

# Montgomery County Juvenile Court

## Center for Adolescent Services

**Chapter:** Administration and Management  
**Subject:** **Operations Manual**  
**Policy:** 3A-01  
**Page:** 1 of 2  
**Standards:** **ACA 3-JCRF-3A-01**  
**Issue Date:** 3/1/2002  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**I. Policy:** It is the written policy, procedure, and practice of provide that the facility maintains a manual containing all procedures for facility supervision, with detailed instructions for implementing them. The manual is available to all staff and is reviewed at least annually and updated, if necessary.

### II. Definitions:

- A. Policy: A course or line of action adopted and pursued by an agency that guides and determines present and future decisions, actions and procedures.
- B. Procedure: Step by step description that explains how policies are implemented.
- C. Policies Manual: An organized collection of operating policies and procedures. There are two (2) types of policy manual: Electronic Policy Manual and Physical Policy manual.

### III. Procedure

#### A. Policy Manual Categories

- 1. The policies and procedures manual is divided into six (6) categories. The manual is organized into six (6) subject categories:
  - a. Administration and Management
  - b. Physical Plant
  - c. Facility Operations
  - d. Facility Services
  - e. Juvenile Services
  - f. PREA

#### B. Policy Format

- 1. Policy format includes the following:
  - a. Chapter of Policy (ACA Category)
  - b. Subject of Policy (example; Fire, Storm Emergency Procedures)
  - c. CAS policy number (ACA, ODYS, MCJC reference)
  - d. Number of Pages of policy
  - e. Standards covered in policy (ACA, ODYS, MCJC)
  - f. Policy Issue Date
  - g. Reviewed Date
  - h. Director's Authorization
  - i. Policy Statement
  - j. Policy Definitions
  - k. Procedure

### **C. Policy Compliance**

1. The facility will operate in accordance with the policies and procedures as outlined within the Policy and Procedures Manual.

### **D. Policy Development, Review and Manual Updating**

#### 1. Policy Development & Review

- a. Staff is encouraged to participate actively in the development of policies and procedures.
- b. Program Manager, or designee, and facility Director write the policies and procedures with the assistance of department heads from administration, family services, food service, medical, treatment and education.
- c. The Director must review and approve all policies and procedures before they can be implemented.
- d. All policies and reviewed annually by the Montgomery County Juvenile Court Administrator and Director.
- e. New employees will be required to review key policies and procedures important to the immediate functions of their job duties and responsibilities during their Orientation period.
  - i. Review of policies is documented within the Orientation Training by the staff member and Supervisors signing in acknowledgment of review.
- f. The Program Manager or designee will be responsible for circulating new or revised policies and procedures to staff during staff meetings and training sessions.
  - i. Policy dissemination is documented on the Dissemination of Policy and Procedure form.

#### 2. Policy Manual Updating

- a. New and/or revised policies and procedures will be updated in the policy manual in the frequency indicated below:
  - i. Electronic policy manual is updated quarterly.
  - ii. Physical policy manual is updated year

### **E. Policy Manual Accessibility**

1. Policy and Procedure Manuals will be located in the following areas to guarantee easy staff access:
  - a. Electronic Policy Manual, located on the MCJC Intranet.
  - b. Physical Policy Manual, located within Administration.
2. The manual is accessible to the public via written request to the facility Director.

## Montgomery County Juvenile Court Center for Adolescent Services

**Chapter:** Facility Operations  
**Subject:** Use of Force  
**Policy:** 3A-02  
**Page:** 1 of 6  
**Standards:** ACA 3-JCRF-3A-02 (Mandatory)  
**Issue Date:** August 2017  
**Reviewed:** September 2020, April 2021, August 2022  
**Revised:** April 2020, May 2021  
**Authorized by:** William Shaffer, Director

- I. **Policy:** Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self-defense, protection of the juveniles or others, protection of property, prevention of escapes, and to maintain or regain control, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force justifiable as punishment. A written report is prepared following all uses of force and is submitted to administrative staff for review.
- II. **Definitions:**
- A. Subject Control- Ohio Peace Officer Training Academy (OPATA) developed curriculum to support the mission in regards to managing aggressive behavior according to policy. The curriculum embodies advanced verbal strategies, seclusion, mechanical restraints and planned use of force.
  - B. Verbal Strategies – Verbal persuasion which shall include verbal prompting, directive statements, redirection, and coaching using behavioral management skills.
  - C. Seclusion – the involuntary confinement of a youth alone in his/her room or in a safe (isolation) room for an unspecified length of time. Visual room checks are completed every 15 minutes. Verbal safe to release checks are completed on that youth every 30 minutes.
  - D. Mechanical Restraint – The use of a mechanical device applied to a youth as a means of physical response. These restraints are used as a preventive measure to reduce risk during the movement of youth, to control combative behaviors towards others or destructive behaviors towards self or property. Mechanical restraints can include immobilization restraints, precautionary restraints, and protective devices. As it currently pertains to CAS mechanical restraints are defined as handcuffs or wristlets, chains or anklets, padded helmets, padded hand mitts, or any other approved or authorized device used to limit the movement of the juvenile’s body.
  - E. Planned Use of Force (PUOF) – a predetermined application of approved physical interventions by staff in situation where it is necessary to establish and maintain control and minimize the potential for breaches of security and injury to parties directly involved as well as others. Planned Use of Force can only take place where immediate enforcement necessity exists.
  - F. Staff Presence – Staff that are present at the on-set of an incident that determines the need for assistance or immediate response.
  - G. Critical Incidents – Any incident that requires all staff response / involvement.

- H. Emergency Defense – Highest level of staff physical response which is applied in certain limited circumstances to prevent an act which could result in death or severe bodily injury to oneself or to others.
- I. Enforcement Necessity – A determination made by staff that a youth's actions pose an immediate security threat that must be resolved. Examples may be a youth currently threatening the safety of others by refusing to leave a place after being asked to leave because the youth is inciting youth to hurt themselves or other; or the youth's behavior is escalating to the point that further de-escalation techniques need to take place in another location.
- J. Immediate Enforcement – When a youth is affirmatively physically violently engaged and poses an immediate danger towards self or others. Staff shall identify the need for physical force and shall choose a reasonable level of response that is proportionate to the youth's behavior, in order to gain control of the situation.
- K. Lethal Engagement – An act or behavior by youth which could result in death or severe bodily injury to oneself or others
- L. TranZport Hood- temporary protective hood for use on those individuals where risk of exposure to infectious disease is present. When used properly, reduces the risk of wearer of transmitting fluids (saliva and mucous) from the facial area, as by spitting, sneezing or coughing.
- M. Transitional Hold – A brief physical/manual positioning of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely
- N. Special Incident Report (SIR): a written document and/or report used to report all events of unusual or extreme incidents.
- O. Pre-Briefing- the On-Duty Supervisor provides clear guidance and instruction on how to perform and prioritize multi-tasks prior to Use of Force.
- P. Physical Escort – touching of the arm, elbow, and shoulder or back for the purpose of directing the youth from one location to another.
- Q. Time and Distance – allowing adequate time and space between the staff and youth in an effort to reduce any sense of aggression.
- R. Positional Asphyxia – the reduction of oxygen in the bloodstream and tissues due to an impairment of a person's respiratory system caused by body positioning or the application of external weight/pressure.
- S. Use of Force: Refers to an individual or authority to settle conflict or prevent certain actions by applying measures to either dissuade another party from a particular course of action, or physically intervene to stop them. The use of force is governed by statute and is usually authorized in progressive series of Managing Youth Resistance (MYR) approved actions

### ***III. Procedures***

- A. Staff shall exhaust verbal strategies which may include verbal response, verbal persuasion, verbal prompting, re-direction, and coaching using behavioral management skills.
- B. Physical response is needed **only** under the following circumstances after staff have attempted and exhausted a hierarchy of non-physical alternatives:
  - 1. When a youth is currently physically violent and poses an immediate danger towards self, others, or property.
  - 2. When a youth is affirmatively physically resisting institutional rules and poses an immediate danger to self or others.
  - 3. When a youth is causing a serious disruption where there is a clear enforcement necessity to move the youth.
- C. Mechanical Restraints
  - 1. Mechanical restraints are discouraged from use, and not to be used as a form of punishment; however, may be authorized as a precautionary restraint in situations where a youth is a continued threat to self and others.
    - a. Precautionary restraint devices are authorized to manage assaultive, destructive, or disruptive behaviors that threaten the safety and security of the facility. These authorized restraint devices include:
      - 1. Handcuffs or wristlets
      - 2. Chain or anklets
      - 3. Soft restraints
    - b. Protective devices are authorized to protect a resident from self-inflicted injury. These devices include:
      - 1. Padded helmet
      - 2. Padded hand mitts
      - 3. Transport hood
    - c. Only Supervisors or Administrative staff can authorize the use of mechanical restraints. When Administrative staff is unavailable or not present during the usage of mechanical restraints, Supervisors will communicate the use, and rationale, of mechanical restraints with the Director or On-Duty Administrator as soon as possible following the incident.
  - 2. Continuum of Care
    - a. Supervisor on-duty will actively engage youth in determining the removal of mechanical restraints.
    - b. Level of observation is one-on-one, while in restraints staff will maintain constant visual contact (preferably with recording equipment) with youth.
    - c. Supervisor on-duty will coordinate with Administrator in assessing the incident and determining the timeframe for removal of mechanical restraints.
  - 3. Mechanical Restraints and Pregnant Juveniles
    - a. Abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four point restraints on known pregnant juveniles or post-partum recovery juveniles are prohibited unless reasonable grounds exist:
      - i. Reasonable grounds are defined as youth presenting as an immediate and serious threat of hurting self, staff, or others; or
      - ii. Reasonable grounds exist if the youth presents as an immediate and credible risk of escape that cannot be reasonably minimized through any other method.

- D. Prohibited Use of Staff Response -Prohibited techniques or practices of physical response that unduly risk serious harm or needless pain to the youth includes the intentional, knowing, or reckless use of any of the following techniques:
- a. Chokeholds placed on youth or restricting respiration in any way.
  - b. Using any method that is capable of causing loss of consciousness or harm to the neck.
  - c. Pinning down with knees to torso, head and/or neck.
  - d. Slapping, punching, kicking, or hitting.
  - e. Using pressure point, pain compliance and joint manipulation techniques other than those approved and trained by CAS MYR Instructors.
  - f. Modifying mechanical restraint equipment or applying any cuffing technique that connects handcuffs behind the back to leg shackles.
  - g. Dragging or lifting of the youth by the hair or ear or by any type of mechanical restraint.
  - h. Applying any type of physical response to a youth's wrist, once the youth is placed in handcuffs.
  - i. Using other youth or untrained staff to assist with the restraint.
  - j. Securing a youth to another youth or to a fixed object.
  - k. Prone Restraint.

E. Approved Use of Physical Response

- a) Staff Presence
- b) Verbal Strategies
- c) Time & Distance
- d) Staff Assistance
- e) Physical Escort Technique
- f) Trained Methods of Manual Restraint
- g) Transitional Hold
- h) Mechanical Restraint
- i) Emergency Defense, under certain limited circumstances; and

Other non-prohibited methods of reasonable manual restraint that under the totality of circumstances existing at the time:

- a) are more practical than the agency-trained methods of restraint, taking into account the youth's and staff's particular vulnerability to harm;
- b) involve a use of physical response that is measured and progressive to a degree no greater than that which is necessary to achieve the objective of immobilizing the aggression; and
- c) do not unduly risk serious harm or needless pain to the youth or staff.

F. Planned Use of Force (PUOF)

1. The application of planned physical force shall not be considered as an option until all other reasonable alternatives have been attempted or are considered inappropriate due to the nature of the situation.
2. When the application of physical force is necessary, it shall be limited to the minimum degree reasonable and necessary to resolve the situation promptly and as safely as possible
3. The application of planned physical force shall be discontinued at the first possible opportunity.
4. The application of the planned physical force shall never be used as a means of punishment.
5. The IC (Incident Commander) determines if a planned physical response is needed.

6. When the IC responds to the location of the incident, electronic recording equipment shall be immediately activated to capture verbal strategies and all other non-physical alternatives implemented by the responding staff members.
7. The camera shall record the event and maintain as clear a view as possible of the youth including subsequent escort and placement of the youth into a room or seclusion area.
8. The primary duty of the IC shall be to attempt to diffuse the need to use any physical response by exhausting all non-physical alternatives which may include utilizing verbal strategies, verbal persuasion, contacting a staff member whom the youth has a rapport with and requesting their assistance, etc. The IC shall promote the use of time and distance to de-escalate the youth.
9. The IC shall plan the total physical response, coordinate staff actions and remain in command on-site during the tactical operation of the planned physical response. Only as a last resort should the IC operate recording equipment or become physically involved in the event.
10. The IC shall identify each staff member to be involved in the physical response and the specific role of each staff member in the planned response.
11. The IC shall verbally give the involved youth another opportunity to cease the identified behavior and comply with staff direction.
12. The IC shall continually reassess the situation. If the youth becomes compliant the planned use of force shall not take place. If the youth chooses not to change his/her behavior, a planned physical response, pursuant to this rule, may be used.
13. At the completion of the planned intervention each staff member shall be identified on camera and shall state and, if possible, reveal any injuries as a result of the physical response.
14. Only the IC determines whether or not the recording equipment can be shut off.
15. All staff involved in the planned use of force, either directly or as a witness, shall complete all necessary documentation.

#### G. Pre-Briefing:

1. Must occur prior to any use of force that can be planned.
2. Involves the adequate exchange of information, communication with all parties involved. On call administrator should be involved at this stage.
3. Involves consensus of all members in situations that all forms of de-escalation (if applicable) have been exhausted, including rotation of all staff, and exclusion of the focus of hostility (staff or resident).
4. The IC (Incident Commander) provides clear guidance and instruction on how to perform and prioritize multi-tasks prior to Use of Force.

#### H. Performance / Action:

1. Information continues to be shared with all parties, including Control Desk Clerk and the on-call Administrator.
2. During PUOF only the IC, or whomever the IC appoints to verbally engage with youth should be speaking.
3. Provide assistance to co-worker, up to and including taking over duty.
4. Verbal de-escalation continues.
5. All policies, procedures and practices followed.

#### I. Special Incident Report (SIR)

1. A SIR is to be completed by all staff members involved in or witness to the incident.

2. The SIR is to record the circumstances requiring use of force and record the mental and physical condition of the involved resident(s).
3. Medical department notification and response is documented (if applicable).
4. The SIR is to be dated and signed by the staff person completing form.
5. All completed SIR's are to be reviewed by On-duty supervisor and submitted to MYR Instructor prior to end of shift.
6. The MYR Instructor maintains SIR's until he/she has documented his/her review of the incident. The MYR instructor forwards SIR's to On-call Administrator.
7. The Director, and/or designee, reviews all completed Special Incident forms.
8. All SIR's involving use of force are maintained in the resident's case file.

#### J. Special Incident Debriefing

1. The On-duty Supervisor will conduct and organize a debriefing report prior to the end of a shift

- a.) The debriefing will include:

1. Name of Resident
2. Date/Time of Incident
3. Location of Incident
4. Detailed description of the critical/unusual incident including staff involvement and actions.
5. Detailed description of the critical/unusual incident including resident involvement and actions.
6. A detailed review of the critical/unusual incident including the impact on staff and juveniles.
7. Continuum of care outlined for juvenile's need.
- 8. Notification**
  - a. Assigned Probation Officer
  - b. Youth's parent(s)/guardian(s)
  - c. On-Duty Administrator
  - d. Medical Department (if needed)
    - i. The medical department will determine level of medical response required.
    - ii. Medical department notifies On-duty supervisor of required medical response.
    - iii. Medical notification is documented on Special Incident Report (SIR), Supervisor Shift Report, and Special Incident De-Briefing Form.

2. The de-briefing form is submitted to the Use of Force Instructor and the Administrative Team for review and approval prior to end of shift.
  - a) The Use of Force Instructor reviews the Special Incident De-Briefing form, video footage, and documents compliance with policy and procedure relating to Use of Force.
  - b) The Special Incident De-Briefing form is submitted to Coordinator of Unit Operations for review within 72 hours.
  - c) The Director or designee reviews and approves all completed Special Incident De-Briefing forms.



**Montgomery County Juvenile Court  
Center for Adolescent Services  
Critical Incident Guide**

**DEFINITION:** A Critical Incident is defined as any incident that requires all staff response / involvement. This is to include, but not be limited to any use of force, suicide, suicide attempt, emergency medical situation and emergency evacuation.

**POLICY & PROCEDURE:** At the conclusion of the incident, all on site staff involved shall complete the Special Incident Form before being released from their shift.

**PURPOSE:** Critical Incident Pre-Briefing and De-Briefing is designed to assist in proper implementation of facility policy, procedure and practice, as well as to review and enhance performance.

There are three stages of Critical Incident Briefing: Pre-briefing, Performance or Action; and De-Briefing

**PRE-BRIEFING:**

1. Adequate exchange of information, communication with all parties involved. On call administrator should be involved at this stage.
2. On-Duty Supervisor serves as the coordinator of response and use of force application.
3. Handheld video and protective shields are obtained and used in all pre-planned restraints.
4. Consensus of all members in situations that all forms of de-escalation (if applicable) have been exhausted, including rotation of all staff, and exclusion of the focus of hostility (staff or resident).
5. On-duty Supervisor provides clear guidance and instruction on how to perform and prioritize multi-tasks, including the designated use of force authorization phrase, *'the youth has not complied with any directives.'*

**PERFORMANCE / ACTION:**

1. Use of force is permitted upon pre-briefing and exhausting all efforts of verbal de-escalation.
2. The use of force authorization phrase, *'the youth has not complied with any directives,'* must be used in all pre-planned restraints. When the use of force authorization phrase is stated, staff will immediately begin application of use of force.
3. Information continues to be shared with all parties, including Control Desk Clerk and the on-call Administrator.
4. During a planned use of force (PUOF) only the IC, or whomever the IC appoints to verbally engage with youth should be talking.
5. Provide assistance to co-worker, up to and including taking over duty.
6. Verbal de-escalation continues.
7. All policies, procedures and practices followed.

**DE-BRIEFING:**

1. All available video is reviewed and downloaded
2. Staff members are provided with timely feedback about performance.
3. Opportunity to capitalize on team strengths.
4. Were all supplies / equipment available and in working condition?

**Montgomery County Juvenile Court  
Center for Adolescent Services**

**Chapter:** Size, Location, and Organization  
**Subject:** Juvenile Caseworkers  
**Policy:** Staffing Pattern  
**Page(s):** 1 of 1  
**Standards:** ACA-3-JCRF-3A-03  
**Issue Date:** 1/2002  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**I. Policy:** Written policy, procedure, and practice provide that there is at least one staff person on the premises 24 hours a day who is readily available and responsible to juvenile needs.

**A. CAS Staffing Pattern**

1. During waking hours, 7am – 9:30pm, staffing pattern will not exceed a 8 to 1 staff to juvenile ratio.
2. During non-waking hours, 9:30pm – 7am, the CAS staffing pattern will not exceed a 16 to 1 staff to juvenile ratio.
3. Staffing pattern, at a minimum, provides the following coverage on the Community Treatment Unit, per shift, including weekends and holidays:
  - a. During waking hours, 7am – 9:30pm: One (1) Youth Specialists per occupied living unit.
  - b. During non-waking hours, 9:30pm – 7am: One (1) Youth Specialists per sixteen (16) youth during sleeping hours.
  - c. Additional coverage is provided through the use of Youth Specialist support staff during those programming periods, first and second shift, when additional support and supervision is deemed necessary.
  - d. Additional coverage may be provided through the splitting of shifts and scheduling Youth Specialists as support staff to cover those time periods necessitating additional support and supervision.
  - e. During normal business hours (8am – 5pm) supervision and support is enhanced by the presence of Administrative staff, Unit Supervisors, Team Leader, CAS Academy Teachers, and Facility Support staff.
  - f. Staffing pattern is designed to ensure that coverage concentrates staff when most juveniles are in the facility.

**Montgomery County Juvenile Court  
Center for Adolescent Services**

**Chapter:** Size, Location, and Organization  
**Subject:** Staffing Pattern  
**Policy:** 3A-04  
**Page(s):** 1 of 1  
**Standards:** ACA-3-JCRF-3A-04  
**Issue Date:** 1/2002  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

II. **Policy:** Written policy, procedure, and practice provide that the staffing pattern concentrates staff when most juveniles are in the facility.

III. **Procedure**

B. CAS Staffing Pattern

4. During waking hours, 7am – 9:30pm, staffing pattern will not exceed a 8 to 1 staff to juvenile ratio.
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  - e. During normal business hours (8am – 5pm) supervision and support is enhanced by the presence of Administrative staff, Unit Supervisors, Team Leader, CAS Academy Teachers, and Facility Support staff.
  - f. Staffing pattern is designed to ensure that coverage concentrates staff when most juveniles are in the facility.

# Montgomery County Juvenile Court

## Center for Adolescent Services

**Chapter:** Juvenile Rights  
**Subject:** Youth in Control  
**Policy:** 3A-05  
**Page(s):** 1 of 1  
**Standards:** ACA 3-JCRF-3A-05  
**Issue Date:** 3/1/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

- I. **Policy:** It is the written policy, procedure, and practice of the Center for Adolescent Services to provide that no juvenile or group of juveniles is in a position of control or authority over other juveniles.
  
- II. **Procedure**
  - A. CAS staff will manage youth behavior through the use of designed programming that stresses correction of inappropriate behavior and creates a learning experience that correlates with the seriousness of misbehavior.
    1. Discipline will never be of a nature or administered in a way that will degrade, demean, or physically harm a youth.
    2. All youth will be treated with consistency, kindness, and respect.
  - B. CAS staff will be the only persons permitted to assign discipline.
    1. Volunteers / Interns must consult with staff when dealing with disciplinary issues.
  - C. Youth shall not be permitted to supervise or discipline other youth.
  - D. Failure of staff to abide by this policy will result in disciplinary action.

# Montgomery County Juvenile Court

## Center for Adolescent Services

**Chapter:** Supervision  
**Subject:** Permanent Log  
**Policy:** 3A-06  
**Page:** 1 of 2  
**Standard:** ACA-3-JCRF-3A-06  
**Issue Date:** 12/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

- I. **Policy:** Written policy, procedure, and practice require that juvenile caseworker staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents that occur in the facility.
  
- II. **Procedure**
  1. Unit Documentation
    - A. It is the policy and practice of CAS to complete a daily permanent log on every resident. The log is completed by unit counselors on the following shifts:
      1. First shift: 6am-2pm.
      2. Second shift: 2pm – 10pm.
      3. Third shift: 10pm – 6am.
    - B. Unit Counselors document their overall impressions and facts observed regarding youth performance during each shift. This documentation includes but is not limited to the following areas:
      - 1 Time of Shift and Date
      - 2 Behavior
      - 3 Rule Infractions
      - 4 Special Incidents
      - 5 Youth’s Progress in the Program
      - 6 Points Earned for each shift
    - C. The daily permanent log is recorded in JCS on a daily basis.
  2. Family Specialist(s)
    - A. Family Specialist contacts are recorded in JCS using the following outline:
      - 1 **S**ubjective: What activities, treatment, or interventions were provided to the youth and family;
      - 2 **O**bjective: What did you observe regarding the youth and family’s behavior, (i.e. emergency situations and unusual incidents);
      - 3 **A**ssessment: What do you believe are the needs of the youth and family;
      - 4 **P**lan: What is the plan in working with the youth and family in moving forward
    - B It is the policy and practice that all individual and family sessions are documented and logged in JCS.
      1. Each contact is logged within 72 hours.
      2. Each contact is logged as Chrono Type: CAS
      3. Contact Date and Time: When the contact with any/all parties occurred.
      4. Report Received Date and Time: When the information is being input into JCS.

5. Contact(s): Select all parties involved in contact type.
6. Case Number: N/A
7. Each contact is logged according to contact type:
  - a. Therapeutic Contact: involves family specialist(s) conducting individual and family sessions addressing youth's criminogenic needs, treatment plan, and family dynamics.
  - b. Home/Placement Contact: involves time spent in the home/placement setting with a parent/guardian and the child. This time should be utilized by reviewing the juvenile's behavior, planning and/or counseling with all parties
  - c. School Contact: contact with a school official (i.e., teacher, counselor, administrator) to monitor and address attendance, behavior and academic performance.
  - d. Administrative: contact with other agencies or persons having knowledge of the youth.

# Montgomery County Juvenile Court Center for Adolescent Services

**Chapter:** Facility Operations  
**Subject:** Inspections  
**Policy:** 3A-07  
**Pages:** 1 of 2  
**Standards:** ACA 3-JCRF-3A-07  
**Issue Date:** August 1997  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**I. Policy:** Written policy, procedure, and practice provide that staff will conduct a daily inspection, including holidays and weekends, of all areas occupied by juveniles and submit a daily written report to the facility administrator or designee. Unoccupied areas are to be inspected weekly.

## II. Definitions

- A. Daily Occupied Area Inspection Form: Document detailing areas inspected on the living unit(s), specific concern(s), and if a work order was completed.
- B. Weekly Inspection/Unoccupied Areas and Fire Prevention: Document detailing areas inspected within the facility, specific concern(s), and if a work order was completed.

## III. Procedure

### A. Occupied Areas

- i. Supervisor on-duty will complete the Daily Occupied Area Inspection on the Supervisor Shift Report. The inspecting staff member will inspect the following occupied areas:
  - 1. Unit Day Room(s)
  - 2. Unit Restroom(s)
  - 3. Custodial Closet(s)
  - 4. Laundry Area (If applicable)
  - 5. Resident Room(s)
  - 6. Storage Room
- ii. Supervisor on-duty will complete and submit a work order.

### B. Unoccupied Areas

- i. Assigned staff will conduct inspections of all unoccupied areas on a weekly basis.
  - 1. Control Desk
  - 2. Supervisor's Office, Rm. 1019
  - 3. Hallway Restroom
  - 4. Gymnasium
  - 5. Weight Room
  - 6. Equipment Room
  - 7. Gymnasium Staff Office
  - 8. Staff Locker Room(s)
  - 9. Medical Room
  - 10. Intake: Intake Bathroom, Intake Storage
  - 11. Laundry Room/Storage
  - 12. Dock Area: Maintenance Office, Kitchen Storage, and Electrical Room
  - 13. Kitchen: Two (2) Dry Storage Rooms, Bathroom, and Office

14. Dining Room: janitorial Supply Closet and Bathroom(s)
15. Family Specialist Supervisor Office
16. Two (2) Family Specialist Offices
17. Quality Assurance Officer's Office
18. Program Manager's Office
19. Coordinator of Unit Operations' Office
20. Academic Classrooms: Language Arts/History, Math/Science, Phys. Ed./Health, Art, and Life Skills/Special Education.
21. Lobby: Two (2) Bathrooms
22. Administration: Offices, Training Room, Kitchenette, Janitorial Closet, and Two (2) Bathrooms.
23. Garage

- ii. Assigned staff will complete the Weekly Inspection Report and submit it to the Program Manager or designee. Any work orders required will be completed and submitted to the Supervisor on-duty.

**C. Facility Maintenance & Corrective Actions and Work Orders**

- i. Supervisor(s) are required to complete and/or submit completed work order(s) to the Business Manager.
- ii. Business Manager will work in collaboration with Maintenance staff from Montgomery County Public Works, in order to address all areas/items in need of repair.
  1. Work orders will be treated as priority and areas/items will fixed and restored to service expeditiously.
- iii. The Maintenance staff member, in collaboration with the Business Manager, will verify work completion and maintain a file of all repairs.



## Montgomery County Juvenile Court Center for Adolescent Services

**Chapter:** Facility Operations  
**Subject:** Accountability  
**Policy:** 3A-08  
**Pages:** 1 of 5  
**Standards:** ACA 3-JCRF-3A-08  
**Issue Date:** 12/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**IV. Policy:** Written policy, procedure, and practice provide for the detection and reporting of absconders.

### V. Definitions

- A. Absconder: A resident who fails to remain within the limits of confinement or who fails to return to the facility as directed from an authorized leave pass.
- B. Escape Attempt: a resident is considered to be engaged in attempted escape if a resident is in an area that he/she is not authorized to be in at the time or is attempting to flee from an approved leave pass: non home visit.
- C. Escape: a resident is considered to have escaped when a resident has left the facility, home visit, or leave pass without permission. This resident is classified as an absconder.
- D. Code Orange: staff emergency code announcing that resident has or is attempting to escape from the facility.
- E. Special Incident Report (SIR): a written document and/or report used to report all events of unusual or extreme incidents.
- F. ODYS Critical Incident Form: document notifying the Ohio Department of Youth Services of special incident.
- G. De-Briefing: the process of documenting and reviewing an incident with designated staff as soon as possible after an incident. A debriefing includes, but is not limited to: a review of staff and juvenile actions during the incident, a review of the incident's impact on staff and juveniles, and a review of corrective plans of action taken and still needed.
- H. Special Incident De-Briefing Form: Document detailing the facts and circumstances involved in a special incident.
- I. Approved Leave Pass: Non-home visit: a temporary release from the facility for appointments including but not limited to dental visits, doctor appointments, counseling session, and so on.
- J. Approved Leave Pass: Home Visit: a temporary release from the facility for increasing periods of time (i.e., 8 hour, 10 hour, 24 hour, 48 hours).

K. Leave with Permission: the release of a youth upon successful completion of the residential portion of the treatment program.

## **VI. Procedures**

### **A. Prevention**

- i. Staff must be aware of all resident movements under their immediate supervision at all times.
  1. All residents must receive permission from a staff member to move from one area of the facility to another for any reason.
  2. Residents must be accompanied by a staff member during any movement from one location to another location within the facility.
  3. Population counts must be documented on Unit Juvenile Movement Report, Supervisor Shift Report, Control Desk Log, and Control Desk Population Board.
  4. On-duty supervisor, Unit Counselor(s), and Control Desk Clerk must verify and confirm each unit and total facility population count at the beginning and end of each shift.

### **B. Escape Attempt**

#### **i. Facility grounds**

1. Staff identifying resident(s) attempting to escape should immediately announce “Code Orange” over the radio citing current location of escape attempt.
  - a. Staff response on units:
    - i. All residents are immediately secured in rooms.
    - ii. Available staff report to “Code Orange” location.
  - b. Staff response in other locations:
    - i. All residents are immediately instructed to sit.
    - ii. Available staff report to location of “Code Orange” location.
  - c. Use of Force is permitted to prevent an escape attempt, as approved in Use of Force Policy 3A-02.
  - d. Residents that are prevented from escaping from facility grounds are immediately restricted to room and issued a Risk Infraction. Consideration of a VCO is warranted.
2. Notification
  - a. All notification regarding attempted escapes are immediately reported as follows:
    - i. The On-Duty Supervisor notifies the Program Manager.
    - ii. The On-duty Supervisor notifies assigned Family Specialist.
    - iii. The Family Specialist notifies parent(s)/guardian(s) and assigned Probation Officer.
    - iv. The Program Manager notifies the Director.
    - v. The Director notifies the Court Administrator and Judges.

#### **ii. Non-Facility Grounds**

1. Approved Leave Pass: Non-home visit
  - a. Staff identifying resident(s) attempting to escape should immediately attempt to secure resident, as approved in Use of Force Policy 3A-02.
  - b. Staff member must immediately notify On-duty Supervisor of “Code Orange” upon securing resident(s).
  - c. Secured resident(s) must be immediately returned to facility.

- d. Residents that are prevented from escaping from an Approved Leave Pass: Non-home visit are immediately restricted to room and issued a Risk Infraction. Consideration of a VCO is warranted.

2. Notification

- a. All notification regarding attempted escapes are immediately reported as follows:
  - i. The On-Duty Supervisor notifies the Program Manager.
  - ii. The On-Duty Supervisor notifies assigned Family Specialist.
  - iii. The Family Specialist notifies parent(s) / guardian(s) and assigned Probation Officer.
  - iv. The Program Manager notifies the Director.
  - v. The Director notifies the Court Administrator and Judges.

## C. Escape

### i. Facility grounds

1. Staff identifying that a resident(s) has escaped should immediately announce “Code Orange” over the radio requesting On-Duty Supervisor.
  - a. Staff response on units:
    - i. All residents are immediately secured in rooms.
    - ii. All staff report to Control Desk.
  - b. Staff response in other locations:
    - i. All residents are immediately escorted back to unit and secured in rooms.
    - ii. All staff report to Control Desk.
  - c. An immediate facility-wide population count is completed.
    - i. Total population count is reported to the On-Duty Supervisor by unit.
    - ii. On-Duty Supervisor confirms total population count with Control Desk Clerk.

2. Notification

- a. All notification regarding escapes are immediately reported as follows:
  - i. The identified and/or confirmed absconder(s) is immediately reported as such by the On-Duty Supervisor to the New Lebanon Police Department and Montgomery County Sheriff Department. The following information must be reported at the time of notification:
    1. Name, weight, height, hair color, eye color, DOB, any identifying marks, (i.e. scars, marks, and tattoos), any known medical concerns, and estimated time of escape to determine if the resident(s) may still be in the area.
  - ii. The On-Duty Supervisor notifies the Program Manager.
  - iii. The On-duty Supervisor notifies assigned Family Specialist.
  - iv. The Family Specialist notifies assigned Probation Officer and requests a warrant.
  - v. The Family Specialist notifies parent(s) / guardian(s).
  - vi. The Program Manager notifies the Director.
  - vii. The Director notifies the Court Administrator and Judges.

**ii. Non-facility grounds (Approved Leave Pass: Non-home visit)**

1. Staff identifying resident(s) as having escaped should immediately notify On-Duty Supervisor of the “Code Orange.”
2. Notification
  - a. The identified and/or confirmed absconder(s) is immediately reported as such by the On-duty Supervisor to the local law enforcement agency having jurisdiction over the location of the escape and the Montgomery County Sheriff Department. The following information must be reported at the time of notification:
    1. Name, weight, height, hair color, eye color, DOB, any identifying marks, (i.e. scars, marks, and tattoos), any known medical concerns, address of escape location, and estimated time of escape to determine if the resident(s) may still be in the area.
    - ii. The On-Duty Supervisor notifies the Program Manager.
    - iii. The On-duty Supervisor notifies assigned Family Specialist.
    - iv. The Family Specialist notifies assigned Probation Officer and requests a warrant.
    - v. The Family Specialist notifies parent(s) / guardian(s).
    - vi. The Program Manager notifies the Director.
    - vii. The Director notifies the Court Administrator and Judges.

**iii. Non-facility grounds (Approved Leave Pass: Home Visit and Leave with Permission)**

1. Approved Leave Pass: Home Visit
  - a. A resident is considered to be an absconder if a resident misses two consecutive calls at required times and/or if a resident’s leaves home without permission.
2. Notification
  - a. The identified and/or confirmed absconder(s) is immediately reported as such by the On-duty Supervisor to the local law enforcement agency having jurisdiction over the location of the escape and the Montgomery County Sheriff Department. The following information must be reported at the time of notification:
    1. Name, weight, height, hair color, eye color, DOB, any identifying marks, (i.e. scars, marks, and tattoos), any known medical concerns, address of escape location, and estimated time of escape to determine if the resident(s) may still be in the area.
    - ii. The On-Duty Supervisor notifies the Program Manager.
    - iii. The On-duty Supervisor notifies assigned Family Specialist.
    - iv. The Family Specialist notifies assigned Probation Officer and requests a warrant.
    - v. The Family Specialist notifies parent(s) / guardian(s).
    - vi. The Program Manager notifies the Director.
    - vii. The Director notifies the Court Administrator and Judges.
  - b. Youth absconding from an Approved Leave Pass: Home Visit and Leave with Permission will have a warrant issued for their arrest and, when apprehended by law enforcement, will be admitted to Montgomery County Juvenile Court Detention Center until the Court makes an final determination of placement.

## D. Documentation:

### 1. Special Incident Report (SIR)

- a. All staff involved in a resident(s) attempted escape or an escape must complete a Significant Incident Report (SIR) prior to end of shift
- b. All completed SIR's are submitted to On-Duty Supervisor prior to end of shift.

### 2. Special Incident Debriefing

- a. The On-duty Supervisor will conduct and organize a debriefing prior to end of shift
  1. The debriefing will include:
    - a. Name of Resident
    - b. Date/Time of Incident
    - c. Location of Incident
    - d. Detailed description of the critical/unusual incident including staff involvement and actions.
    - e. Detailed description of the critical/unusual incident including resident involvement and actions.
    - f. A detailed review of the critical/unusual incident including the impact on staff and juveniles.
  - b. The de-briefing form is submitted to Program Manager for review and approval prior to end of shift.
    2. The Program Manager reviews the Special Incident De-Briefing form and documents compliance with policy and procedure and any/all corrective actions to be taken, if warranted.
    3. The Special Incident De-Briefing form is submitted to Director for review and approval within 72 hours of special incident.
    4. The Director reviews and approves all completed Special Incident De-Briefing forms.
  - d) All completed Special Incident De-Briefing forms are maintained in Special Incident De-Briefing binder located in Administration.

### 3. ODYS Critical Incident Form

- a. The Director of designee completes the ODYS Critical Incident Form and faxes completed form to ODYS describing the circumstances surrounding special incident within 72 hours.
- b. All special incident reports are reviewed and approved by Unit Supervisor, Program Manager, and Director.
- c. These reports maintained within the ODYS Critical Incident binder located in Administration.

**Montgomery County Juvenile Court  
Center for Adolescent Services**

**Chapter:** Facility Operations  
**Subject:** Juvenile Movement  
**Policy:** 3A-09  
**Pages:** 1 of 3  
**Standards:** ACA 3-JCRF-3A-09  
**Issue Date:** 12/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**Policy:** It is the written policy, procedure, and practice provide that staff monitor the movement of juveniles into and out of the facility.

The monitoring of juveniles movement, particularly during the evening and night hours serves as a protection to juveniles, staff, and the public. Therefore the periodic scrutiny of movement into and out of the facility is necessary.

## **VII. Definitions**

### **A. Youth Movement**

- I. Group Movement: Any time a group of youth move within, in and from the facility.
- II. Unsupervised Leave: When a youth is permitted to leave and he/she is under the supervision of the parent(s)/guardian(s) (i.e. leave pass).
- III. Supervised Leave: When a youth is permitted to leave and he/she is under the direct supervision of staff member(s) for the duration of the leave.

B. Head Count: An actual accounting of the youth present, on supervised leave and on unsupervised leave.

### **C. Mechanical Restraints:**

- I. Hand Cuffs: Locking mechanical restraint applied to the wrists to restrict arm/upper body movement.
- II. Waist Chain/Belt: Used in conjunction with handcuffs to further secure/restrict arm/upper body movement.
- III. Shackles: Locking mechanical restraint applied to ankles to restrict leg/lower body movement.

D. Leave Pass Permission/Agreement: Document used granting permission for either unsupervised and/or supervised leave. Approval is required from the Family Specialist or Family Specialist Supervisor, Program Manager(s), Unit Supervisor, Medical, Kitchen, Principal or Lead Teacher, and Director.

- I. Leave Pass Permission Pt.1: Used for all supervised leave.
- II. Leave Pass Permission Pt.2: Used in conjunction with Leave Pass Permission Pt. 1 for all unsupervised leave.

E. Juvenile Movement Report: Document used by Unit Counselor(s) to monitor juvenile movement.

F. Supervisory Shift Report: Document used by Supervisor(s) to monitor juvenile movement.

- G. Control Desk Log: Document used by the Control Desk Clerk to monitor juvenile, staff, and all other party movement.

## VIII. Procedure

### A. Juvenile Movement

- a. The Control Desk Clerk logs juvenile movement within, when entering and when exiting the facility. This movement is documented within the Control Desk Log.
- b. Unit Staff account for youth by conducting a head count of youth throughout the course of scheduled shift. Unit staff are required to conduct this count at the beginning of shift and end of shift. This count is documented on the Juvenile Movement Report.
- c. Group Movement
  1. All group movement is to be conducted in a quiet and orderly fashion under direct staff supervision.
    - a. All youth will be approximately an arms length apart while in line and while moving from one location to another.
    - b. While in line or while moving from one location to another, youth must have both hands behind their back along the waistline with one hand holding the wrist of the other hand.
    - c. Youth will look straight ahead at all times during group movement.
    - d. Youth will not talk during group movement unless a staff member specifically talks to the youth first.
    - e. Youth will not begin moving until given specific direction from the staff persons supervising their group.
  2. Group Movement Supervision
    - a. Supervision of group movement will be conducted in an efficient way that ensures safety and security for staff and youth.
      - i. When youth are in line waiting for the instruction to begin movement, the supervising staff will take a head count and report that to the Control Desk Clerk.
      - ii. The Control Desk Clerk maintains control over the unit door and will open the door electronically when he or she determines that movement can proceed in a safe and orderly fashion.
      - iii. Supervising staff will be located in a position close enough to physically intervene if necessary and with enough distance to maintain visual monitoring of each youth in group.
      - iv. Supervising staff will always take a position slightly behind the last youth in the group with enough of an angle to maintain visual contact with each youth.
- d. Supervised Leave
  - i. All supervised leave (i.e., staff transports) must be approved using the Leave Pass Permission Pt. 1.
  - ii. Supervising staff must remain in the physical presence of the youth at all times, same gender staff if possible.
- e. Unsupervised Leave
  - i. All unsupervised leave must be approved using the Leave Pass Permission Pt.1 and Agreement Pt. 2.

### B. Transportation Ratio

- a. Ratios

- i. Staff transporting youth to/from will transport no more than five (5) youth per one (1) staff.
- ii. Ratio numbers serve as a guideline. Administrative approval must be obtained to increase the number of staff and/or youth during transport(s).

#### C. Restraints

##### 1. Mechanical Restraints

- i. The use of a waist chain/belt, handcuffs, and shackles are mandatory.
- ii. The Director may grant an exception to the use of restraints for brief periods of time, as required for a medical procedure. Supervising staff will contact Director or designee from the provider's office to request authorization.

#### D. Secure Transport Entrance and Exit

1. All secure transports must enter and exit using Intake.

#### E. Vehicle Transportation

##### 1. Non-Secure Vehicle (non caged)

- a. Juvenile is to be placed in rear seat, passenger side.
- b. When two staff are transporting the extra staff member is seated behind the driver with the juvenile seated in rear seat passenger side.
- c. Use childproof locks when available.

##### 2. Seat Belt Policy

- a. Seatbelts and lap restraints are to be used at all times, whether in a court or personal vehicle.



# Montgomery County Juvenile Court Center for Adolescent Services

**Chapter:** Juvenile Housing  
**Subject:** Sleeping Rooms  
**Policy:** Sharing Sleeping Quarters- 3A-10  
**Pages:** 1 of 1  
**Standard(s):** ACA-3-JCRF-3A-10  
**Issue Date:** 12/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**I. Policy:** It is the written policy, procedure and practice of the Center for Adolescent Services to provide that residents committed to the facility do not share sleeping rooms. Each juvenile's room will be a single occupancy room.

## **II. Procedure**

- A. Upon admission each youth is assigned to a single occupancy room that is equipped with an elevated bed, clean mattress, clean pillow, desk, chair/stool, and storage space.
- B. All youth rooms in the facility are single occupancy rooms and at no time will the facility assign more than one (1) youth to a room.
- C. At no time will a juvenile and adult share the same sleeping room.

# Montgomery County Juvenile Court Center for Adolescent Services

**Chapter:** Juvenile Housing  
**Subject:** Sharing Sleeping Quarters  
**Policy:** 3A-11  
**Pages:** 1 of 1  
**Standard(s):** ACA-3-JCRF-3A-11  
**Issue Date:** 12/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**I. Policy: It is the written policy, procedure, and practice of the Center for Adolescent Services to provide that residents committed to the facility do not share sleeping rooms.**

Each juvenile's room will be a single occupancy room. Youth admitted to the facility reside on living units that are physically separate and not physically connected in any way. Male and female youth will not occupy the same sleeping rooms.

## Procedure

- A. Upon admission each youth is assigned to a single occupancy room that is equipped with an elevated bed, clean mattress, clean pillow, desk, chair/stool, and storage space.
- B. All youth rooms in the facility are single occupancy rooms and at no time will the facility assign more than one (1) youth to a room.
- C. At no time will a juvenile and adult share the same sleeping room.
- D. At no time will a male and female resident reside on the same living unit or share the same sleeping room.

# Montgomery County Juvenile Court

## Center for Adolescent Services

**Chapter:** Facility Operations  
**Subject:** Control of Contraband  
Preservation of Physical Evidence  
**Policy:** 3A-12  
**Page:** 1 of 4  
**Standard:** ACA-3-JCRF-3A-12  
**Issued Date:** 12/2001  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**I. Policy:** Written policy, procedure, and practice provide for searches to control contraband and its disposition at a level commensurate with security needs. This policy is made available to staff and juveniles. Policy and procedure are reviewed at least annually and updated, if necessary. Body cavity searches are not conducted within the facility.

### II. Definitions

- A. Control of Contraband Form: Document notifying parents/guardians and residents of search policy, procedures, and practices.
- B. Universal Precautions – Protective procedures developed by the Center for Disease Control, which dictates that all workers should treat blood and/or other body fluid(s) as infectious.
- C. Contraband Disposal Log: Form listing all contraband stored, maintained, and disposed of on an annual basis.
- D. Contraband: Any item in the possession of a person, or contained among the possessions of a person that is not approved by the facility. These items include but are not limited to:
  - i. Items posing a threat to the safety and security to facility operations;
  - ii. Items residing out of the designated inventorying location;
  - iii. Items being used in the furtherance of illegal activity; and
  - iv. Items being the property of another resident, staff, or other person.

### III. Procedure

- A. Staff will be required to make reasonable efforts to detect and confiscate contraband in order to help ensure safety and security. Searches are required in order to fulfill this objective.
- B. Staff will use the least intrusive method of search, respecting dignity and confidentiality, while maintaining a contraband free environment.
- C. Youth and parent(s)/guardian(s) are informed of searching procedures by signed acknowledgement of the following forms:
  - 1. Resident/Parent Handbook
  - 2. Control of Contraband Form
- D. Staff having regular contact with residents shall be trained in effective search techniques.

- E. Searches shall be considered reasonable in the following circumstances:
1. Any time a youth leaves grounds (Supervised Leave and Unsupervised Leave);
  2. On the unit prior to and at location at the end of visitation;
  3. On the unit prior to attending school;
  4. In the classroom prior to returning to unit;
  5. On the unit prior to attending recreation;
  6. In gymnasium prior to returning to unit;
  7. When suspicion arises due to a resident's behavior;
- F. Youth returning to the facility under the circumstances detailed above will undergo the mandatory strip search procedure on Intake before being escorted to their assigned residential unit. On-Duty Supervisor is responsible for ensuring that all residents are appropriately searched upon return to facility.
- G. Recognizing the responsibility for everyone's safety, resident(s) room(s) shall be searched as follows:
1. There is reason to believe that contraband is concealed.
  2. Randomly, at a minimum of one time per week or as deemed necessary.
- H. In order to comply with the established Search Policy, the following procedures shall be followed by staff:
1. All searches shall be conducted in such a way as to protect the resident's privacy, modesty and dignity.
  2. Staff members must wear gloves and practice Universal Precautions.
  3. General and pat-down searches should be conducted within camera view.
  4. When touching is necessary, searches are conducted by a staff of the same gender as the resident.
  5. All searches should be conducted without appearing rushed or confused.
  6. The general search area should be uncluttered and secure.
  7. Staff conducting the search should create and maintain two distinct areas during the search process. One area is designated for residents that have not been searched and the other area is designated for residents that have been searched. Maintaining these two distinct areas prevents the passing of contraband during the search process.
  8. The specific area where the potential of contraband is present is the area in which the searching process begins. As residents are searched they are transitioned into the area designated for residents who have been searched.
  9. All searches are completed one resident at a time.
  10. Other staff should be alerted if there is reason to believe the resident is in possession of a weapon or resistance to the search is anticipated based on the resident's behavior.
- I. Search Types: Searching processes begin with the least intrusive to the most intrusive method and are as follows:
1. General Search
    - a. The Control Desk Clerk will monitor the resident(s) and the searching area, via camera.
    - b. Close visual inspection of the resident's appearance.
    - c. Require resident to empty pockets and turn over all contents in their possession.
  2. Pat Down

- a. Fulfill general search requirements coupled with a physical patting down of all clothing areas where contraband may concealed.
  - i. The Control Desk Clerk will monitor the resident(s) and the searching area, via camera.
  - ii. This shall be accomplished by pressing the clothing to the body.
  - iii. Hair, arm areas, collar, legs, torso, socks and shoes shall be checked carefully, avoiding genital areas.
  - iv. The hand held metal detector may be used at staff discretion.

### 3. Strip Search

- a. All residents returning to the facility must be submitted to a strip search in the Intake Restroom:
  - i. Staff member actively conducting strip search must be the same gender as resident.
  - ii. All strip searches must be overseen by Administrator and/or On-Duty Supervisor.
  - iii. Administrator and/or On-Duty Supervisor serves as a witness to the strip search by maintaining presence in the Intake Area.
  - iv. Administrator/On-Duty Supervisor of opposite gender shall not actively conduct and/or participate in completing strip search.
  - v. Staff member actively conducting strip search stands at Intake Restroom door with door partially open while maintaining privacy for resident.
  - vi. Resident is instructed to provide all clothing to staff member conducting strip search.
  - vii. All resident clothing and undergarments are physically inspected for potential contraband.
  - viii. The resident is instructed to squat.
  - ix. The resident's clothing and undergarments are returned to resident upon completion of strip search.
- b. All other strip searches for residents within the facility must occur in the resident's room on their assigned unit.
  - i. Any/all residents subject to strip search are immediately placed in their room.
  - ii. All strip searches are completed in an orderly, structured manner.
  - iii. One (1) staff member supervises resident in room and one (1) staff member completes room search.
  - iv. In order to respect personal space, staff will maintain a distance of approximately four (4) feet from the resident.
  - v. Both staff members conduct strip search upon completion of individual room search.
  - vi. One (1) staff member conducts strips search in room and one (1) staff member remains in doorway to witness search.
  - vii. Resident is instructed to provide all clothing to staff members conducting strip search.
  - viii. All resident clothing and undergarments are physically inspected for potential contraband.
  - ix. The resident is instructed to squat.
  - x. The resident's clothing and undergarments are returned to resident upon completion of strip search.
  - xi. This process is repeated until all identified residents are searched.

#### 4. Cavity Searches

- a. Request for a cavity search are made through supervisory chain of command.
- b. Cavity searches are prohibited unless approved by a Judge, Court Administrator, and Director.
- c. Cavity Searches are conducted by an outside health care professional at their designated site.
- d. It shall be the Director's responsibility to notify Medical Director indicating authorization for the cavity search and request that the service be arranged through a community provider.
- e. The health care professional shall not be a current employee or contractual service provider with the Medical Services Department.
- f. The results of the cavity search are immediately forwarded to the Director.

#### J. Discovery and Handling of Contraband

1. Contraband items shall include any item possessed by a resident or found within the facility that is illegal by law or expressly prohibited.
2. When discovery of contraband occurs, the item(s) should be identified, secured, and sealed within an 8x10 envelope or biohazard bag. Contraband is not to be handled by additional staff. It must be treated as evidence and may be needed to pursue prosecution of the resident(s) and/or individual(s).
3. All parties directly involved or witness to the discovery of contraband must complete a Special Incident Form.
4. This Special Incident Report(s) are reviewed and approved by Supervisor. The Supervisor attaches all Special Incident Report(s) to the sealed contraband envelope and forwards to the Assigned Administrator .
5. The Assigned Administrator reviews, approves and forwards the Special Incident Report(s) with the sealed contraband to the Director.
6. The contraband is stored in a locked cabinet within the Administrative area.
  - a. Contraband that came into contact with bodily substances/fluids **should not** be placed in the locked contraband box. Please ensure that a photo is taken, and provided to/forwarded to Administration and Medical for retention and documentation, adhering to all protective procedures developed by the Center for Disease Control dictating all staff treat blood and/or other bodily fluid(s) as infection. Please dispose of bodily substances/fluids in biohazard containers.
7. The content and nature of the contraband dictates all subsequent proceedings.
  - a. A determination will be made in terms of level of Behavioral Infraction issued.
  - b. A determination will be made in contacting Probation in filing VCO Probation, if warranted.
  - c. Contacting law enforcement agencies for further investigation and possible new charges.
8. Upon completion of the disciplinary process and/or legal proceedings, contraband is to be disposed of by a designated administrator. The disposal schedule will occur a minimum of one (1) time annually.
  - a. Contraband Disposal Log: All contraband items are logged detailing the following:
    - i. Date of incident
    - ii. Staff Reporting
    - iii. Supervisor on Duty
    - iv. Resident Involved and/or Area Located

- v. Description
- vi. Disposal Method

## Montgomery County Juvenile Court Center for Adolescent Services

**Chapter:** Facility Operations  
**Subject:** Tools, Equipment and Keys  
**Policy:** Control- 3A-13  
**Page:** 1 of 16  
**Standards:** ACA 3-JCRF-3A-13 (Mandatory)  
**Revised:** January 2001, February 2022  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

- I. Policy Written policy, procedure and practice govern the control and use of tools, equipment, and keys.
- II. Definitions:
  - A. CAS I Key Watcher Cabinet (Control Desk): rugged steel cabinet used to store all Daily Operation Keys (DOK). Access to the cabinet is controlled by USER ID and Personal Identification Number (PIN).
  - B. CAS II Key Watcher Cabinet (Administration): rugged steel cabinet used to store all Miscellaneous Duplicate Operational Keys (MDO). Access to the cabinet is controlled by USER ID and Personal Identification Numbers (PIN).
  - C. Key Pro Software- computer software that enables system managers to establish permission levels for each User Code and monitor data from any desktop connected to the network. The software can run activity reports, sort based on different criteria, view and print reports. Staff members can generate practical management reports, which trace key movements by time, date and user code. An audit trail report indicates the time and date of every key accessed by a user for a given time parameter.
  - D. Smart Keys-keys rings that feature an identification chip and 1/8" stainless steel locking ring for additional security and functionality. When a Smart Key is inserted into a Key Watcher key slot, identification chip data is stored and then retrieved after a key is properly accessed.
  - E. Key Pro Reports- documents generated based on specific key, user or alarm transaction including the ability to sort by last name, first name, ascending and descending sequential order.
  - F. Daily Operational Keys (DOK)- keys that are used in the daily operation are controlled and maintained in the Key Watcher Cabinet (CAS I) located within the Control Desk area.
  - G. Miscellaneous & Duplicate Operation Keys (MDO)- keys that are not used in the daily operation and duplicate keys are controlled and maintained in the Key Watcher Cabinet (CAS II) located within the Administration Training Room.



- H. First Aid Kits & Infectious Control Kits form: Document detailing the inventory of the first aid kit(s) and infectious control kits.
- I. Quarter: Three (3) month segments of time.
- J. Security Zone(s): There are two security zones within CAS: Secure and Non-secure.
  - 1. Secure zones are locations within CAS that resident(s) may have access to that also store/maintain key, tool, and equipment item(s).
  - 2. Non-secure zones are located on CAS grounds that resident(s) do not have access to that also store/maintain key, tool, and equipment item(s).
- K. Special Incident Report: Document detailing critical incident(s).
- L. Smart Keys – Smart Keys are computerized tags attached to DOK & MOD key(s). Smart keys secure keys to identified key sets, are tamper proof, and when not in use are housed in the CAS I Key Watcher Cabinet (Control Desk) and CAS II Key Watcher Cabinet (Administration)
  - 1. Smart Keys are equipped with memory chips which store the following: key identification, level of access, i.e., restricted key, time frames of permitted use, etc.
- M. Supply Control Log: Document detailing supplies specific to location(s).
- N. Control of Tool and Equipment Log: Document detailing the inventory of tool and/or equipment items, specific to location(s).
- O. Medical Sharps Inventory: Document completed daily inventorying medical sharps.
- P. Chemical & Equipment Inventory: Document detailing the inventory of chemical(s) and cleaning equipment.
- Q. Hazard Analysis Critical Control Points Sheet: Document completed weekly by the Kitchen Supervisor or designee that details the analysis and corrective action(s) food preparation area(s) and equipment.
- R. Kitchen Knife Inventory: Document completed twice daily that inventories the contents of the secure knife cabinet.
- S. Dock Storage Area Inventory: Document completed monthly detailing the inventory additional kitchen tool and equipment item(s).
- T. Laundry/Supply Room Inventory: Document detailing facility supplies within the secure, caged area of the Laundry/Supply Room.
- U. Facility Supply Request Slip(s): Document used by staff to request facility supplies.
- V. Emergency Key Lock Box I and II- small tool box(es) located at Control Desk (Lock Box I) and Administration Training Room ( Lock Box II) used to store DOK and MOD keys during emergency situations.

W. CAS I Key Release: the combination lockbox located at the Control Desk with the spare key to the CAS I Key Watcher Cabinet.

X. CAS II Key Release: the combination lockbox located at the Administrative Suite LAN Closet (Room #1013) with the spare key to the CAS II Key Watcher Cabinet.

### III. Procedure

A. Metal and glass objects are prohibited within the secure side of the facility.

#### B. Keys:

1. Upon hire, new staff will sign Receipt of Keys and Acknowledgement of Use form.
2. Key access is restricted by User and Access Level.
3. All KeyWatcher cabinets require user with access to the key in order for it to be released.
4. All staff members are required to use a uniquely assigned USERID and Personal Identification Number (PIN) to obtain keys.
5. Secure key returns require that users returning keys must be the same users that removed the key.
6. All staff members must return any keys obtained during their shift at the end of their shift.
7. Safety & Security:
  - a. Staff members must maintain facility keys on their persons at all times.
  - b. Staff members are prohibited from sharing and/or exchanging assigned USER ID and Personal Identification number (PIN).
  - c. Youth are prohibited from possessing and/or using facility keys.
8. Missing and/or Lost Keys
  - a. Missing and/or lost keys requires immediate notification from the witnessing/directly involved staff to the On-Duty Supervisor to determine the level of response based upon the risk to safety and security.
  - b. The On-Duty Supervisor notifies Administration in order to plan appropriate search procedures, if applicable, as permitted in Policy 3A-12.
  - c. A Special Incident Report must be completed by the end of shift by all parties witness to and directly involved.
  - d. Upon the circumstance that a staff member leaves the facility with keys, the Control Desk Clerk is to immediately notify the On-Duty Supervisor. The On-Duty Supervisor contacts the staff member and instructs them to immediately return the keys.
9. Key Inventory:
  - a. Annual Inventory: All DOK and MOD keys are inventoried by the Director or designee.
    - i. This annual inventory is submitted to Director for review
  - b. All keys are identified by number and sealed with Smart Key locking tags.

## 10. Daily Operation Key(s) (DOK)

- a. DOK that are used in the daily operation are controlled and maintained in the Key Watcher Cabinet (CAS I) located within the Control Desk area.
- b. Shift Inventory: Control Desk Clerk(s) generates Key Watcher Transaction Report through KeyPro Software for all transactions by date and time range of scheduled shift.
- c. Shift Transactions Report is emailed to “CAS ALL.”
- d. DOK Retrieval
  - i. Press any key on the keypad to activate the system.
  - ii. Enter your assigned 4-digit USER ID number, followed by your 4-digit PIN, and press ENT.
  - iii. Enter the numbers of the keys you wish to remove, separated by ENT. Press ENT a second time when you are finished entering all the key numbers you wish to remove. For example, if you wish to remove keys 2, 3, 7, and 12, you would press 2 ENT 3 ENT 7 ENT 12 ENT. If you wish to remove key 1 only, you would press 1 ENT ENT. If you are allowed access to the keys entered, the KeyWatcher will open, then begin releasing the keys 1 at a time. Door will remain released for 10 seconds.
  - iv. All released keys are obtained and distributed by the Control Desk Clerk through the secure pass through drawer and obtained by the requesting staff member.
- e. DOK Return
  - i. Press any key on the keypad to activate the system.
  - ii. Enter your assigned 4-digit USER ID number, followed by your 4-digit PIN, and press ENT.
  - iii. Press the down arrow. Select return keys. Press ENT.
  - iv. Enter the number of keys that you are returning. Press ENT. Provide Control Desk Clerk with keys through Secure Pass Through Drawer.
  - v. After the keys are returned the following will be displayed: KEY RETURNS COMPLETED
  - vi. The KeyWatcher will open again if the door is closed before the total number of keys are returned.
  - vii. If an attempt is made to return keys to the KeyWatcher when no keys are out, a message will be displayed saying No Keys In Use.
- f. DOK Emergency Key Release
  - i. In the event of an emergency that requires all keys to be removed from the Key Watcher Cabinet (CAS I), there is a function that allows for quick removal of all keys.
  - ii. All staff members have the ability to execute Emergency Key Release, from Key Watcher Cabinet (CAS I), using their assigned USER ID and PIN.
    1. Staff members may perform this function with supervisory and/or administrative approval during emergency situations.
  - iii. The Emergency Release can be canceled at any time by simply closing the door.
  - iv. To remove all keys via Emergency Release, perform the following steps:
    1. Press any key on the keypad to activate the system.
    2. Enter your 4-digit user ID number, followed by your 4-digit PIN, followed by the number 9, and press ENT. For example, if your

user code is 1520, and your PIN is 4585, you would press 1520-45859 ENT.

3. In the event that the DOK Emergency Key Release process does not work using the keypad, please use the Key Watcher Cabinet (CAS I) spare key located in the lock box at Control Desk. This combination lock box is labeled CAS I Key Release. The combination to the lockbox is 2001.
4. Staff member positioned at Key Watcher Cabinet (CAS I) will open door upon lock release.
5. Staff will manually remove all DOK keys from KeyWatcher Cabinet (CAS I) and immediately place all DOK keys in Emergency Key Lock Box I.
6. Staff will close and secure the Emergency Key Lock Box.
7. Staff will immediately provide the On-Duty Supervisor with Emergency Lock Box I and take position as indicated in Policy 3B-06 Emergency Plan and Policy 3B-08 Evacuation Procedures.
8. On-Duty Supervisor maintains Emergency Key Lock Box I until an 'all-clear' is obtained from responding fire/emergency agencies prior to re-entering the facility.
9. Upon receipt of 'all-clear,' On-Duty Supervisor will return all DOK to the Key Watcher Cabinet (CAS I).

#### 11. Miscellaneous & Duplicate Operation Keys (MDO)

- a. MDO that are not used in the daily operation are controlled and maintained in the Key Watcher Cabinet (CAS II) located within the Administration Training Room.
- b. MDO Retrieval
  - i. Press any key on the keypad to activate the system.
  - ii. Enter your assigned 3-digit USER ID number, followed by your 4-digit PIN, and press ENT.
  - iii. Enter the numbers of the keys you wish to remove, separated by ENT. Press ENT a second time when you are finished entering all the key numbers you wish to remove. For example, if you wish to remove keys 2, 3, 7, and 12, you would press 2 ENT 3 ENT 7 ENT 12 ENT. If you wish to remove key 1 only, you would press 1 ENT ENT. If you are allowed access to the keys entered, the KeyWatcher will open, then begin releasing the keys 1 at a time. Door will remain released for 10 seconds.
- c. MDO Return
  - i. Press any key on the keypad to activate the system.
  - ii. Enter your assigned 3-digit USER ID number, followed by your 4-digit PIN, and press ENT.
  - iii. Press the down arrow. Select return keys. Press ENT.
  - iv. After the keys are returned to the cabinet the following will be displayed: KEY RETURNS COMPLETED
  - v. The KeyWatcher will open again if the door is closed before the total number of keys are returned.
  - vi. If an attempt is made to return keys to the KeyWatcher when no keys are out, a message will be displayed saying No Keys In Use.
- d. MDO Emergency Key Release

- i. In the event of an emergency that requires all keys to be removed from the Key Watcher Cabinet (CAS II), there is a function that allows for quick removal of all keys.
- ii. All staff members have the ability to execute Emergency Key Release, from Key Watcher Cabinet (CAS II), using their assigned USER ID and PIN.
  1. Staff members may perform this function with supervisory and/or administrative approval during emergency situations.
- iii. The Emergency Release can be canceled at any time by simply closing the door.
- iv. To remove all keys via Emergency Release, perform the following steps:
  1. Press any key on the keypad to activate the system.
  2. Enter your 3-digit user ID number, followed by your 3-digit PIN, followed by the number 9, and press ENT. For example, if your user code is 152, and your PIN is 4585, you would press 152-45859 ENT.
  3. In the event that the MDO Emergency Key Release process does not work using the keypad, please use the Key Watcher Cabinet (CAS II) spare key located in the lock box in the Administrative Suite LAN Closet (Room #1013). This combination lock box is labeled CAS II Key Release. The combination to the lockbox is 2001.
  4. Staff member positioned at Key Watcher Cabinet (CAS II) will open door upon lock release.
  5. Staff will manually remove all MDO keys from KeyWatcher Cabinet (CAS II) and immediately place all DOK keys in Emergency Key Lock Box II.
  6. Staff will close and secure the Emergency Key Lock Box.
  7. Staff will immediately provide the Supervisor On-Duty with Emergency Lock Box II and take position as indicated in Policy 3B-06 Emergency Plan and Policy 3B-08 Evacuation Procedures.
  8. Supervisor On-Duty maintains Emergency Key Lock Box II until an 'all-clear' is obtained from responding fire/emergency agencies prior to re-entering the facility.
  9. Upon receipt of 'all-clear,' On-Duty Supervisor will return all MDO to the Key Watcher Cabinet (CAS II).

## 12. Tool and Equipment Item(s)

- a. Lost or Missing Tool and Equipment Item(s)
  - i. Supply, tool and equipment item(s) can cause serious injury and/or death.
  - ii. Lost and/or missing supply, tool and equipment item(s) require immediate notification from the witnessing/directly involved staff to the On-Duty Supervisor.
  - iii. The On-Duty Supervisor notifies Administration in order to plan appropriate search practices, if applicable, as permitted in Policy 3A-12; Control of Contraband.
  - iv. A Special Incident Report will be completed by the end of shift by all parties witness to and directly involved.

- b. Radio, Hand Cuff, Leg Restraint and Transportation Belt Equipment:
  - i. Safety & Security:
    - 1. Radio(s) are restricted from residents.
    - 2. Handcuff, leg restraint and transportation belt equipment item(s) are restricted from residents.
  - ii. Inventory Process:
    - 1. Radio, hand cuff, leg restraint and transportation belt equipment item(s) are issued from the Control Desk by Control Desk Staff.
    - 2. Radio, hand cuff, leg restraint and transportation belt equipment item(s) are inventoried each shift, daily on the Control Desk Log.
  - iii. Personal Protection Pouch(es), PPP:
    - 1. Safety & Security:
      - a. PPP are restricted from resident(s).
      - b. PPP are issued to staff from the Control Desk at the beginning of each shift. PPP are returned to the Control Desk by staff at the conclusion of each shift.
    - 2. PPP Inventory Process:
      - a. PPP carried by Youth Specialists and are inventoried on the Control Desk Log, each shift, daily.

### 13. Custodial

- a. Safety & Security
  - i. Residents will not have unsupervised access to custodial closet(s).
  - ii. Residents will be instructed on the proper use of cleaning agents & cleaning equipment and will be supervised by staff at all times.
- b. Custodial Locations:
  - i. Unit Custodial Closets;
  - ii. Dining Room Custodial Closets;
  - iii. Administration Custodial Closet; and
  - iv. Cleaning Supply Room, Rm. 1044
- c. Custodial Closets Inventory, CC
  - i. Cleaning Agents)
    - 1. Use and control of CC cleaning agent(s) are inventoried by facility support and logged daily using the Custodial Closet Chemical and Equipment Inventory form.
    - 2. Completed Custodial Closet Chemical and Equipment Inventory form(s) are forwarded to Administration for retention.

### 14. Custodial Cleaning Cart

- a. Safety & Security
  - i. Residents will not have unsupervised access to the custodial cleaning cart
  - ii. Residents will be instructed on the proper use of cleaning agents & cleaning equipment and will be supervised by staff at all times.
  - iii. The cleaning cart is maintained within the secure Cleaning Supply Room, (Rm. 1044), located on the Loading Dock.
- a. Custodial Cleaning Cart Inventory
  - i. Cleaning Agents
    - 1. Use and control of cleaning cart cleaning agents are inventoried by each staff member using the cleaning cart via the Chemical and Equipment Inventory form.

2. The Facility Support will review & sign the Chemical and Equipment Inventory form.
3. Completed Custodial Cart Chemical and Equipment Inventory form(s) are forwarded to Administration for retention.

15. Laundry/Supply Room:

- a. This is a restricted area controlled by restricted key access.
- b. Safety & Security: The laundry/supply room is non-secure and residents are restricted from this area.
- c. Facility Supplies Process
  - i. Staff can request facility supplies using Facility Supply Request Slips.
  - ii. Facility supply request slips are available to all staff and located within the main interlock.
  - iii. Facility supply request slips are submitted to the Facility Support or designee and filled within forty-eight (48) hours of receipt.
  - iv. The Facility Support will deliver the requested supplies to the indicated area and have the receiving staff sign/date the facility supply request slip in acknowledgment.
  - v. Upon completion of supply request(s) the Facility Support or designee will acknowledge completion by signing/dating the facility supply request slip.
  - vi. The Facility Support permanently maintains all completed facility supply request slip(s).

16. Facility Supply Inventory

- a. Use and control of facility supplies are inventoried by the Facility Support bi-weekly using the Laundry/Supply Room Inventory Log.
- b. Completed laundry/supply room inventory(s) are permanently maintained within the storage room.
- c. Facility Supply Inventory Supervision:
  - i. The laundry/supply room inventory is subject to quarterly review by the Director or designee.
  - ii. Upon completion of the quarterly review Director or designee will sign/date the inventory acknowledging its accuracy.

17. Meal Service: Eating Utensil Control and Supervision

- a. Meal Service(s) are conducted within secure locations.
- b. All eating utensils will be inventoried after each use in accordance with the following procedure:
  - i. Cafeteria Meal Service:
    1. Beginning of meal service
      - a. Food service staff will communicate the number of eating utensils issued to youth to the supervising staff member(s) prior to the food service.
      - b. Each youth visually displays his/her eating utensils to supervising staff member(s) and receives acknowledgement before sitting down at the table.
    2. Conclusion of meal service
      - a. Supervising staff member is positioned at the return window at the conclusion of meal service.

- b. The youth is to display his/her utensils to supervising staff member(s) and receive acknowledgement before placing utensils in the return window.
- c. Supervising staff member(s) will communicate to food service staff the number of food utensils returned at the end of food service. It is the responsibility of the supervising staff member(s) to ensure that all utensils are accounted for after each meal.

ii. Unit Meal Service:

- 1. All cellophane wrapping must be removed by supervising staff prior to meal service.
  - 2. All youth served on the unit(s) are served using disposable paper products (i.e., paper plate, plastic spoon, and Styrofoam cup).
  - 3. The supervising staff member(s) is responsible for ensuring that all meal service items (i.e., paper plate, plastic spoon, and Styrofoam cup) are accounted for each youth and removed from the unit and placed on food service cart located at the Control Desk.
  - 4. The food service staff member is responsible for securing all unit meal service items after each meal service and communicating and confirming with the On-Duty Supervisor the number of meal service items returned.
  - 5. All meal service items are returned to kitchen.
- a. Any missing utensils or kitchen equipment must be handled in accordance with Policy 3A-12: Control of Contraband.

18. Kitchen:

a. Safety & Security:

- i. The following are secure kitchen area(s) and are controlled by restricted key access:
  - 1. Food preparation & serving
  - 2. Walk-in refrigerator and freezer
  - 3. Kitchen Supervisor's Office
  - 4. Secure dry storage areas (Rm. 1024 & 1044)
- ii. The following is a non-secure kitchen area:
  - 1. Loading Dock Storage Room, Rm.# 1067

b. Kitchen Inventory Process:

- i. Completed kitchen inventory form(s) are permanently maintained within the Kitchen Supervisor's Office.
- ii. Culinary equipment that can cause serious injury and/or death will be stored and inventoried in the following manner:
- iii. Kitchen Knife Inventory:
  - 1. When not in active use all small bladed kitchen tool(s) are secured/maintained within the locked knife cabinet.
  - 2. Small bladed kitchen tool(s) are inventoried twice daily by the Kitchen Supervisor or designee on the Kitchen Knife Inventory.

iv. Kitchen Equipment Inventory:



1. Food preparatory equipment is stored/maintained within the Kitchen.
2. Food preparatory equipment is reviewed and evaluated by the Kitchen Supervisor or designee weekly using the Hazard Analysis Critical Control Points Sheet.

c. Kitchen Inventory Supervision:

- i. All kitchen inventories are subject to quarterly review by the Director or designee.
- ii. Upon completion of the quarterly review Director or designee will sign/date the inventory acknowledging its accuracy.

19. Medical Tool Item(s)

a. Safety & Security:

- i. The medical department is a secure location and is controlled by restricted key access:
- ii. Residents will not have unsupervised access to the medical department.
- iii. Medical tool and equipment item(s) are stored and maintained within the locked cabinets in the Medical Services Office.

b. Medical Tool Inventory

- i. Medical sharps are inventoried daily, excluding weekend(s) and holiday(s) by the Nurse and/or EMT-B on the Medical Sharps Inventory.
- ii. Completed medical sharps inventory form(s) are permanently maintained within the medical department.
- iii. Medical Sharps Inventory Supervision:
  1. The sharps inventory is subject to quarterly review by the Director or designee.
  2. Upon completion of the quarterly review Director or designee will sign/date the inventory acknowledging its accuracy.

20. Med Cart Sharps

a. Safety & Security:

- i. The med cart is a secure location and is controlled by restricted key access:
- ii. Sharps (i.e., razor(s)) are stored within the locked, secured Med Cart.

b. Med Cart Sharps Request and Disposal

i. Requesting Process

1. Staff request shaving razor(s) from the On-Duty Supervisor.
2. On-Duty Supervisor will obtain requested razor(s) from secure med cart.
3. On-Duty Supervisor will indicate the amount of razor(s) taken and the remaining razor balance on the Med Cart Sharps Sign-in/out sheet.

ii. Disposal Process

1. Staff provides On-Duty Supervisor with razor(s) upon conclusion of use and ready for disposal.
2. On-Duty Supervisor disposes of razor(s) within the secure sharps disposal container located within the Medical Department.

c. Med Cart Sharps Inventory Process

- i. Sharps (i.e., razors) are inventoried daily, excluding weekend(s) and holiday(s) by the Nurse and/or EMT-B on the Med Cart Sharps Inventory.
- ii. Completed med cart sharps inventory form(s) are permanently maintained within the medical department.
- iii. Med Cart Sharps Inventory Supervision:
  - 1. The sharps inventory is subject to quarterly review by the Director or designee. The Director or designee will sign/date the inventory acknowledging its accuracy.

21. Academic Classroom(s):

- a. Safety & Security:
  - i. Academic classroom(s) are secure locations.
  - ii. Residents will not have unsupervised access to academic classroom(s).
- b. Academic Classroom Inventory Process:
  - i. Academic classroom(s) are inventoried monthly by classroom teacher and/or lead teacher using the Control of Tool(s) and Equipment Inventory.
  - ii. Completed control of tool(s) and equipment inventory forms will be permanently maintained within each classroom.
  - iii. Academic Classroom Inventory Supervision:
    - 1. Each academic classroom inventory is subject to monthly review by the Principal and/or Lead Teacher.
    - 2. Upon completion of the monthly review the Principal and/or Lead teacher sign/date the inventory acknowledging the accuracy of the inventory.
    - 3. Each academic classroom inventory is subject to a quarterly review by the Program Manager.
    - 4. Upon completion of the quarterly review the Program Manager will sign/date the inventory acknowledging the accuracy of the inventory.

22. Weight Room Equipment (WRE)

- a. Safety & Security:
  - i. The weight room, Rm. 1023, is a secure location.
  - ii. Residents will not have unsupervised access to weight room.
  - iii. All weight room equipment pins are secured and maintained in locked cabinet after each use.
- b. Weight Room Inventory Process.
  - i. WRE is inventoried monthly by the lead teacher using the Control of Tool(s) and Equipment Inventory.
  - ii. Completed control of tool(s) and equipment inventory form(s) will be permanently maintained within the Gymnasium Supply Room.
  - iii. Weight Room Equipment Inventory Supervision:
    - 1. The WRE is subject to monthly review by the Principal and/or Lead Teacher.
    - 2. Upon completion of the monthly review the Principal and/or Lead teacher sign/date the inventory acknowledging the accuracy of the inventory.
    - 3. Each academic classroom inventory is subject to a quarterly review by the Director or designee.

4. Upon completion of the quarterly review the Director or designee will sign/date the inventory acknowledging the accuracy of the inventory.

23. Gymnasium Storage Room (GSR)

- a. Safety & Security
  - i. The Gymnasium Storage Room, Rm. 1024, is a secure location and is controlled by restricted key access:
- b. Gymnasium Storage Room Inventory Process:
  - i. GSR is inventoried monthly by the lead teacher using the Control of Tool(s) and Equipment Inventory.
  - ii. Completed control of tool(s) and equipment inventory form(s) will be permanently maintained with Lead Teacher inventory.
  - iii. Gymnasium Storage Room Inventory Supervision:
    1. The GSR is subject to monthly review by the Principal and/or Lead Teacher.
    2. Upon completion of the monthly review the Principal and/or Lead teacher sign/date the inventory acknowledging the accuracy of the inventory.
    3. Each academic classroom inventory is subject to a quarterly review by the Director or designee.
    4. Upon completion of the quarterly review the Director or designee will sign/date the inventory acknowledging the accuracy of the inventory.

24. Maintenance Tool and Equipment Item(s)

- a. Maintenance tool and equipment item(s) will be under the control and supervision of maintenance staff in collaboration with the Director or designee.
- b. Safety & Security
  - i. Maintenance tool and equipment item(s) are restricted from resident(s).
- c. Maintenance Tool and Equipment Item Location(s):
  - i. Loading Dock:
    1. Mechanical Room
    2. Electrical Room
  - ii. Mezzanine(s): Rm. 1028, Rm. 1091, Rm. 1145
  - iii. Garage: Storage & Maintenance Workshop
- d. Maintenance Tool and Equipment Access:
  - i. The following staff is authorized to access maintenance tool and equipment item(s): Maintenance staff and Administrative staff.
  - ii. Emergency Access
    1. In the event of an after hour maintenance emergency the On-Duty Supervisor will contact the Director or designee to inform him/her of the situation at hand and request access.
    2. The Director or designee will contact the Maintenance Supervisor or the Public Works Maintenance Representative to inform them of the situation at hand and determine the level of response based upon the safety and security.
    3. The Director or designee will contact the On-Duty Supervisor and inform him/her of the appropriate response and if maintenance tool/equipment accessibility is authorized.

- e. Maintenance Tool and Equipment Sign-In/Out Process
  - i. In the absence of Maintenance staff, Administrative staff are permitted to access tools and equipment, if necessary.
  - ii. All tool and equipment item(s) used after maintenance hours will be signed out of their permanent storage area(s) utilizing the tool/equipment sign-in/out sheet(s) specific to tool/equipment location(s)
  - iii. All tool and equipment item(s) used after maintenance hours will be maintained on person, immediately returned to its permanent storage area(s), and signed back in on the tool/equipment sign-in/out sheet.
  - iv. Completed tool/equipment sign-in/out sheet(s) will be permanently maintained within the Maintenance Workshop located in the Garage.
  
- f. Maintenance Tool Cart (MTC)
  - i. Safety & Security
    - 1. The MTC is stored within the Mechanical Room located on the Loading Dock.
    - 2. The MTC is restricted in nature and only permitted within the secure perimeter of CAS when accompanied by maintenance staff.
    - 3. Resident(s) are not permitted access to the MTC or it's content(s).
    - 4. The MTC is secured by latching bar and pad lock.
    - 5. MTC is secured immediately after each use.
  
  - ii. MTC Inventory Process
    - 1. The MTC is inventoried daily, excluding weekends and holidays, by Maintenance staff using the Control of Tool and Equipment Log.
    - 2. Completed control of tool and equipment log(s) are permanently maintained within the Garage's Maintenance Workshop.
  
  - iii. MTC Inventory Supervision:
    - 1. MTC inventory is subject to annual review by the Director or designee.
    - 2. Upon completion of the annual review the Director or designee will sign/date the inventory acknowledging its accuracy.
  
- g. Mezzanine Equipment
  - i. Safety & Security: Mezzanine(s) are non-secure locations and resident(s) are restricted.
  
  - ii. Mezzanine Inventory Process:
    - 1. Mezzanine Equipment is inventoried quarterly by Maintenance staff using the Control of Tool and Equipment Log.
    - 2. Completed control of tool and equipment log(s) are permanently maintained within the Garage's Maintenance Workshop.
    - 3. Mezzanine Inventory Supervision:
      - i. Mezzanine inventory is subject to annual review by the Director or designee.
      - ii. Upon completion of the annual review the Director or designee will sign/date the inventory acknowledging its accuracy.
  
- h. Garage

- iv. Safety & Security: The Garage a non-secure location but and is controlled by restricted key access:
  - i. This is a restricted area and no resident(s) are permitted.
  - ii. The garages contain equipment, workshop, and storage.
  - iii. Garage Storage (GS)
    - 1. GS Inventory Process:
      - i. Maintenance Tool and Equipment item(s) within the Garages Storage is inventoried quarterly by Maintenance staff using the Control of Tool and Equipment Log.
      - ii. New tool and equipment item(s) purchases are added to the inventory by maintenance staff or designee upon purchase.
      - iii. Completed control of tools and equipment log(s) are permanently maintained within the Garage's Maintenance Workshop.
    - iv. GS Inventory Supervision:
      - a. GS inventory is subject to annual review by the Director or designee.
      - b. Upon completion of the annual review the Director or designee will sign/date the inventory acknowledging its accuracy.

- iv. Maintenance Workshop, MW
  - 1. MW Inventory Process:
    - i. Maintenance Tools and Equipment within the Maintenance Workshop is inventoried quarterly by Maintenance staff using the Control of Tool and Equipment Log.
    - ii. New tool and equipment item(s) purchases are added to the inventory by maintenance staff or designee upon purchase.
    - iii. Completed control of tools and equipment log(s) are permanently maintained within the Garage's Maintenance Workshop.
  - iv. MW Inventory Supervision:
    - a. MW inventory is subject to annual review by the Director or designee.
    - b. Upon completion of the annual review the Director or designee will sign/date the inventory acknowledging its accuracy.

# Montgomery County Juvenile Court

## Center for Adolescent Services

**Chapter:** Facility Operations  
**Subject:** Control of Contraband  
**Policy:** 3A-14  
**Page:** 1 of 4  
**Standard:** ACA-3-JCRF-3A-14  
**Revised:** January 1995  
**Reviewed:** September 2020, April 2021, August 2022  
**Authorized by:** William Shaffer, Director

**IV. Policy:** Written policy, procedure and practice of CAS to provide for the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or facility regulation. At a minimum, the procedures shall address the following:

- E. Chain of Custody;
- F. Evidence Handling;
- G. Location and Storage Requirements

### V. Definitions

- B. Control of Contraband Form: Document notifying parents/guardians and residents of search policy, procedures, and practices.
- C. Universal Precautions – Protective procedures developed by the Center for Disease Control, which dictates that all workers should treat blood and/or other body fluid(s) as infectious.
- D. Contraband Disposal Log: Form listing all contraband stored, maintained, and disposed of on an annual basis.
- E. Contraband: Any item in the possession of a person, or contained among the possessions of a person that is not approved by the facility. These items include but are not limited to:
  - i. Items posing a threat to the safety and security to facility operations;
  - ii. Items residing out of the designated inventorying location;
  - iii. Items being used in the furtherance of illegal activity; and
  - iv. Items being the property of another resident, staff, or other person.

### VI. Procedure

- K. Staff will be required to make reasonable efforts to detect and confiscate contraband in order to help ensure safety and security. Searches are required in order to fulfill this objective.
- L. Staff will use the least intrusive method of search, respecting dignity and confidentiality, while maintaining a contraband free environment.
- M. Youth and parent(s)/guardian(s) are informed of searching procedures by signed acknowledgement of the following forms:
  - 1. Resident/Parent Handbook
  - 2. Control of Contraband Form

- N. Staff having regular contact with residents shall be trained in effective search techniques.
- O. Searches shall be considered reasonable in the following circumstances:
8. Any time a youth leaves grounds (Supervised Leave and Unsupervised Leave);
  9. On the unit prior to and at location at the end of visitation;
  10. On the unit prior to attending school;
  11. In the classroom prior to returning to unit;
  12. On the unit prior to attending recreation;
  13. In gymnasium prior to returning to unit;
  14. When suspicion arises due to a resident's behavior;
- P. Youth returning to the facility under the circumstances detailed above will undergo the mandatory strip search procedure on Intake before being escorted to their assigned residential unit. On-Duty Supervisor is responsible for ensuring that all residents are appropriately searched upon return to facility.
- Q. Recognizing the responsibility for everyone's safety, resident(s) room(s) shall be searched as follows:
3. There is reason to believe that contraband is concealed.
  4. Randomly, at a minimum of one time per week or as deemed necessary.
- R. In order to comply with the established Search Policy, the following procedures shall be followed by staff:
11. All searches shall be conducted in such a way as to protect the resident's privacy, modesty and dignity.
  12. Staff members must wear gloves and practice Universal Precautions.
  13. General and pat-down searches should be conducted within camera view.
  14. When touching is necessary, searches are conducted by a staff of the same sex as the resident.
  15. All searches should be conducted without appearing rushed or confused.
  16. The general search area should be uncluttered and secure.
  17. Staff conducting the search should create and maintain two distinct areas during the search process. One area is designated for residents that have not been searched and the other area is designated for residents that have been searched. Maintaining these two distinct areas prevents the passing of contraband during the search process.
  18. The specific area where the potential of contraband is present is the area in which the searching process begins. As residents are searched they are transitioned into the area designated for residents who have been searched.
  19. All searches are completed one resident at a time.
  20. Other staff should be alerted if there is reason to believe the resident is in possession of a weapon or resistance to the search is anticipated based on the resident's behavior.
- S. Search Types: Searching processes begin with the least intrusive to the most intrusive method and are as follows:
5. General Search
    - a. The Control Desk Clerk will monitor the resident(s) and the searching area, via camera.
    - b. Close visual inspection of the resident's appearance.
    - c. Require resident to empty pockets and turn over all contents in their possession.
  6. Pat Down

- b. Fulfill general search requirements coupled with a physical patting down of all clothing areas where contraband may concealed.
  - i. The Control Desk Clerk will monitor the resident(s) and the searching area, via camera.
  - ii. This shall be accomplished by pressing the clothing to the body.
  - iii. Hair, arm areas, collar, legs, torso, socks and shoes shall be checked carefully, avoiding genital areas.
  - iv. The hand held metal detector may be used at staff discretion.

## 7. Strip Search

- c. All residents returning to the facility must be submitted to a strip search in the Intake Restroom:
  - x. Staff member actively conducting strip search must be the same gender as resident.
  - xi. All strip searches must be overseen by Administrator and/or On-Duty Supervisor.
  - xii. Administrator and/or On-Duty Supervisor serves as a witness to the strip search by maintaining presence in the Intake Area.
  - xiii. Administrator/On-Duty Supervisor of opposite gender shall not actively conduct and/or participate in completing strip search.
  - xiv. Staff member actively conducting strip search stands at Intake Restroom door with door partially open while maintaining privacy for resident.
  - xv. Resident is instructed to provide all clothing to staff member conducting strip search.
  - xvi. All resident clothing and undergarments are physically inspected for potential contraband.
  - xvii. The resident is instructed to squat.
  - xviii. The resident's clothing and undergarments are returned to resident upon completion of strip search.
- d. All other strip searches for residents within the facility must occur in the resident's room on their assigned unit.
  - xii. Any/all residents subject to strip search are immediately placed in their room.
  - xiii. All strip searches are completed in an orderly, structured manner.
  - xiv. One (1) staff member supervises resident in room and one (1) staff member completes room search.
  - xv. In order to respect personal space, staff will maintain a distance of approximately four (4) feet from the resident.
  - xvi. Both staff members conduct strip search upon completion of individual room search.
  - xvii. One (1) staff member conducts strips search in room and one (1) staff member remains in doorway to witness search.
  - xviii. Resident is instructed to provide all clothing to staff members conducting strip search.
  - xix. All resident clothing and undergarments are physically inspected for potential contraband.
  - xx. The resident is instructed to squat.
  - xxi. The resident's clothing and undergarments are returned to resident upon completion of strip search.
  - xxii. This process is repeated until all identified residents are searched.



## 8. Cavity Searches

- g. Request for a cavity search are made through supervisory chain of command.
- h. Cavity searches are prohibited unless approved by a Judge, Court Administrator, and Director.
- i. Cavity Searches are conducted by an outside health care professional at their designated site.
- j. It shall be the Director's responsibility to notify Medical Director indicating authorization for the cavity search and request that the service be arranged through a community provider.
- k. The health care professional shall not be a current employee or contractual service provider with the Medical Services Department.
- l. The results of the cavity search are immediately forwarded to the Director.

## T. Discovery and Handling of Contraband

- 9. Contraband items shall include any item possessed by a resident or found within the facility that is illegal by law or expressly prohibited.
- 10. When discovery of contraband occurs, the item(s) should be identified, secured, and sealed within an 8x10 envelope. Contraband is not to be handled by additional staff. It must be treated as evidence and may be needed to pursue prosecution of the resident(s) and/or individual(s).
- 11. All parties directly involved or witness to the discovery of contraband must complete a Special Incident Form.
- 12. This Special Incident Report(s) are reviewed and approved by Supervisor. The Supervisor attaches all Special Incident Report(s) to the sealed contraband envelope and forwards to the Administrator.
- 13. The Administrator reviews, approves and forwards the Special Incident Report(s) with the sealed contraband to the Director.
- 14. The contraband is stored in a locked cabinet within the Administrative area.
- 15. The content and nature of the contraband dictates all subsequent proceedings.
  - d. A determination will be made in terms of level of Behavioral Infraction issued.
  - e. A determination will be made in contacting Probation in filing VCO Probation, if warranted.
  - f. Contacting law enforcement agencies for further investigation and possible new charges.
- 16. Upon completion of the disciplinary process and/or legal proceedings, contraband is to be disposed of by a designated administrator. The disposal schedule will occur a minimum of one (1) time annually.
  - b. Contraband Disposal Log: All contraband items are logged detailing the following:
    - vii. Date of incident
    - viii. Staff Reporting
    - ix. Supervisor on Duty
    - x. Resident Involved and/or Area Located
    - xi. Description
    - xii. Disposal Method