manager(s), CAS will make arrangements for a youth to receive further psychological assessment and treatment from a qualified provider.
2. Educational / Vocational Programs
   a. CAS Academy provides educational programming for juveniles 210 days per year.
   b. A variety of vocational programs are available to juveniles depending upon their individual needs and desires, including but not limited to, alternative school placements and Project Hope’s *Second Chance* program.

3. Individual and Group Counseling Activities
   a. Juveniles in the program participate in group counseling activities addressing criminal thinking patterns, substance abuse, socialization patterns, anger management, and other relevant issues.
   b. Juveniles in the program participate in individual counseling with their Family Specialist or Unit Supervisor at least weekly.
   c. Juveniles in the program participate in individual counseling with South Community.

4. Appropriate Recreation and Leisure Activities
   a. Daily recreation and leisure activities are a part of each living unit’s daily schedule.
   b. When possible and reasonable, additional recreational opportunities not normally available will be provided.

5. Consistent Family Contact
   a. Families are expected to attend family counseling sessions at least twice monthly.
   b. Visitation is scheduled twice weekly for frequent visiting.
   c. Youth are allowed to call their family on a weekly basis.

6. Food Service
   a. CAS provides three (3) daily meals prepared on site.
   b. In addition, CAS provides daily snacks between meals.

7. Assistance with Transportation
   a. CAS maintains a medium sized automobile and a 12-passenger van for transportation needs.
   b. CAS provides families with bus tokens to assist in transportation for scheduled meetings, sessions, and other activities.
   c. If/when parents are unable to travel to CAS, staff will travel to their home and/or bus station to pick them up for scheduled meetings, sessions, and other activities.

8. Transitional Services
   a. Transitional services consist of:
      i. Life Program: Treatment program provided by South Community Inc. that delivers Functional Family Therapy to families within their home.
      ii. Weekly support group meeting(s)
      iii. Probation supervision

   a. The Montgomery County Juvenile Court Foundation, a charitable fund, provides funds for the juveniles served by the Court for a wide variety of purposes. A portion of the fund is designated for CAS and is available for emergency assistance.
   b. When needed, CAS will provide assistance and guidance in identifying resources within the community.
10. Medical Health Services
   a. CAS employs a full-time Registered Nurse, Emergency Medical Technician, and maintains a contract with a Licensed Physician for in-house medical services.
   b. CAS contracts with two local hospitals for the provision of emergency room services and medical needs that cannot be addressed at the facility.

11. Mental Health Services
   a. CAS contracts with South Community Inc for individual counseling and psychiatric services when indicated.
   b. The Court contracts with Samaritan Behavioral Health Crisis Care.

12. Employment Counseling and Placement
   a. CAS maintains positive relationships with alternative school programs in the local area as well as the Dayton Job Bank.
   b. When indicated and needed, CAS will make arrangements for youth to receive employment counseling and placement services through local providers and service agencies.
I. **Policy:** It is the written policy, procedure and practice of the Center for Adolescent Services (CAS) to provide that juveniles new to the facility receive written orientation materials and/or translations in their own language, if they do not understand English. When a literacy problem exists, a staff member assists the juvenile in understanding the material. Completion of orientation is documented by a statement signed and dated by the juvenile.

II. **Definitions:**

A. **Resident Handbook:** Packet detailing the following:
   a. Mission Statement
   b. Purpose of Program
   c. Parent / Guardian Role and Responsibilities
   d. Legal and Historical Perspective
   e. Program Overview
   f. Provision of Services
   g. Residents’ Rights and Responsibilities
   h. General Rules of the Program and Behavior
      i. Unit Rules
      ii. Item(s) permitted in Resident’s Rm.
      iii. Group Movement
      iv. Dining Room Procedures
      v. Academy Rules
      vi. Uniform and Hygiene
   i. Rule Infraction, Grievance, and Disciplinary Hearing Processes
   j. Medical Request Process
   k. Staff Rights and Responsibilities
   l. Visitation Procedures
   m. Leave Pass Permission/Agreement Procedures
   n. Safety and Security Practices

B. **Receipt and Acceptance of Handbook Regulations Form:** The cover page of the Resident Handbook. This document detailing that youth, parent(s)/guardian(s), and Family Specialist have reviewed and discussed the Resident Handbook Regulations.
III. Procedure

A. The facility will not discriminate on the basis of sex, disability, race, creed, national origin, gender, or native language in the provision of services, programs, and activities administered for residents.

B. Assessment & Admission

1. Resident needs are assessed on an individualized basis in determining the need for additional or alternative services.

2. When a literacy problem or communication problem exits the Director will contract with service providers based upon assessment, if necessary.
   i. The facility will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety.

3. Upon admission, the Family Specialist meets with the resident and the parent(s)/guardian(s) to review & discuss the Resident Handbook.

4. The resident, parent(s)/guardian(s), and Family Specialist acknowledge the review and discussion of the Resident Handbook by signing the Receipt and Acceptance of Handbook Regulations Form.

5. Family Specialist forwards the original, signed Receipt and Acceptance of Handbook Regulations Form to Administration. This form is maintained within the resident’s permanent case file.

C. Program Rules & Expectations

1. When rules are updated and/or changed the staff and residents are made aware of any updates through memo form, unit meetings, and new additions to handbooks.

2. All residents are informed of the expectations and responsibilities during their orientation.