

HRS MANUAL

YOUTH SERVICES

DETENTION OF
DELINQUENT YOUTH

November 1, 1977

68682



The Department of Health and Rehabilitative Services

JUN 26 1980

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND
REHABILITATIVE SERVICES
Tallahassee, November 1, 1977

ACQUISITIONS
YOUTH SERVICES
DETENTION OF DELINQUENT YOUTH

This manual provides broad operational policies and procedures to detention staff in the day-to-day operation of their respective programs, which have now been placed under the direction and supervision of District Administrators and their respective staffs, instead of the Youth Services Program Office. Compliance with these general policies and procedures will result in basic uniformity in the operation of all detention centers throughout the state. Detention centers will be monitored by Youth Services Program Office staff, to a great extent, to determine their compliance, or lack of compliance, with these broad guidelines.

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Chapter 1

GENERAL

1-1. Historical Background.

a. Prior to 1971, detention care for children in Florida was left to the discretion of local communities and/or counties. The quality of care varied throughout the state, as did the types of facilities, which ran the gamut from "Ma and Pa" homes to jails to large detention facilities.

b. In 1971 the Department of Health and Rehabilitative Services and the Division of Youth Services promulgated the first detention Standards under the authority of Chapter 959.24 of the Florida Statutes. The Bureau of Community Services, applying these standards, was responsible for the inspection of these county-operated facilities as authorized by Chapter 959.23, Florida Statutes. Monitoring problems due to lack of staff resulted in the continued use of adult jails for juvenile detainees and the lack of compliance with these newly developed Minimum Standards.

c. In 1972 the Florida Legislature authorized the state to begin operation of juvenile detention programs. This began October 1, 1972, with the assumption of the Dade County program and gradually phased in twenty-one additional facilities over the next four years. The DYS Bureau of Detention was established to implement this program. New Standards were written to help provide uniform care in the state-operated centers. The standards served as a fore-runner to the writing of this manual.

1-2. Philosophy.

a. The use of detention can be a very effective tool in protecting both the community and the children served by detention programs. However, more abuses probably occur in the use of detention than in any other area of the Juvenile Justice System. Secure detention is an extreme measure and must be used only in cases where the child presents a very real threat to the community or where such detention is absolutely necessary to provide for the child's presence at a court hearing.

b. Detention staff should not be limited, regarding youth under their supervision, to contact with them solely for control or discipline purposes. The helping process must begin from the time a youth first enters the Juvenile Justice System, not just after he has been adjudicated, and must continue until he leaves the system. Youth must not be subjected to worse conditions prior to adjudication than they might receive after disposition. While in detention

programs, youth must be permitted to have inter-personal contacts with staff, family, attorneys and other helping persons not only to facilitate detention programming, but also to permit reintegration into the community and family once the child is released from the program.

c. The whole detention program must provide at least as good care for the child as he would or should receive at home. Such care would minimally entail provision of an adequate nutritional diet, the meeting of other basic health needs, the meeting of basic educational needs and the opportunity for healthy inter-personal contacts.

d. Detention child care staff should not minimize the effect that they may have on the residents of their programs. The residents of these programs average 192 awake hours in the care of our child care staff. This is more interaction than any Youth Services non-residential program.

1-3. Use of the Manual.

a. This manual has been written to provide basic information about detention programs for both administration and direct child care staff. This manual must be required reading for every new staff member and should be referred to periodically by all staff.

b. This manual is written to provide guidelines for the operation of all detention facilities. Additional, and more specific information may be necessary at some facilities. Where necessary, this manual may be supplemented in accordance with HRS 5-2

Chapter 2

ADMISSION

2-1. Admission Criteria.

a. In the State of Florida, a child alleged to be delinquent may be detained only if he meets one of the following criteria for detention:

(1) To protect the person or property of others or of the child.

(2) Because he has no parent, guardian, responsible adult relative, or other adult approved by the court able to provide supervision and care for him.

(3) If a child has been twice previously adjudicated a delinquent and has been charged with a third subsequent delinquency which would constitute a felony if the child were an adult, and said child will be detained to secure his presence at the next hearing.

b. No child may be detained unless an intake officer has a face-to-face interview with the child and determines that at least one of the aforementioned criteria is met.

c. After the intake officer has determined that the child requires detention, he will deliver the child to the detention facility or make arrangements for the transportation of the child to the detention facility.

d. No child should be admitted to the facility if he is seriously ill, needs emergency medical attention, or is under the influence of drugs or alcohol. The intake officer should request that the police officer take the child to the emergency room of the hospital for medical attention just as if he were an adult. If the officer refuses, the child care worker should accept the child without argument and transport the child for the necessary medical attention. If a problem arises, the matter should be brought to the attention of the superintendent by the child care worker on the next working day.

e. No child may be admitted or transported to the detention facility without the following paperwork:

(1) Authorization to detain (section of intake data card HRS Form 3000)

(2) Copy of the Master Card (HRS Form 461)

(3) Copy of complaint

- (4) Administrative hold order -(HRS Form 497 if applicable)
- (5) Court order (If applicable)

f. The intake officer will also provide, as soon as possible, a copy of the interim placement report and a copy of the face sheet.

g. Every precaution must be taken to ensure that the child is properly received at the facility. The initial impressions the child receives are extremely important. This may be the first encounter the child has had with the juvenile justice system. The child's reaction to this experience will vary from fear to curiosity to an "old hat" attitude. Some will cry while others will attempt to hide their feelings through a defiant attitude.

h. It is extremely important that each child be treated with respect for his feelings and emotions. The admission procedure should not be done in an impersonal manner.

2-2. Frisk Search (Male).

a. All male children should be frisk searched by a male child care worker prior to transporting the child to detention or upon admission to detention. The admitting child care worker should not assume that the arresting officer or the intake officer has searched the child.

b. It is extremely important that the child care worker take the child's feelings and emotions into consideration while conducting the frisk search. Many children are uncomfortable or embarrassed when they are touched by another person, especially if they are of the same sex. The necessity of the frisk search should be explained to the child. The child care worker should do his best to set the child at ease.

c. Once you have the child in the proper frame of mind, the frisk search should be accomplished in the following manner:

(1) The child should be asked to remove all jewelry, his belt, and the contents of his pockets. The child should then pull his pockets inside out and remove his shoes.

(2) The worker should begin the search by checking the hair and mouth of the child for contraband. Small contraband items can be hidden under false teeth.

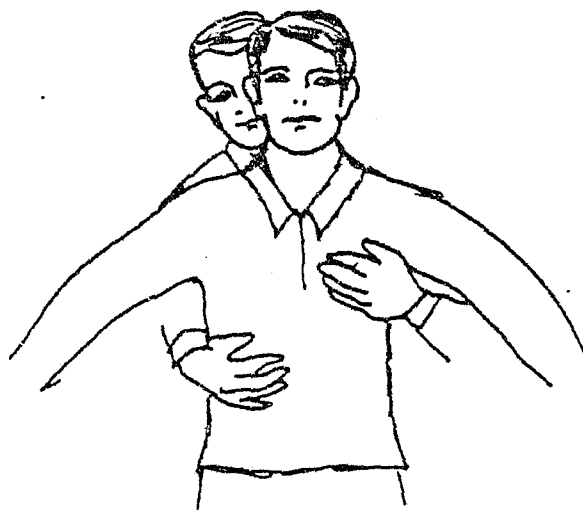
(3) The collar should be checked for contraband

(see following drawing)

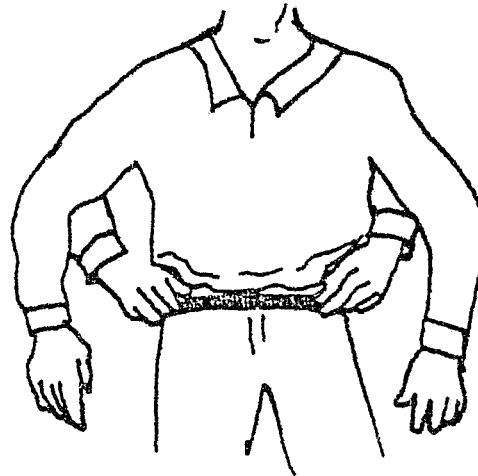
(4) The child care worker should move his hands downward, running them over the shoulders, down the outside of the child's arms to the shirt cuffs. The child care worker should then move his hands up the inside of the arms to the armpits. (During this part of the search, small knives and razor blades have been found taped to the arms). (See following drawings)



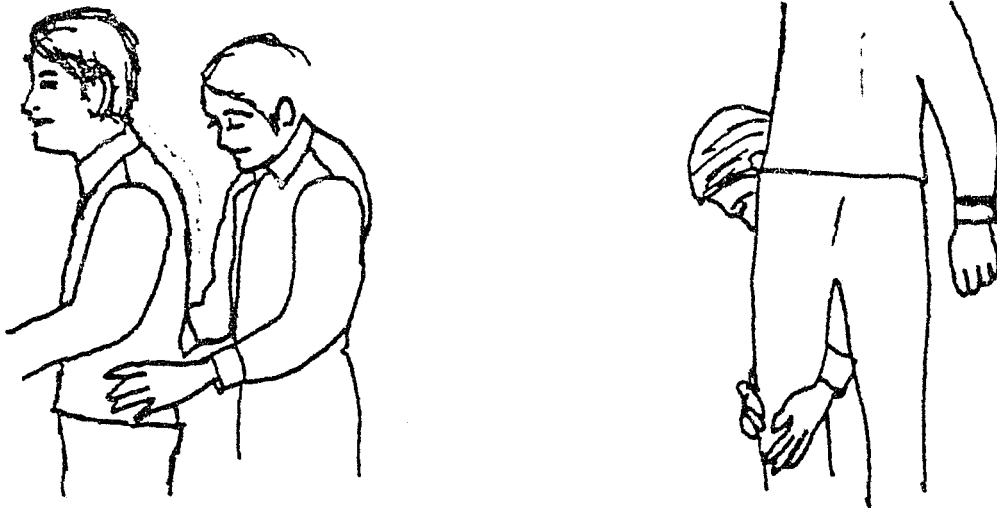
(5) After carefully checking the armpits, the child care worker should run his hands down the shirt front, checking the pocket and stopping at the belt line. Pat down the back and sides of the shirt. (See following drawings)



(6) The child care worker should then check the waistline and pockets of trousers. (See drawing)



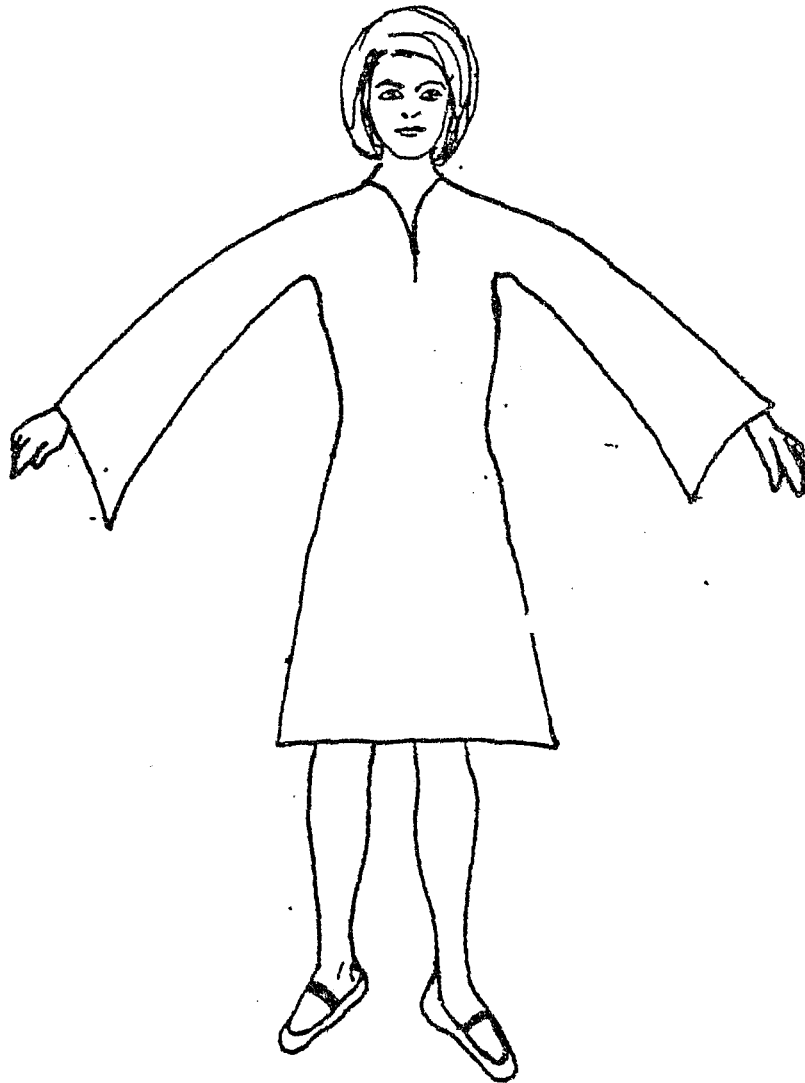
(7) From the waistline, the child care worker should run his hands down the trouser leg carefully checking the cuff, if a cuff exists. (See drawing)



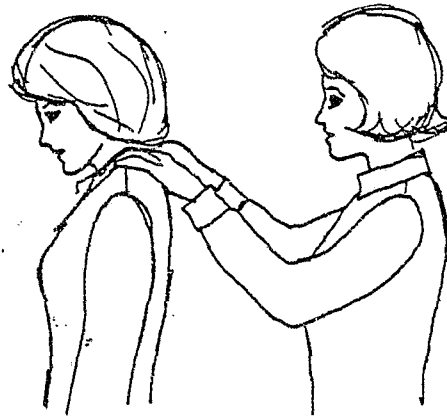
(8) The final step is to check the child's socks and feet.

2-3. Frisk Search (Female).

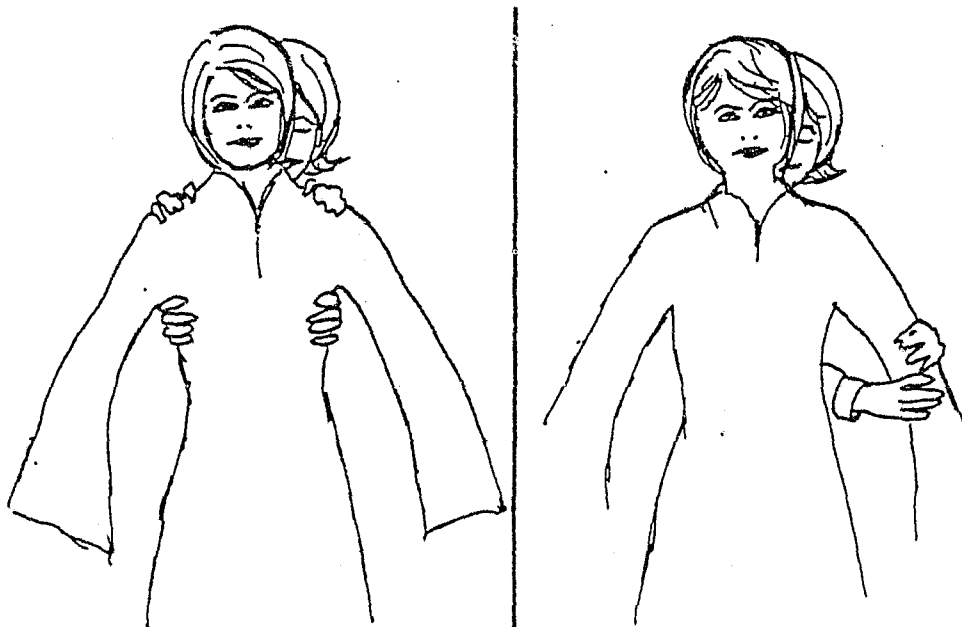
a. In preparing for a frisk search of a female, the child care worker should ask the child to remove all items from her pockets. This search must be done by a female child care worker. These items should then be placed in an area away from where the search will be conducted. She should then have the child stand with her feet apart and her arms extended outwards (see following drawing).



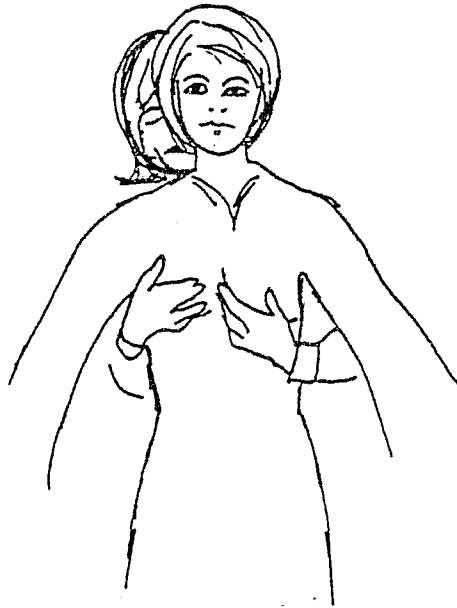
b. She should then check the collar of the blouse or dress carefully for wires, razor blades, drugs, etc. (see following drawings).



c. At this point, she should move her hands downward over the shoulder and under the armpits. She should then move both hands down each arm checking for articles that may be taped to the body.



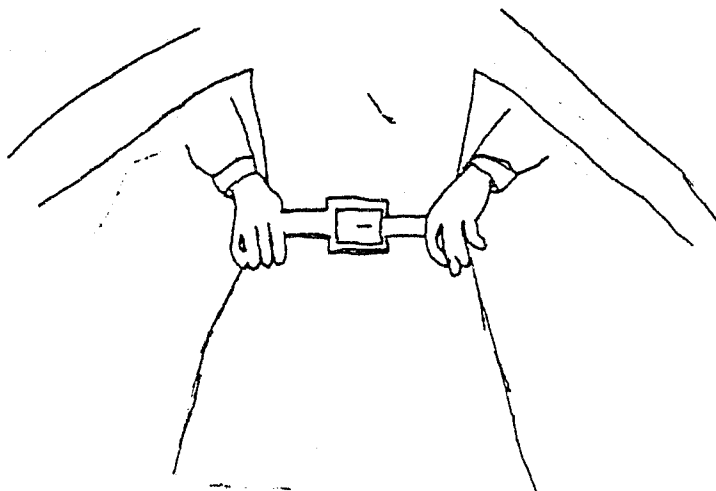
d. After checking the arms and armpits, the child care worker should run her hands over the child's breasts feeling under and between them for the presence of a concealed weapon or concealed contraband. (See drawing)



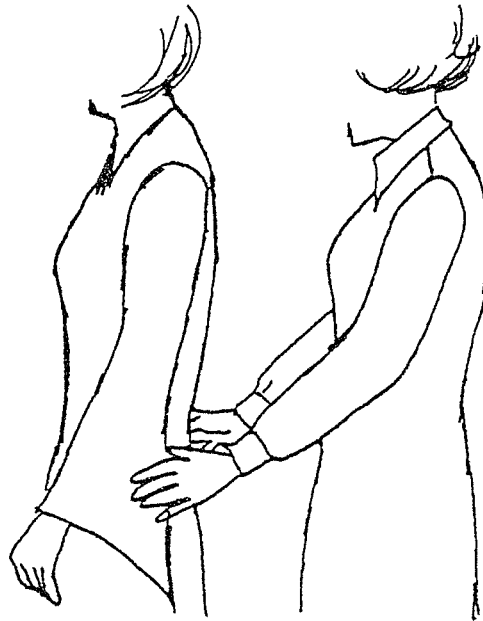
e. She should then continue to run her hands down the child's front, checking the pockets and stop at the child's waistline. Check any covered buttons. (See drawing next page.)



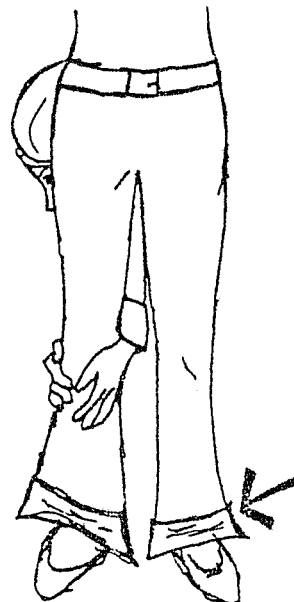
f. She should then check the waistline by running her fingers around the inside of the waistband of the detainee's shirt or slacks feeling for any small articles hidden there or behind the belt.



g. From the waistline, the child care worker should run her hands down the child's buttocks, feeling for contraband articles.



h. If the detainee is wearing a skirt, the childcare worker should lift the skirt and make a visual inspection of the detainee's legs. If the child is wearing slacks, the child care worker should move both hands down each leg and then up to the top of the thigh. If the slacks have cuffs, they should be checked for contraband.



2-4. Personal Property Inventory.

a. After the frisk search has been accomplished, the child care worker should take possession of all of the child's personal property. The child care worker should be sensitive to the child's concern about what will happen to his belongings. It should be made clear to the child that all of his personal property will be returned to him upon his release from detention. The property should then be listed and the child should sign the personal property inventory (HRS Form 152) to attest to its accuracy.

b. In listing the child's personal property, the child care worker should list all of the property and be as detailed as possible. An example of this detail would be to note the brand; the coloring; the condition and a brief description of the item. In identifying the items, describe only what you know, not what you assume. In jewelry, you should write "gold-colored" instead of "gold".

c. Many successful false claims have been made by adults and children who were released from incarceration and realized that the description of their personal property was incomplete or vague. If the child has signed a detailed, thorough, property list, there is little chance they will claim that their property has been stolen or replaced with cheaper merchandise.

d. If the child has a large amount of money, expensive appearing jewelry, or any personal property that is out of the ordinary, this should be reported to the Superintendent as soon as possible.

e. All medication that is brought in by a child should be verified by the prescribing physician and stored with the other medication. (See chapter 8)

f. All contraband; e.g. weapons, narcotics, etc. should be given to the Superintendent for disposal. The Superintendent should submit all illegal contraband to the law enforcement agency having local jurisdiction.

2-5. Admission.

a. After the child care worker has accepted and listed the child's personal property, he is ready to admit the child into detention. The child care worker should take the child to a quiet and private area to complete all necessary paperwork. A private interview is important,

(1) Because the child may not want the other children to know this information.

(2) This interview will set the tone for the child's detention experience. This is an excellent opportunity to relieve

the child's fears and to set him at ease. The child care worker should be friendly and courteous with the child while gathering the required information and should be extremely careful not to be caught in the middle of verbal assaults against the transporting law enforcement officer or intake officer.

b. The child care worker should not interrogate or question the child about the offense that has led to the child's detention. It is not our responsibility to judge the child or place responsibility for the child's detention.

2-6. Shower and Strip Search.

a. It is extremely important that all children, including children transferred from jails or other detention facilities, be showered upon admission to detention.

b. The child should be taken to the room which is used for admissions. He will then take off all clothing and strip search will be conducted. This may be a very embarrassing situation for the child. The child care worker should not become matter of fact about the procedure and take a cold impersonal approach to the process. The rationale for the strip search should be explained to the child if the explanation will help set the child at ease.

c. When conducting the strip search, the child care worker should determine whether or not the child is wearing any devices such as false teeth or artificial limbs. If the child is, it will be necessary that he be required to remove them so that they may be checked for contraband. To a new or inexperienced child care worker, this may seem to be an unnecessary invasion of the child's privacy or dignity. Long experience has proven that weapons, drugs, and other contraband are often concealed in these appliances in the hope that they will not be discovered. A careful search, therefore, is necessary to maintain the safety and security of staff and other detainees.

d. Another item that the admitting child care worker should carefully examine is any type of plaster cast that the youngster might be wearing. Detainees wearing casts on broken arms or legs have unknowingly collected lice under the cast or have purposely concealed a weapon or other contraband there. A telephone call to the doctor's office will confirm whether or not the youngster has a medical reason for wearing the cast. If the cast is infested with lice, the Superintendent or his designee should arrange to have the cast removed and replaced by a medical doctor.

e. The actual search of the child's body should be thorough and systematic. The child care worker's objective when conducting this search is to determine whether the young-

ster has any small articles of contraband on his body.

f. The search should begin with an examination of the youngster's head. You may run your fingers carefully through the child's hair or run a large, wide-toothed comb carefully through the child's hair. This is necessary because children with thick hair are able to hide drug capsules, wires, blades, etc., in their hair. Only by checking the hair closely can small articles of contraband be detected.

g. The child care worker should then:

- (1) Look into and behind the child's ears
- (2) Look into his mouth and under his tongue
- (3) Look up his nose.

h. All three of these areas present ideal storage opportunities for illegal articles and should be inspected carefully.

i. The next step of the procedure is:

- (1) Request the child to lift his arms and then carefully examine each underarm area for concealed contraband,
- (2) Request the youngster to open his hands, then carefully examine backs, palms, and between the fingers.

j. At this point, you should carefully examine the youngster's groin area. If the child care worker uses a flashlight, it will not be necessary to touch the youngster at this point in the search. This part of the search is often embarrassing for the child and should be handled as tactfully as possible.

k. The child should then be asked to turn around, bend over and spread his buttocks. It will not be necessary to touch the child if a flashlight is used.

l. The final step of the strip search is to ask the youngster to lift his feet so that you can examine the soles of his feet and between the toes.

m. The steps in the strip search are applicable to both males and females. Thorough rectal and vaginal checks should be done by a physician and only if there is reason to believe the person may have contraband hidden in either of these areas.

n. While the child care worker is searching the child, he should note any bruises, abrasions, signs of illness, indications of drug abuse, scars, abnormalities, etc. (HRS Form 2004)

o. After the child is searched, it is mandatory that he

shampoo his hair with a medicated shampoo to control infestation, scabies, head and crab lice, and be provided with soap for a shower. The shampoo must be left on for at least five (5) minutes to be effective.

p. After the child has showered, he will be provided with the appropriate detention clothing, linen, a toothbrush, and a comb. Afro-combs should be available to those children who desire them.

q. The child's undergarments should be tagged, washed and stored in his locker. The outer garments should be washed on an as-needed basis. Caution should be taken to ensure that clothing which must be dry-cleaned is not machine washed.

2-7. Orientation.

a. The child's orientation to the facility is a key step in the admission process.

b. The child care worker should take the child to his room and show the child how to make the bed. A child cannot be held accountable for the appearance of the bed unless he has been shown what is expected. After the bed has been made, the child and child care worker should inspect the room and note any deficiencies such as writing on the wall, chipped paint, broken tile, etc. The child should understand that he is responsible for the condition of his room and may be required to repair any damage that is done to the room while he resides in it.

c. The rules of the facility should be explained to the child. These rules should be printed so that the child may be given a copy. If a "token economy" system or some variation is used, the earning and spending of points should be explained,

d. After the rules of the facility have been explained to the child, he should be given a brief tour of all areas of the facility to which he will have access. At this time, the child care worker should give the child the opportunity to express any concerns, questions, or frustrations that he has. It is important that the child care worker not leave the child in doubt about questions the child has. If you cannot answer the child's questions, make sure that you follow-up with the answers once you get them.

e. If the child is hungry and it is not near the meal period, the child should be given something to eat and drink. Sandwich making and beverages should be available to the child care staff in the evenings and at night.

f. The child should then be introduced to the staff and to children.

2-8. Record Admission.

a. The child's admission will be so noted in the daily log or in/out sheet and added to the daily detention log sheet (HRS Form 2001). A file should be started which must include all paperwork which is received at the time of admission.

PERSONAL PROPERTY INVENTORY

Print:

| | | |
|--------------------|------------|--------------|
| Client's Last Name | First Name | Date Entered |
| Facility | Time | |

VALUABLES IN ENVELOPE

VALUABLES IN CLOSET

CASH: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

THIS FORM IS AVAILABLE FROM
CENTRAL SUPPLY WAREHOUSE

I understand that the items listed above have been placed in storage for, and will be returned to me upon my release.

| | |
|-------------------------|-----------------|
| Client's Signature "In" | Supervisor "In" |
|-------------------------|-----------------|

I have received all of the items listed on this envelope.
I have not left any property.

| | | |
|--------------------------|------|------------------|
| Client's Signature "Out" | Date | Supervisor "Out" |
|--------------------------|------|------------------|

ADMISSION/RELEASE CHECKLIST

Admission

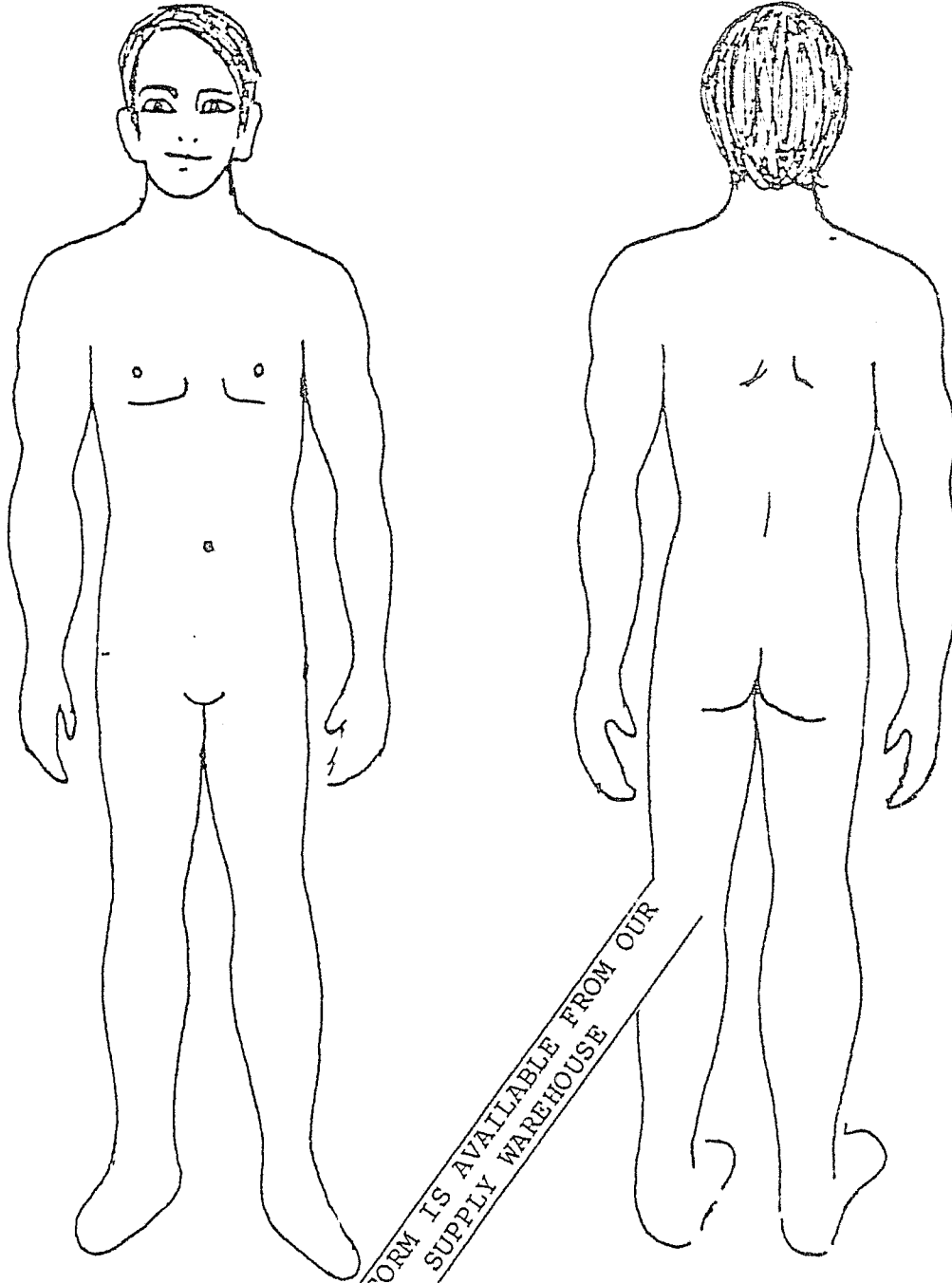
- Name: _____
- | | | | |
|---------------------------------------|-----|----------------------------|-----|
| 1. Received - Authorization to Detain | () | Detention Admission Report | () |
| Complaint | () | Administrative Hold | () |
| Face Sheet | () | Master Card | () |
| | | Court Order | () |
2. Parents Notified: () By: _____
3. Personal Property Recorded: () Signed by Child and Child Care Worker: ()
4. Strip searched and checked for injuries, etc. ()
5. Shampooed with medicated shampoo: ()
6. Given clothing and items of hygiene:
- | | | | |
|-------------|-----|-----------------|-----|
| Comb | () | Trousers/slacks | () |
| Tooth brush | () | Underwear | () |
| T-shirt | () | Linen | () |
| Blanket | () | Bra | () |
| | | Shirt/blouse | () |
7. Orientation: Room _____
- | | | | |
|---------------------|-----|--------------------|-----|
| Checked | () | Answer questions | () |
| How to make bed | () | Introduce to staff | |
| Discussion of rules | | and kids | () |
| and regulations | () | Locker No. _____ | () |
8. Detainee information form filled out: ()
9. Detention file started: ()
10. Record in daily log: ()
11. Admitting child care worker: _____ Date: _____ Time: _____

Release

1. Received authorization to release: () Transfer ()
Authorized by: _____
2. Released to: _____
3. Room checked ()
4. Bed stripped ()
5. Returned detention clothing ()
6. Personal property envelope signed ()
7. Recorded in daily log ()
8. Releasing Child Care Worker: _____ Date: _____ Time: _____

THIS FORM IS AVAILABLE FROM
CENTRAL SUPPLY WAREHOUSE

BODY CHART



THIS FORM IS AVAILABLE FROM OUR
CENTRAL SUPPLY WAREHOUSE

DAILY DETENTION LOG
PAGE _____ OF _____ PAGES

DEPARTMENT OF HRS
Detention Services

| | | |
|---------------------|-------------------|-------------------|
| | Non-Secure | |
| Secure Detention | Home Detention | Attention Home |
| | | |

12:01 AM to 12:00 Midnight

Boys _____

DATE: _____

Girls _____

District: _____

Total Detentions
for 24-hour period _____

Facility: _____

| (1) Date Admitted | (2) Name | (3) Age | (4) No. of Days | | (5) NCIC | (6) CO | (7) Deten- tion Status | Date Released | (9) Counselor | (10) Case Information |
|-------------------------|-------------|------------|-----------------------|----|-------------|-----------|---------------------------------|------------------|------------------|-----------------------------|
| | | | S | NS | | | | | | |
| | | | | | | | | | | |

THIS FORM IS AVAILABLE FROM
CENTRAL SUPPLY WAREHOUSE

Total Admissions this Facility _____

Total Releases this Facility _____

HRS-YS Form 2001, 9/77 (Replaces DYS 604)

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
YOUTH SERVICES



AUTHORIZATION TO DETAIN

IN RE: _____

TO: _____

In accordance with Chapter 959.15(1), Florida Statutes, you are hereby authorized to accept and detain one.

| Name, | Race/Sex | Date of Birth |
|-------|----------|---------------|
| _____ | _____ | _____ |
| Age | | |

The said child is to be detained in the _____

_____ for a period of time not to exceed ten (10) days, or until said child is earlier released upon order of the Department of Health and Rehabilitative Services or its duly authorized agent.

Dated and authorized this _____ day of _____, 19____.

By: _____
Title _____

cc: Detention - Original
Unit

THIS FORM IS AVAILABLE FROM OUR
CENTRAL SUPPLY WAREHOUSE

Chapter 3

RELEASE

3-1. Authorization.

a. There are various means for a child to be released from the detention facility. The most common method is through the court process which normally results in probation, commitment or charges being dismissed. The child may be released (transferred) to the non-secure program, another detention facility, jail, the hospital, etc.

b. The release will be authorized by the intake or probation counselor or court. It is extremely important that the child be released to the authorized person. If the releasing child care worker does not personally know the receiving party, he should request identification. The child care worker should also have in writing the authorization to release to ensure the propriety of the release.

3-2. Procedure.

a. The first step in the release process is to take the child out of the programmed activity in which he is involved. This should be done with as little disruption of program as possible. The releasing child care worker should be sure that there is adequate floor coverage prior to his leaving the group. If there is an extreme shortage of child care staff, it may be necessary to return the children to their rooms while the child is being released.

b. After the child is taken out of the program, he will be escorted to his room where he should strip his bed. The child and child care worker should then inspect the room to ensure that it is in the same condition as when the child was admitted. Minor items such as chipped paint and writing on the walls should be corrected prior to the release. Touch-up paint should be available for this purpose. The Superintendent should be contacted if there is any major damage to the room to determine what action, if any, should be taken by the releasing child care worker.

c. The child should then be taken to the admissions room where he will change into his own clothing. The linen and detention clothing will then be taken to the laundry room or the room designated for this purpose.

d. The child should then be given all articles that are in his personal property envelope unless he is being transferred to a jail, detention center, training school, etc. If he is being transferred, the child's personal property envelope should be given to the person who accepts the child.

The receiving facility should acknowledge receipt of the child's property in writing. If the child is satisfied that his personal property is accounted for, he should sign for it. The toothbrush provided the child upon entering the program becomes his personal property and may be taken with him.

e. The child can then be released to the receiving party. The facility may find it appropriate to require the receiving party to sign a receipt for the child. The release should terminate on a positive note of encouragement to the child from the child care worker.

f. The child's release must then be recorded in the daily log and noted on the detention log sheet.

Chapter 4

CHILD SUPERVISION AND CARE

4-1. Supervision.

a. All phases of the detention program have either a positive or negative effect upon the treatment a child receives while in the detention facility. The quality of the program is entirely dependent upon good teamwork and good child supervision and care. The individual and group contact between children and staff is the key to constructive relationships and a positive detention experience for the child.

b. A good staff/child relationship cannot be gained by coddling the children nor can it be attained through a repressive or punitive approach. A good child care worker will find his place somewhere between repression and coddling. The key is to be firm and fair while considering the child's feelings. A good rule to follow is to consider how you would want to be treated if you were in his place. However the child care worker must be cautious not to over-identify with the child. The child care worker is in a position of authority and must exercise control of his feelings.

c. The initial impression that a child has of the staff member at the time of admission frequently stays with the child throughout the detention experience and will set the stage for all future relationships.

d. The child care worker should be prepared to be a good listener. The child normally has received much moralizing throughout his life. Many people who are outgoing find it difficult to listen and are much more comfortable when they are doing the talking. When you feel a "lecture" coming on, it may be a good idea to keep silent a few moments and really listen to what the child has to say. For most children, an adult who really listens is a new and unfamiliar experience. Once he becomes used to this type of conversation, he will be much more comfortable with you and may open up and reveal his true feelings and emotions.

e. Having become a good listener, the child care worker must develop the means to act upon the information he receives. The child's interests and the factors that motivate him should be shared with other child care staff. Don't be selfish once you have broken the ice. The child needs more than one friend while he is in detention.

f. A good listener is not a naive listener. Information related during a conversation should not be accepted as fact, just as all information is not discounted as fable. Check out this information to see how real it is. If it becomes

apparent that the child has not told the truth, the child care worker should discuss the matter with the child in a kind and sensitive manner. If the child understands that we expect the truth, he may become more honest and dependable in his relationships with us.

g. Most problem situations can be resolved through discussion and persuasion. (Often minor problems become major problems because staff over-react or do not react at all). Quietly taking the child from the group is the proper way to handle a discipline problem in most cases. Do not back the child into a corner where he must react to you or lose standing with the rest of the group. The child must be allowed to comply with your request and simultaneously retain his pride and dignity. This is especially true if the child believes he is a leader.

h. Whenever possible, the child care worker should give recognition for acceptable behavior. Many of these children have received little praise, if any. Most of the attention they have received at home and at school has come when their actions have been negative. To them, being scolded or reprimanded is often a vehicle for getting attention. If the praise or positive strokes become more rewarding to the child than past efforts at getting attention, his behavior will improve.

i. The amount of control needed and the degree of compliance to standards should vary from child to child. This does not mean that we should establish double standards in detention but does recognize that not all children can attain the same level of acceptable behavior. Just as the schools give grades for degrees of academic achievement, the detention staff should be cognizant of the limitations that some of the children in detention have.

j. It will be necessary for the child care worker to allow some negative behavior to go by without calling obvious attention to it. There is no need for disciplinary action for every insolent remark or for each episode of trying behavior. If these actions are intended to receive attention, as is often the case, and the child does not receive his anticipated reward, he may discontinue this pattern of behavior. In some cases, just letting the child know that you are aware of the action is enough to correct the behavior. The important point is that the child care worker maintain control of the group. Too much repression can be as damaging to group control as no interaction at all.

4-2. Controlling a Violent Child.

a. Discussion and persuasion should be the main methods of reacting to disciplinary problems. There will be a few occasions when no amount of talking will bring the child under control. In cases when a detainee becomes violent and may try to injure another child or a member of the staff, the following procedures should be followed:

(1) Never attempt alone to subdue the child--always seek the assistance of one or more child care workers. The child will often comply with the instruction when he realizes that he is out-numbered. Struggling alone with a violent detainee increases the chances that you or the child will be injured or that the detainee may overpower you. When two or more workers are involved, they have a better chance of subduing the youngster quickly and without injury. If another child care worker is involved, the youngster can "allow" himself to be controlled without embarrassment. Losing a struggle with two workers is not as embarrassing to the youngster as losing to one worker.

(2) As soon as the other child care worker(s) arrive, the child should then be isolated from the rest of the group. The supervising child care worker must then decide whether it is more practical to separate the child from the group or the group from the child. It is important to consider the following factors in making the decision:

- (a) Size of the child
- (b) How violent the child is
- (c) Does the child have an instrument that may be used as a weapon
- (d) The number of children in the group
- (e) The number of children in the group who might lend assistance to the youngster

(3) Avoid striking or otherwise harming the youngster--the child care worker's duty is to prevent him from further violent action.

(4) If the youngster is extremely violent or has an instrument that he can use as a weapon, such as a pool cue, chair leg, etc., it might be wise to use a protective shield such as a mattress in subduing him.

(5) Once the child is subdued, he should be taken to his room (isolation) and counseled until he is ready to return to the program (See 4-7).

4-3. Riot, Assault, and Escape Prevention.

a. There are usually indications that a child will assault a staff member, or another child, attempt to escape, or that a riotous situation is developing. As the staff becomes more aware of the prevailing climates and moods in the facility, other actions will trigger the caution button. The main thing to

remember is stay alert and attuned to the moods and attitudes of the youngsters. Following are a few indicators of potential problems:

- (1) Groups of children getting together whispering or talking very low.
- (2) Strained relationships between children or between a child and a member of the staff.
- (3) Cliques of children developing.
- (4) One child, usually a leader, going from one child or group to another.
- (5) A child or group of children closely scrutinizing staff movements.
- (6) A child or group of children becoming overly polite or unusually irritable.
- (7) Some children withdrawing from the main group.
- (8) A child becoming overly inquisitive of staff routine or procedure.
- (9) Children not participating in usually popular activities.
- (10) An extreme amount of tension.

b. Normally, a child will not attack or assault a staff member unless their head or back is turned. Try to be aware of sounds and movements behind you. The staff should be so positioned that all children are visible. Know where the other staff are and occasionally look at them and the youngsters they are interacting with. Teamwork and coordination is extremely important.

c. Detained children occasionally attempt to draw special attention to themselves so that they can attack staff or escape while the staff's attention is diverted from their actions. Examples of this are feigned fighting or quarreling, a request to go to the rest room or sleeping room, or feigned illness. These actions normally occur when the facility is short-staffed. If situations such as this develop, the staff should exercise caution in intervention.

4-4. Escapes.

a. If proper principles of supervision are followed, the number of escapes should be held to a minimum. Escapes normally are the result of child care worker error or lack of communica-

tion and teamwork between staff.

b. If there is an escape, the main concern of the child care staff is to retain control of the remaining youngsters. Any attempt by the child care staff at apprehending the absconder should be done after the remaining children are secured. If this rule is not followed, it is quite possible that an escape involving one child could develop into a situation in which a number of children escape.

c. The Superintendent or his designee, and appropriate law enforcement agencies should be notified of the escape as soon as the situation is under control. In notifying law enforcement agencies, it is important that an accurate description of the escaped child be given. This description should include height, weight, type and color of clothing, color of eyes and hair, complexion, and possible destination(s) of the child.

d. The child care worker should initiate a special incident report (Form 251) as soon as practical after the escape. Upon receipt of this report, or as soon as the Superintendent or his designee has a clear understanding of the situation, he should contact and inform the child's counselor, parents, and other individuals deemed appropriate by the District Administrator.

4-5. Riot.

a. A riot is herein considered to be serious acting out by two or more juveniles which may negatively affect the control of the group.

b. Riots normally are not spontaneous actions and can be prevented if the child care staff are aware of the many indicators which forewarn of a critical situation.

c. If all attempts at riot prevention fail and the child care staff are faced with a riotous or potentially riotous situation, there are certain steps that can be taken to minimize the effect of the disturbance. These are:

(1) Move one child care worker to the control room thereby permitting unhampered communication with the outside.

(2) Isolate the major participants. This will involve moving the children to their sleeping areas.

(3) Once you have the major participants isolated, the child care workers can then evaluate the severity of the disturbance.

(4) If the situation is not as serious as originally perceived, if possible it should be handled by the staff on duty

(5) If the available child care staff cannot control the situation, it will be necessary to call for assistance. It is best to make prior arrangements with a law enforcement agency to provide the necessary assistance should it be needed.

(6) Unless the children are armed, the law enforcement officers should deposit their weapons in the weapon receptacle.

(7) The officers and staff should then proceed to control the situation in a manner consistent with HRS/YS philosophy on the use of physical force.

4-6. Discipline.

a. Corrective action will be used only when necessary and should have a direct correlation to the inappropriate behavior exhibited. The child should understand that the corrective action taken is a natural consequence of his behavior. He should also understand that he, by his behavior, dictates the corrective action, the child care staff does not. An example of matching the inappropriate behavior with the appropriate corrective action would be to restrict the child's use of the pool table if he abused that activity.

b. The basic philosophy behind good detention programming is to positively reinforce socially acceptable behavior. It is, therefore, inconsistent to utilize work or recreation as punishment. We want to establish in the child a good attitude toward work and to provide acceptable recreational alternatives to what the child has previously experienced.

c. Group punishment should never be used. Placing blame on the entire group is the easy way out for the child care worker. Under most circumstances, the early detection and control of the inappropriate behavior of one or two individuals will maintain group control and keep the situation in hand. A child care worker who frequently uses group punishment will soon lose the respect of the group.

d. Corporal punishment may never be used by any employee nor may the employee threaten any child with the use of corporal punishment. The abuse of any child will not be condoned and will be dealt with severely when detected. In any instance when a child care worker is suspected of abusing a child, the Superintendent must follow the procedures established in Florida Statutes, Chapter 827. The use of physical force will be restricted to self-defense and when needed to control a violent child who might harm a member of the staff, another child, or equipment of the facility.

e. The child care worker is in charge of the group at all times. At no time may he delegate this control to one or more members of the group. Any correction or discipline is the responsibility of the child care worker. At no time may a youngster be allowed to discipline, correct or punish another youngster.

4-7. Isolation.

a. Isolation is to be used only when the child is beyond the control of the child care staff. It may also be necessary to isolate a child if his behavior, if continued, will lead to the loss of group control. Whenever a child is placed in isolation, this placement must be reviewed by the shift supervisor immediately. Isolation is not to be used to correct a child's violation of the rules unless he is beyond the control of the staff. The threat of isolation is an improper technique to control the behavior of detained youngsters. Any time a child is placed in isolation for a specified time period, you are using isolation as punishment and are in violation of the administrative rules.

b. The child care worker must prepare a written report justifying the use of isolation immediately after placing the child in isolation. This report will follow the same basic format as the body of the special incident report (HRS Form 251),

c. This report will be reviewed by the shift supervisor and the Superintendent within six (6) hours after the initiation of the isolation period. A copy of this report will be placed in the child's file. The incident should also be noted in the daily log.

d. Any time a child is confined to his room, whether for sleeping, rest, medical reasons, or to control his actions, the child must be observed by the Superintendent or his designated representative at least every ten (10) minutes. Audio monitoring may supplement but may not replace the required visual observations.

e. After the child is placed in isolation, the child care worker should talk with the child at least every 30 minutes in an attempt to bring about sufficient change in the child's attitude to return the child to the program. If the child's attitude is still negative after three (3) hours, the shift supervisor will talk with the child in an attempt to bring about a change. It is sometimes difficult for the child to discuss the situation with the child care worker that placed or recommended his placement in isolation.

f. If the maximum of six (6) hours in isolation is used

frequently, this might be an indication that isolation is being used as punishment.

g. All counseling sessions with the child must be recorded. If the child is continued in isolation, the necessity for continued isolation should be explained in writing.

4-8. Incident Reporting.

a. General: It is extremely important that all incidents that affect detention programs are recorded and transmitted to the appropriate persons. Not all incidents that occur must be transmitted via formal channels of communication. Most incidents are of a minor nature which require only a notation in the log book. Occasionally an extremely serious incident will be channeled all the way to the secretary of the department.

b. Log book:

(1) Description: The log book should be a bound 8 1/2 X 11 ledger book. The pages of the book should be numbered so that an audit of the log book can detect if any pages have been taken out. The pages of the book should be horizontally lined to facilitate the making of entries. In small facilities, one log book will suffice for the entire facility. In larger facilities, it may be more appropriate to use a log book in each unit.

(2) Purpose: The purpose of the log book is as follows:

(a) To provide a chronological index of all noteworthy events which occur at the facility. The log book is not intended to replace other methods of recording events which occur at the facility.

(b) To serve as a source document for all noteworthy events which occur at the facility in the event that other records or sources of information are lost or destroyed.

(c) To ensure better communication between shifts in that all child care staff coming on duty are required to review the log, thereby improving communication during the transition between shifts.

(d) To provide documentation which can later be included in reports which may be developed about incidents which occur at the facility.

(3) Implementation Strategy: The initial entry in the log book should be written by the superintendent. This entry should outline the use of the log book. The following should be included in this initial entry:

(a) Under no circumstances should any page in this book be deleted.

(b) Under no circumstances should any entry in the log book be obliterated. There should be no erasures, or crossed-out sections which as a result of being crossed out, cannot be read. It is appropriate to write "omit" for those entries which should be omitted. However, comments regarding those omissions should be recorded by the superintendent, the assistant superintendent or the supervisor on duty. Every entry in the log represents a permanent record.

(4) Guidelines for Usage of the Log Book:

(a) All completed log books should be retained in the superintendent's office for a period of at least three years, and should be available for review by authorized persons.

(b) Entries in the log book should be made at least every hour. In those cases where nothing unusual has happened during the previous hour, an entry to that effect should be made.

(c) The superintendent and assistant superintendent should review the log book on a daily basis and provide recommendations as to the completeness and accuracy of the information recorded.

(d) The log book should also be used when the on-coming shift supervisor accepts responsibility for the facility or the unit. The following should be included in the transfer of the responsibility for the facility or unit:

(1) That he has reviewed the log book for the previous two shifts and is aware of any unusual occurrences, problems, etc.

(2) That the security of the building has been checked (doors, locks, keys, etc.)

(3) That all residents of the facility are accounted for.

(4) That the condition of the facility is satisfactory or that any deficiencies are noted.

(5) The work status of all scheduled employees is to be recorded.

(5) Entries in the Log Book: The log book is used to document all incidents, regardless of nature, whether serious or minor, involves staff or children, or relates to the physical plant. These statements should be brief and may refer to other

documents that relate to the event. All entries should include the name of the person making the entry and the time and date the entry is made. The following are examples of entries that may be made in the log book:

(a) Detainees Ken Norton and Jimmy Young have been irritating each other all morning. Keep a close eye on them and try to keep them separated.

(b) Detainee John Doe experienced a bad visit from his parents and appears to be quite upset. He will require close observation.

(c) There was a power failure in Unit # 3. The maintenance mechanic was called and the situation was corrected in 15 minutes.

(d) Child care worker John Alert received an anonymous phone call. Not threatening, just harassing. Did not recognize male voice.

c. Guidelines for the Preparation of Incident Reports:

(1) General: It will not be necessary to prepare a detailed report of all incidents that occur within a detention program, however, it is not possible to give a clear-cut definition of when an incident report must be filled out and when an entry in the log book will suffice. Normally, incident reports will be completed on major incidents but may also be necessary on some serious incidents. Judgment will have to be made by each individual as to the sufficiency of the information available as the information is reviewed by the shift supervisor, assistant superintendent, superintendent, direct services supervisor, service network manager, etc.

(2) Body of the report: In those instances where a complete special incident is warranted, it is suggested that the following factors be considered in the development of the report:

(a) Who: The names and physical descriptions of all participants. It will also be necessary to identify all witnesses (staff and residents) of the incident.

(b) What and How:

(1) A hand-written, signed and dated statement should be taken from each participant and witness. This statement should be taken from each individual separately and without prompting, interference or interpretation from anyone. (Caution should be taken to ensure that the resident's rights are not violated in the event criminal prosecution is forthcoming).

(2) These statements should include what happened and who was involved. Only observable behavior should be included in the statement.

(3) When: The time and date of the incident should be recorded. The type of program that was in effect (Mealtime, class, arts and crafts, P.E., etc.), should also be noted.

(4) Where: The location of the incident should be recorded. It will also be necessary to note the location of staff and other residents. In some incidents, a sketch of the incident area may be helpful.

(3) Anticipated Public Reaction: Detention superintendents and district staff at higher levels of authority should be sensitive to public reaction to incidents which occur in detention facilities, particularly serious incidents like aggravated assaults, rapes, and escapes. In some instances, a news conference and/or press release may be appropriate from the district administrator regarding serious incidents. A statement to this effect should be included in the special incident report. Statements should also be included regarding the child's counselor's comments, and any public official who becomes apprised of a serious incident. It would also be appropriate to include copies of newspaper articles in those cases where they are available.

(4) Child or Employees Adjustment to Detention:

(a) Any and all contributing factors to the incident should be recorded under this section. Examples of factors which may contribute to special incidents include: staff shortages, (staff on leave or sick), over-population problems, physical plant problems, etc.

(b) The child's adjustment to the detention experience prior to the incident should be carefully documented. Of particular concern would be any indication from the log book reflecting either child or staff behavior which may have led up to or influenced an incident. In instances where previous detainee or staff behavior has been noted which may have contributed to an incident, comments should be made as to what efforts were made to alleviate the problem.

(5) Supervisor's Evaluation. This section is primarily intended to summarize the incident from the supervisor's perspective. This should include any contributing factors such as staff shortage, over population, physical plant deficiencies, training of staff, etc.

(a) Prior knowledge of the child. Was there any indication in the child's prior record which would have led facility staff to believe that he may participate in such an incident.

(b) Any adjustment problems during the admission process or while in detention status should be also documented.

(c) Weaknesses on the part of the staff (either staff training and/or supervision or other things) or deficiencies or inadequacies in facility design which may have contributed to the incident in one way or another should also be documented.

(6) Corrective Action Taken: Under this section the appropriate supervisors should clearly state their assessment of the situation and what corrective action will be taken in an attempt to prevent similar occurrences from taking place at a future time. This may include recommendations for closer supervision of the children, more adequate training for child care staff, etc.

d. Departmental Policy for Reporting Incidents:

(1) Explanation of Terms.

(a) Major Incidents. Those incidents which are of an emergency nature, have far-reaching public implication, or for which the department or an employee may be liable. Examples of incidents which may fall into this category are:

(1) Suicide or attempted suicide of client or HRS employee (while the employee is on the job).

(2) Death of client under other than natural causes.

(3) Riots (extremely violent group activity) or bombings.

(4) Escapes/runaways of clients considered to be a danger to self or others.

(5) Sexual assaults on or rape of by a client, or sexual assaults on or by an employee while on duty.

(6) Major property damage from any cause (Natural disasters, hurricanes, tornadoes).

(7) Auto accidents with injuries involving HRS clients, employees or property.

(8) Accidents or severe injuries which require emergency medical attention.

(9) Assaults on or by client or employee (on duty).

(10) Facility closure which affects clients (nursing homes, group homes, ACLF, etc.).

(b) Serious Incidents. Those incidents which are handled strictly at the local level for which no liability or adverse public reaction is expected. Examples of incidents which may fall into this category are:

(1) Fights which may result in revocation of some client privileges.

(2) Minor property damage (under \$1,000).

(3) Required use of extreme physical force with client.

(4) Any theft (missing state or private property).

(5) Staff improprieties, especially in the client/staff relationship.

(6) Drunk or chemically intoxicated staff or clients.

(7) Bomb threat

(8) Accidents not involving injuries.

(9) Finding contraband (drugs, intoxicating chemicals, etc.) on state property.

(2) General.

(a) The unusual incident reporting procedure is designed to meet the needs of HRS administrative staff at the central office level. In addition, district personnel having prime client responsibility need to have access to this incident information for decisions involving client case management.

(b) A secondary requirement involves legal considerations, program policy modifications, management practices and safety standards.

(c) Districts are encouraged to prepare internal procedures outlining responsibilities for compliance with this procedure in accordance with Section E, HRSR 5-2.

(3) Immediate Reporting of Incidents.

(a) Immediate telephone reporting of major incidents is mandatory. All major incidents must be reported to the district administrator by the most knowledgeable ranking HRS employee immediately, or as soon as physically possible. The telephone report should include all information called for in the shaded blanks on HRS Form 251, HRS Unusual Incident Report.

The district administrator will immediately notify the assistant secretary for Operations. If the assistant secretary for Operations is not available, the following order should be followed in reporting the incident to Tallahassee:

(1) Deputy assistant secretary for Operations (OPD).

(2) District operations and management coordinator for affected area.

(3) The Operations and Management consultant having responsibility for the district.

(b) The individual receiving the call will determine if further action is required at department level. Such action may include notification of the secretary.

(4) Written Reports.

(a) HRS Form 251 will be prepared by the district administrator for all major incidents covered under this regulation (additional pages may be used if necessary) on the first normal working day following the incident. One copy of the report will be forwarded to the office of the assistant secretary for Operations, one copy to a specific program office or to the assistant secretary for Administrative Services, as appropriate, one copy placed in the client's file or the file appropriate for the incident, and the fourth copy retained by the district.

(b) Serious incidents will be reported on HRS Form 251 at the discretion of the district administrator.

(c) If appropriate, the ASO will forward a copy of the incident report to the secretary for information and/or necessary departmental level involvement.

(d) The Division of Risk Management will be notified of all incidents in accordance with HRSR 75-3 and the notification noted in the appropriate box on HRS Form 251. The Risk Management Report is used to place the Division on notice of a possible claim and give them the opportunity to make required investigation to protect the employee's interest and to aid in safety studies.

(5) Details of Incidents.

(a) Details of incidents should be recorded at the local level for use in the investigation of the incidents and the preparation of corrective action plans. The detailed portions of any incident reports should contain, at a minimum, the following information:

(1) Name of incident principal (client, employee).

- (2) Date of birth (client only).
- (3) Sex.
- (4) Date of incident and time of day.
- (5) Date of the report
- (6) Nature of incident (what, where, how); where it occurred (facility, county), who observed the incident, whether any usual procedures were ignored, whether equipment was left unattended, etc.
- (7) Plan for corrective action.

(b) Details of incidents will be sent to the appropriate program office at the discretion of the district administrator. Program offices may request specific details through the Office of the District Administrator.

(6) Follow-up Reports. To assure appropriate management control over unusual incident reporting in the districts, use the following guidelines:

(a) A follow-up investigation within thirty days (or before the client leaves the facility, whichever comes first) of major incidents should be considered by the district as being a requirement for adequate management control. If a follow-up report is prepared, the district administrator will send a copy of the report to the appropriate program office and where appropriate, a copy will be placed in the client's file.

(b) A follow-up report should always be submitted to the district administrator when it has been determined that information originally submitted was in error or when a significant change in the situation, plan, or outcome occurs.

(c) The most critical items to be considered in follow-up activities and reporting are:

(1) Has problem been correctly identified and was original information accurate?

(2) Was corrective/preventive plan necessary? If so, was it prepared?

(3) Was corrective/preventive plan appropriate/effective? If not, how should it be altered?

(4) Have activities/plans proceeded on a timely basis?

November 1, 1977

(5) What legal action, if any, has been taken (dispositions/regulations)?

(6) If medical services were required, what was the treatment and outcome?

(d) All follow-up reports should be submitted in letter form to allow flexibility and inclusion of only relevant data. The follow-up report will refer to the original incident by type of incident, location (district and locale), date of occurrence and principals involved.

(e) The Program Office may request a follow-up investigation and/or additional follow-up reports as required.

(7) Confidentiality. All incident reports involving clients, whether written or verbal, are to be treated in accordance with existing guidelines and laws pertaining to the confidentiality of client information.

(8) Availability of Forms. HRS Form 251, HRS Unusual Incident Report, is available for issue through Central Supply (ASGC) in accordance with HRSR 45-1.

(9) Disposition of Incident Report. Disposition of HRS Form 251 must be in accordance with Chapters 119 and 267, Florida Statutes and HRSL 15-1

4-9. Observation Reporting.

a. The two basic purposes for completing the Daily Summary of Detention Observation (Form 2002) are: (1) to pass from shift to shift the behavioral traits children exhibit and (2) to apprise the court of the child's adjustment to his detention experience. It is also valuable to the non-secure program in determining whether a child should be accepted into that program.

b. The form has been developed in such a manner that not only can the behaviors be evaluated but an indication can be made as to whether the child's behavior is improving, deteriorating, or remains unchanged.

c. The observation report is broken down into sub-components which are personal information, group information, position in group and general characteristics. Importantly, this form provides the opportunity to report positive as well as negative behavior.

d. If the child care worker frequently reviews reports of behavior, he will be aware of changes in the child's behavior or attitude. These changes are often indicators of problems the child is experiencing. By being tuned in to these emotional changes, the child care worker can head off potential incidents.

e. The completion of this form need not be time-consuming. If the child care workers share this duty, no child care worker will be responsible for more than ten reports. It is extremely important that the child care workers be conscientious about these reports as they are quite important to the children, court and detention staff.

f. The following factors should be considered in evaluating the behavior of a child while in detention.

(1) Cooperation.

(a) Does the child participate in the various areas and activities of the program? Is he making a responsible adjustment to his stay at the detention center? Describe his reactions.

(b) Acceptance of Rules and Regulations. Does the child's behavior exceed normal limit-testing: To what extent does he upset the routine? To what degree is this disruptive to the group? Is an excessive amount of staff time needed to keep him in line: Has isolation been necessary and under what circumstances? Is he a security threat? Have there been any plans of escapes, attempts, or generally bad attitude concerning the security?

(2) Relationship with Adults. The child's attitude toward his supervisor, teacher, arresting agency, probation officer and other adults should all be entered under this topic. Successful techniques in handling should also be entered.

(3) Social Orientation. Does he identify with anti-social groups, attitudes, philosophies? Are his personal ethics acceptable? Is he bigoted, intolerant, non-accepting of others for reasons of personal prejudice?

(4) Relationship with Peers. Does he accept and is he accepted by members of the group? Is he a good team member? Does he respect the rights of others? Does he dominate? Does he become a target? Group role, attitude toward group, and all interaction with peers should be listed here.

(5) Behavior.

(a) Ability to Control Feeling. Is the child normally calm and self-assured? Does he have the capacity to function using inner controls? Is he able to tolerate frustration without being overwhelmed by it? Is he impulsive, changeable in mood, easily upset, unpredictable, nervous and/or temperamental? Does he, with little provocation, explode into temper tantrums, destroy or attempt to destroy property, and/or injure self or others? Is he affectionate, friendly? When child expresses positive or negative feelings, does he strike out, withdraw, become sullen, ashamed, self-conscious, rebellious, demanding?

(b) Unusual or Bizarre Behavior. Note tendencies of nail-biting, moodiness, periods of depression or excitation, inappropriate response, uncontrolled behavior, abnormal sexual attitudes or activity.

(6) Work and School Program. The information entered on the form under work programs should include the type of work the child likes to do, his ability and limitations on details, how dependable he is, how much supervision he requires, successful techniques for getting him to work, and techniques of supervisor while he is working. The supervisors who are on duty during the school hours generally know something about the child's attitude and behavior in school.

(7) Relations with Family. The attitudes of the children toward their family are often displayed to the supervisor in the unit. Any comments concerning these attitudes should be entered. For example, is he visibly agitated or enthused when anticipating a visit from his family? Is there an overt display of affection or hostility shown when the family arrives? Is he let down, depressed, elated, or happy following the visit? Does the child discuss his family? On whom does he focus his attention in his remarks? Has he exhibited fear or apprehension either prior to, during, or after a visit?

(8) Medical Problems and Hygiene Habits. The child's medical care, treatment, and general health are to be noted. Child's grooming habits and manner of housekeeping should be noted.

(9) Recommendations Regarding Personal Strengths or Weaknesses. What character traits have you observed that would help in understanding the child and aid or hinder his successful rehabilitation program? Areas for consideration would include cooperation, initiative, emotional stability, judgment, leadership, motivation. Does the child have special skills or talents such as artistic or athletic ability, manual dexterity? Does he appear to be handicapped?

4-10. Staff/Child Relationships.

a. The child care workers should maintain a friendly, supportive relationship with the children in detention. Mutual respect must be the goal of the detention staff. It is extremely important that the child care worker maintain a stable leadership role and be a good role model for the children. It is possible to stay within these parameters and still be responsible to the needs of the youngsters.

b. It is important for child care workers to use appropriate language in communicating with the children. Vulgar or profane language is not appropriate. It is inconsistent to correct a child's language when you or another child care worker use similar language. Another question that frequently is raised is whose language is to be used. There is no real problem in using

the child's vernacular if you feel comfortable with it, but do not force yourself into his language because you may appear foolish. Use the language you are comfortable with. Be simple and direct because your ultimate goal is to communicate with the child.

c. Inappropriate Relationships.

(1) Staff members may not socialize in a dating relationship with former residents.

(2) Staff members may not caress, kiss, fondle or sexually contact residents.

(3) Staff members may not "rough house" with the residents. These actions can be misconstrued or can lead to anger on the part of the child or worker.

(4) Staff members may not force their religious beliefs on the children.

(5) Staff members may not enter the sleeping quarters of the opposite sex unless accompanied by a staff member of the opposite sex.

(6) Staff members must refrain from agreeing with the child in his criticism of parents, counselor, judge attorney, etc.

4-11. Physical Hygiene.

a. Bathing. The detention program should be established in a manner conducive to positive reinforcement of sound principles of physical hygiene. Children are required to bathe at least once a day unless there is a medical reason to the contrary. Children should be permitted to bathe after they have been involved in strenuous physical activity.

b. Brushing teeth. Children should be encouraged to brush their teeth when they rise, prior to going to bed, and after meals. They should also be encouraged to clean and groom themselves prior to meals, visiting, court, etc. Good physical hygiene helps develop a positive self-concept.

c. Sleeping. The period set aside for sleeping should be appropriate for the childrens' age group. They should be allowed at least eight hours of sleep each day. Children should not be put to bed early for the convenience of staff.

d. Clean clothes. Children will be given clean outer garments at least three times a week and clean underwear and socks daily. Linen will be laundered at least three times a week. The blankets, mattresses and pillows will be cleaned weekly while the child is in residence and upon his release.

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4-12. Nutrition. All children must be fed three well-balanced meals per day in accordance with the Administrative Rules of the Department of Health and Rehabilitative Services. Snacks may be served during the evening. All meals will be attractively served with hot food being served hot and cold foods being served cold.

**DETENTION SERVICES
DAILY SUMMARY OF DETENTION OBSERVATION**

DISTRICT _____

NAME OF CHILD: _____

AREA ASSIGNED: _____

DATE ENTERED: _____

DATE OF REPORT: _____

PERSONAL INFORMATION

| | | Manners | | | Attitude | | | Self Concept | | | Behavior | | | Physical Hygiene | | |
|------------|---------------|---------|------|---|----------|---|---|--------------|---|---|----------|---|---|------------------|---|---|
| | | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| | | 1. Day | Good | | | | | | | | | | | | | |
| 2. Evening | Fair | | | | | | | | | | | | | | | |
| 3. Night | Poor | | | | | | | | | | | | | | | |
| | Improving | | | | | | | | | | | | | | | |
| | Deteriorating | | | | | | | | | | | | | | | |

GROUP INFORMATION

| | School | | | Counseling | | | Acceptance | | | Gym | | | Games & TV | | | Communi-cation | | | Adapta-tion | | | Partici-pation | | |
|---------------|--------|---|---|------------|---|---|------------|---|---|-----|---|---|------------|---|---|----------------|---|---|-------------|---|---|----------------|--|--|
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | | | |
| | Good | | | | | | | | | | | | | | | | | | | | | | | |
| Fair | | | | | | | | | | | | | | | | | | | | | | | | |
| Poor | | | | | | | | | | | | | | | | | | | | | | | | |
| Improving | | | | | | | | | | | | | | | | | | | | | | | | |
| Deteriorating | | | | | | | | | | | | | | | | | | | | | | | | |

POSITION IN GROUP: LEADER: _____ FOLLOWER: _____ ISOLATE: _____

DOES CHILD CRY: _____ WHEN: _____

COMMENTS: _____

**THIS FORM IS AVAILABLE FROM
CENTRAL SUPPLY WAREHOUSE**

GENERAL CHARACTERISTICS OF CHILD (check)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> has a "chip on shoulder" | <input type="checkbox"/> trustworthy | <input type="checkbox"/> sullen |
| <input type="checkbox"/> profane and obscene | <input type="checkbox"/> steals | <input type="checkbox"/> lazy |
| <input type="checkbox"/> picks on smaller children | <input type="checkbox"/> friendly | <input type="checkbox"/> cheats |
| <input type="checkbox"/> an instigator | <input type="checkbox"/> stubborn | <input type="checkbox"/> picks fights |
| <input type="checkbox"/> an organizer | <input type="checkbox"/> helpful | <input type="checkbox"/> is a bully |

APPROVED BY: _____ POSITION: _____

COMMENTS: _____

Day shift: _____
 Evening shift: _____
 Night shift: _____



HRS UNUSUAL INCIDENT REPORT

DISTRICT _____

Type of incident (rape, fire, breakout, riot, etc.): _____

Subject of incident (client, facility, employee): _____

Name of incident principles (client, employee, etc.): _____
(If client, give age and I.D. number): _____

Date and time of incident: _____

Name of facility or office location where occurred: _____

Address of incident (if other than above): _____

Injuries sustained by involved parties (if any): _____

Names of witnesses, if any: _____

Anticipated local public reaction: _____

Immediate action taken: _____

Name, title of person reporting incident: _____

Division of Risk Management notified

Signed: _____ Date: _____

District Administrator

Chapter 5

SECURITY

5-1. Background. It is extremely important that all child care workers continually be security conscious. Security devices and an adequate physical plant provide assistance in maintaining control of detained children, but cannot replace staff supervision. The most modern and sophisticated security hardware is of little value if the child care staff takes a lackadaisical approach to security precautions. This does not mean that child care staff should take a "watch dog" approach to child supervision. It does mean that they should remain alert while they interact with the children and be attuned to the mood and climate that prevails in the facility.

5-2. Population Control.

a. The child care staff should be aware of the location of all children at all times. Each child should be in the sight of at least one child care worker. The child care workers should coordinate the supervision of the children. It is extremely important that a child care worker not leave his area of responsibility without first informing the supervising child care worker. The other staff members depend on you to carry out your responsibilities and cannot assume supervision if they do not know of your absence.

b. The child care staff should know the exact number of children in detention or assigned to their group and be able to recognize them on sight. If a child leaves the program area of the facility, for any reason, all child care staff should be told. The child care staff should make periodic head counts to ensure the earliest possible detection of the absence of a child.

c. When moving children from one area of the facility to another, it is important that one child care worker walk behind the group to keep a child from "ducking" into a hiding place. A head count should be conducted when the group arrives at its destination.

5-3. Firearm and Weapon Control.

a. At no time may any person in the detention facility have in their possession a firearm or any other item considered to be a weapon. Each facility must have a secure receptacle in which firearms and other weapons can be deposited. This receptacle must be located in an area to which detained children do not have access. If a child care worker detects a bulge on a visitor that may be a weapon, the worker will request the visitor to show the object. Refusal to comply with the request will result in denial of visitation.

b. No child care worker may have in his/her possession or have access to such items as mace, billy clubs, etc.

c. Sharp knives used for meal preparation must be stored in locked drawers, if children have access to the kitchen. Caution should be taken whenever sharp knives, pointed scissors, etc, are used in home economics or the arts and crafts programs.

d. Any items considered weapons, if found in the possession of a detained youngster, must be given to the superintendent for disposal.

5-4. Key Control.

a. The use and misuse of keys in a detention facility is a critical aspect of security. The child care staff must carefully protect their keys. At no time may a staff member allow a child to handle keys nor may the keys be left lying around, but should be in a pocket or case unless being used. Keys on a retractable chain outside of a pocket can be easily grabbed by a youngster.

b. Broken or mal-functioning locks and keys should be immediately brought to the attention of the superintendent or his designee. The making of duplicate keys should be authorized by the superintendent. Child care staff should be aware of detainees "jamming" locks.

c. The child care staff should periodically check to be sure that all doors that should be locked, are locked. It is good practice to check the doors whenever you walk by.

5-5. Building Security.

a. It is important for child care staff to be alert to both the hiding of contraband and facility damage. Although it is much better to stop the flow of contraband as it enters the facility, staff must be aware that a certain amount of contraband will be smuggled in and that other articles may be moved from one area of the facility to another where they can be inappropriately used.

b. The rooms used for sleeping are very often used for hiding contraband. The fixtures in these rooms are frequently tampered with and damaged. Therefore, frequent randomly timed searches of these rooms should be conducted. It is doubtful that these rooms can be searched daily but should be checked as often as is practically possible.

c. The search should be conducted when the youngsters are not in the sleeping area. Children should not assist in the search because this increases the possibility of conflict between you and the child who might object to his room being searched. Children may be used to remake the beds and clean

up after the search is completed.

d. Prior to conducting a room search and check, it is necessary to determine what you are searching for and what fixtures you are checking for damage. Most items that you will find will be small such as cigarettes, matches, knives, razor blades, drugs, etc. You will also be looking for items that might indicate an escape attempt, such as extra clothing, food, objects that might be used to assault staff, such as pool cues, pool balls, baseball bats, soap and other items that might be placed in a sock for a weapon, etc.

e. Although the contents of the rooms will vary from facility to facility, some items that should be checked are light fixtures, speakers, view panel, exterior window, air vents, door hinges and bed straps or bars. Anything that appears to be abnormal could indicate that the child is planning some undesired action. If the appearance of any item is suspect, it is recommended that the matter be brought to the attention of the superintendent.

f. The search of the room should be systematic and every item checked.

(1) Remove all blankets and linens and examine them closely. Contraband may be hidden in the hems or pinned to blankets and sheets.

(2) Closely examine the mattress to see if the seams have been opened or if the mattress has been cut or torn. If there is any indication that the mattress has been tampered with, the child care worker should run his/her hands over both sides of the mattress, feeling for objects which might have been hidden there.

(3) Inspect the bottoms of all furniture that is in the room. This would include beds, desks, commodes, lavatories etc., since small articles of contraband may be affixed with chewing gum.

(4) The inside of the commode should be checked.

(5) Examine floor drains and ventilation grills to see if they have been tampered with.

(6) Closely check any ledges. There is sometimes a small recess at the top of the door where small items may be hidden.

g. The above are suggestions as to where contraband may be found. Some rooms may have other hiding places. Learn other places that might be used to hide contraband. Think of where you might hide contraband if you were detained. Use the

experience of other child care workers.

h. When the security check and room search is completed, be sure to leave the room as you found it. Remake the bed and do not leave articles scattered about.

5-6. Outside Play Area.

a. Prior to taking the youngster outside for recreation, it is recommended that one of the child care workers make a security check of the outdoor play area.

b. This check is primarily to ascertain the following:

(1) Has the fence been tampered with. In an attempt to assist an associate in escaping, youngsters have been known to cut the fence. The fence is then held together with paper clips or other flimsy materials to camouflage the damage.

(2) Associates have also been known to throw weapons and other illegal contraband over the fence.

c. Any problems noted during this security check should be immediately brought to the attention of the superintendent or his designee.

Chapter 6

PROGRAM DEVELOPMENT

6-1. Introduction.

a. Programs should be developed so that the children benefit from their detention experience. Programs should alleviate idleness and boredom, as well as provide a means to evaluate the child, provide positive reinforcement, and a better concept of adult authority for the child. These activities should develop the concepts of cooperation and sportsmanship and provide acceptable leisure time activities.

b. Larger detention facilities may find it advantageous to divide the population into small groups for better control and better child/staff and child/child interactions.

(1) One group assignment may be by age or sophistication. The advantage of this is to have children with similar interests in the same group.

(2) One disadvantage is that a security problem of control may develop if all of the large sophisticated youngsters are placed in one group. These factors should be considered when determining group assignment.

c. Programs should be scheduled so that the short attention span of most children is considered. Quiet activities should occasionally be alternated with vigorous activities thereby alleviating the tension created by most quiet programs. Programs should be developed so that two very similar activities are not consecutively scheduled.

d. When possible, the programs should be co-educational and co-recreational. It may be necessary to occasionally separate the sexes due to their interests, but most activities are enjoyed by both boys and girls. The possibility that an unhealthy relationship might develop is more than offset by the improved self-concept exhibited by boys and girls in coed programs.

6-2. Games and Sports Activities.

a. This program activity, as in all program activities, should be developed so that it is consistent with the preferences of the children, not just the staff. Not all children enjoy organized sports such as basketball, football, volleyball or softball. Non-competitive games should be considered. Activities should be included at which all children can be at least moderately successful.

b. All children should be encouraged to engage in some type of vigorous activity at least once each day, including days when the weather will not permit outside activities, unless restricted for medical reasons. For those facilities having no gymnasium or covered play areas, some type of vigorous activity in the multi-purpose room should be developed, e.g., calisthenics, weight lifting, (closely supervised) or simple tumbling exercises.

c. At no time will physical recreation be used as punishment. Part of our responsibility is to instill a healthy attitude toward sports and games, which cannot be accomplished if these activities are viewed as punishment.

d. Staff should be encouraged to be involved in the sports and games, if only as an interpreter of the rules. If the staff does get involved, they should do so only if their involvement does not impair supervision of the youngsters.

e. It is not mandatory that all children be actively involved in the activity. It may be as beneficial to some kids to sit and watch the other kids' involvement. If they believe the others are having fun, they may participate the next time. The child care workers should not ignore the non-participant but should encourage the child to participate in the program. If a number of children indicate a lack of interest in the scheduled activity, the use of the activity at that time should be re-evaluated.

f. Certain activities such as tumbling, trampoline, etc. should be conducted only if we have a skilled person to supervise the activity.

6-3. Arts and Crafts.

a. This program has been conducted at many facilities through the guidance of skilled volunteers. These activities are excellent for bringing out each individuals' creativity. Frequently, children who show little success in other activities excel in some of the arts and crafts projects. Many projects can be accomplished with minimal expense or through donations.

b. Some examples of arts and crafts activities are macrame, crocheting, leatherwork, ceramics, sewing, needlework, decoupage and painting. The types of activities that kids can enjoy are unlimited. If you run out of ideas, wait for the next volunteer to apply.

c. Caution should be exercised in the use of knives, sharp scissors, leather punches, etc. All instruments should be blunt so that they are not potential weapons. If this is not possible, the children must be closely supervised and discretion used in determining which children can be allowed to handle the instruments.

6-4. Music.

a. Music has a calming and stabilizing effect on children. Not only can it be used to enhance other programs, but it can be a program of its own. Music is a means of communication and many children find it to be a readily available discussion focal point. Many modern recordings have specific meanings which can be discussed.

b. The music program can be expanded through providing group or individual singing opportunities. Programs may also include dancing.

6-5. Television. This activity is traditionally the most abused programmatic aspect in detention. It is frequently used instead of creative and meaningful activities. Television is beneficial to good programs but should not be overused. It should be used with specific purposes in mind. Short discussions of programs viewed are quite interesting and give some children a chance to show the knowledge they have gained. Television can also be used to supplement the educational program.

6-6. Religious Services.

a. All children will be given the opportunity to participate in religious services. The participation in these services must be voluntary. Participation is not voluntary if room isolation is the only alternative the child has.

b. Although the services should be of a non-sectarian nature, provision will be made for religious counseling by a representative of a specific denomination.

6-7. Work Program.

a. Each child should be required to make his bed and maintain his sleeping room.

b. The day-to-day housekeeping duties can be utilized as an alternate programmed activity for individuals who do not want to participate in regularly scheduled activities.

6-8. Personal Time. Many detention facilities overprogram and allow insufficient time for a child to meditate and reflect on his situation. Children may be placed in their rooms for a short period of time at least twice each day, to provide a relief from group pressure.

6-9. Meal Time. Meal time is as much a part of the total activity program as any other period. The meal time period should be pleasant and free from tensions, yet every opportunity should be utilized in teaching social skills and health habits. The relaxed nature of the period and the fact that children tend to exhibit a more natural behavior pattern while dining, make this an excellent opportunity to make significant observations.

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6-10. Summary. The above mentioned programs are only a small portion of activities that can be conducted at a detention facility. Through the use of volunteers and community resources, additional activities can be developed.

Chapter 7

VISITING, CORRESPONDENCE AND USE OF TELEPHONE

7-1. Visiting.

a. It will be necessary for each detention facility to designate a room to be utilized for visitation, to establish normal visiting hours and to promulgate rules and regulations that will govern the visiting period. The rules and visiting hours must be posted so as to be easily visible to visitors, detainees, and staff.

b. Changing philosophy and recent court decisions have taken visitation from being a privilege to being one of the child's rights while in detention. The child is not to have his visiting rights terminated for not complying with the rules of the facility at times other than while visiting. The visiting session can, however, be terminated if problems develop during it.

c. Each facility will establish reasonable visiting hours. These hours should accommodate working parents. Provision should be made for visiting during the day, in the evening, and on weekends. If parents or other approved visitors cannot take advantage of normal visiting hours, they should be able to make arrangements through the superintendent to see the child at some other time compatible with their schedule and with detention programming.

d. Visiting is extremely important to the child and his parents. This is an opportunity for the child to alleviate his fears and to confide in someone close to him. Therefore, visiting is not only permitted but should be encouraged to utilize the maximum benefit of the parent-child relationship.

e. When visitors come to see the child, they should be greeted in a warm and positive manner. If the visitor is someone other than the parents, the child care worker should make sure that the visitor has been approved to see the child. If there is a question of approval, the child care worker should contact the superintendent.

f. If the facility has a brochure that explains the philosophy of the facility and rules that govern visiting, a copy should be given to the visitor. If such a brochure is not available, attention should be directed to the posted rules and regulations. If the visitor has any questions about the child's detention experience, the child care worker should answer them as best he can. If the child care worker feels that he is not the appropriate person to respond to the question, he should refer the visitor to the superintendent or a Youth Services counselor.

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g. Visitors must leave smoking materials, purses, packages etc., with the child care worker. After the visitors have signed the visitor's log, they would then be escorted to the room used for visiting purposes. The child care worker should then escort the child to the visiting room.

h. While the child is visiting, the child care worker should be alert to potential problems that might arise. He should be prepared to intercede if the following situations develop:

- (1) The child or visitor is smoking
- (2) The child or visitor becomes loud and disorderly
- (3) The visitor passes contraband to the child.
- (4) The child or visitor becomes visibly angry
- (5) The child or visitor is observed defacing the walls, tables, chairs, floor, etc.

i. If the child care worker's intervention cannot satisfactorily resolve the problem, it may be necessary to terminate the visiting session.

j. When the visiting period is over, the visitors should be escorted out of the building. The child should then be frisk searched as detailed in Chapter 1. After the child has been searched, he should be returned to the appropriate program activity. After all visitors and children have left the visiting room, the child care worker should check the room for contraband.

k. In establishing rules for visiting, the following should be considered:

(1) Any articles that are needed by the child should be given to the child care worker. The article(s) will be noted as personal property and stored pending release or used as directed, e.g., medication.

(2) Visiting should be limited to the visiting room. Visitors and children should not be allowed to roam throughout the facility.

(3) Companions of the visitors may be required to wait outside if the facility has inadequate space or staff to accommodate them.

(4) If the child is being held for a Federal agency, the detaining authority must be contacted prior to any visits.

(5) Questions concerning the investigation or disposition of the case should be referred to the child's counselor.

(6) If an attorney, other than counsel retained for the child, desires to visit with the child, he must be cleared through the superintendent.

(7) The child's attorney, Youth Services counselor and clergy are allowed to visit as needed. They should be encouraged to visit at times that do not inconvenience program efforts such as meal time, shift changes, etc.

(8) The superintendent should be advised of children who do not receive visits so that he can make a special effort to secure visits for them.

i. The suggested rules for visiting do not preclude rules the superintendent feels are necessary to provide visitation in a safe, secure, and orderly manner.

7-2. Use of the Telephone.

a. The minimum standards (10H-2.40) state that children in detention must have reasonable access to the telephone during the hours of 9:00 a.m. to 9:00 p.m. It is further stated that these calls may be limited both in duration and to the parties contacted.

b. Population levels and staffing patterns have a direct bearing on the number of telephone calls permitted at each facility. It is reasonable to permit a child at least one telephone call per week. This call may be limited to the child's parents or legal guardian and Youth Services counselor. If the child desires to call anyone else, the call should be cleared through the superintendent and/or youth counselor.

c. The telephone call should be placed by a child care worker to ensure that the call is being made to the correct party. Although we should not monitor the telephone call, we should be prepared to intervene if the child becomes visibly upset. It is reasonable to limit the child's phone call to three (3) minutes. If there is sufficient staff, the phone call may last for a longer period of time.

d. Long distance telephone calls to parents should normally be made collect.

7-3. Correspondence.

a. Children are allowed to correspond with anyone they desire unless the recipient of the letter or the recipient's guardian expresses a desire not to receive this correspondence (10H-2.40). The standards further state that reasonable postage and writing materials will be provided by the facility. Due to budget limitations, it may be necessary to limit the number of letters that a child is

allowed to mail. To meet this requirement and to stay within existing budget, it may be necessary to restrict the posting of letters to two (2) days per week and allow the child to correspond with a maximum of (2) persons per posting date. More than one letter may be placed in an envelope.

b. To assist in meeting budgetary considerations, the child's parents should be encouraged to supply postage and writing materials.

c. All incoming letters are to be opened by the child and may be checked only for contraband and should be checked in the presence of a child care worker. All contraband found in letters and packages are to be given to the superintendent for disposal.

d. Outgoing letters may not be censored in any manner. All letters, unless to a person who has requested not to receive them, will be mailed.

e. All children are to be encouraged to write letters. It may be advantageous to have letter writing sessions two (2) or three (3) times per week, perhaps done in conjunction with the educational program.

Chapter 8

MEDICAL CARE

8-1. Medical History.

a. The detention facility should have a Medical History Form (HRS Form 13) filled out for each child in detention. This form should be filled out by the nurse, but in the nurse's absence, may be filled out by a child care worker. This is necessary to ensure that the child is not inappropriately programmed; e.g. strenuous physical activity for a heart patient, that the child receives the necessary medication, continues his medical treatment, etc.

b. When resources are available, all children should have a medical examination upon admission to detention.

8-2. Prescription Medication.

a. If a child has medication when admitted, it will be necessary to confirm the appropriateness of the medication for this child. The following steps should be followed:

(1) Check to be sure the prescription is made for this child, not his mother, father, brother, sister, etc.

(2) Contact the prescribing physician or pharmacy to determine the authenticity of the prescription.

(3) Ensure that the medicine in the bottle is the same as that prescribed.

b. All prescribed medications must be administered exactly as directed. Never give any medication unless you completely understand the instructions. Contact the nurse or physician for clarification if necessary. The following steps should be followed in administering medication:

(1) Make sure you have the right child before you administer the medicine.

(2) Read the label when you take the bottle from the medicine cabinet and before you open the bottle.

(3) Don't carry on a conversation. Concentrate on giving the right amount of the right medicine to the right child.

(4) If administering liquid medicines, be sure to shake the container well if so directed. Remove the cap with the label side up so the label stays clean and readable. Be sure to pour the correct dosage.

(5) Do not touch the pills or tablets with your hands.

Pour them into a medicine cup or envelope. If a spoon is used for liquid medicine, use individual spoons or sterilize the spoon for different children.

(6) Always have water available to wash the pill or tablet down. If a water glass or cup is used, make sure that the children use a clean glass or cup.

(7) Make sure the child takes the medication. It is common for children to hoard their medication.

(8) Place the medication in the cabinet as soon as you are finished.

(9) Immediately record the administration of the medication.

8-3. Sick Call.

a. If the facility has a visiting nurse or a full-time nurse, there should be a scheduled sick call daily or as often as possible. The time of this sick call should be posted and discussed with the child during orientation. The child care staff will make a list of all children who request to see the nurse during sick call. This list is to be given to the nurse so that all children will be seen.

b. All new admittants should attend the first scheduled sick call after their admission, if there is sufficient nursing staff available to provide this service.

8-4. First Aid.

a. At least one child care worker per shift must be familiar with basic first aid procedures. First aid training may be conducted by the local Health Unit or the American Red Cross.

b. Normally, the physician will require information if he is to easily understand the condition of the patient. He will need to know the temperature, pulse, respiration, color of skin, location of pain and general complaints of the patient. The doctor will also need to know if the child is on any medication and when he received his last dose.

(1) Temperature.

(a) Temperature is the balance maintained between the heat produced and the heat lost by the body and is measured with a thermometer. Some thermometers measure the temperature in degrees centigrade and others in degrees fahrenheit.

(b) Clinical thermometers break easily and require particular care to keep them safe. Before a thermometer is used for another person, it must be disinfected by soaking in

a thermometer solution for at least three (3) minutes. This solution must be wiped off the thermometer before using.

(c) There are two major types of thermometers, rectal and oral. Extreme caution should be taken to ensure that the appropriate thermometer is used.

(2) Pulse. Pulse is the distension of the arteries by the wave of blood forced through them by the contraction of the heart. The pulse can be felt by the fingers over an artery that is sufficiently near the surface.

a. Equipment needed:

- (1) Watch with second hand
- (2) Pad and pencil

b. Procedure for pulse at wrist (radial pulse)

(1) The patient should be in a comfortable position. He should be at rest, either sitting or lying down, with arm and hand supported. Do not take the pulse immediately after the patient has been emotionally upset or after exertion.

(2) With the tips of the first two or three fingers (never the thumb) firmly but gently press on the artery inside the wrist, just behind the child's thumb.

(3) Move your fingers gently until you feel the beat, then begin to count. Observe your watch and count for one minute. Be careful not to press too hard or you may cut off a weak pulse entirely. You may count for one-half minute and multiply by two.

(4) Record the pulse rate on the pad. Do not trust your memory. Report any sudden changes in the pulse as well as the pulse rate.

Low pulse below 60

. Rapid pulse over 120

c. Temporal pulse. The temporal artery on the side of the forehead should be used in taking the pulse when the radial artery cannot be used.

d. Respiration. A respiration unit is one breath inhaled and exhaled.

e. Observations and precautions. Respiration is easily controlled by the patient under certain circumstances and the awareness that it is being taken will influence the rate; so

it should be counted without the patient's knowledge.

f. Procedure. The easiest method of counting respiration is immediately after taking the pulse; the person making the examination will continue as if taking the pulse, and count the respirations. If the patient is extremely restless, it may be necessary to count for one-half minute and multiply by two. If the breathing is irregular, the count should be taken three times to be sure of correctness. Respiration above 40 and under 12 are serious symptoms and should be reported to a physician immediately.

8-5. Illness. If a child appears to be ill, the following steps should be taken:

(1) Contact the nurse and follow her instructions if she is in the facility or

(2) Ascertain the child's condition (pulse, respiration, temperature, etc.)

(3) Contact the physician and follow his directions.

8-6. Hospitalization. If a child requires hospitalization due to illness or accident, the superintendent, counselor and parents must be notified. If the parents do not have a telephone, it may be necessary to have a local law enforcement agency notify the parents of the child's hospitalization.

MEDICAL SCREENING CHECKLIST

DATE _____ SCREENER'S NAME _____

CLIENT'S NAME _____ DOB _____

1. Are you sick right now?
___ No
___ Yes - Complaint _____

Head
___ Normal
___ New inquiry

2. Are you allergic to any medicines?
___ No
___ Yes which ones _____

Pupils
___ Equal
___ Not equal

3. What medications do you take now?
___ None _____ Asthma pills
___ Insulin _____ Dilantin
___ Other: Specify _____

Sclera
___ White
___ Yellow

4. What medications have you taken?
before?
___ None _____ Asthma pills
___ Insulin _____ Dilantin
___ Other: Specify _____

Skin
___ Normal
___ Needle tracks,
icterus or
hemorrhage

5. What street drugs do you take?
___ None (including alcohol)
___ Other: Type and dose _____

Abdomen
___ Normal
___ Tenderness, rebound,
guarding, masses
or absent bowel
sounds

6. Have you ever tried to kill
yourself? ___ Yes ___ No
If yes, are you afraid you might try
to kill yourself again?
___ Yes
___ No

Other Findings: _____

VDRL ___ Not done:
State reason _____

___ Done Date _____
Result _____

7. Do you have:
___ Yes ___ No diarrhea
___ Yes ___ No Crabs, lice, etc.
___ Yes ___ No Venereal disease
___ Yes ___ No Asthma
___ Yes ___ No Seizures
___ Yes ___ No withdrawal symptoms
___ Yes ___ No Diabetes
___ Yes ___ No teeth problems
___ Yes ___ No eye problems
___ Yes ___ No Heart problems
___ Yes ___ No stomach problems
___ Yes ___ No Others: Specify _____

Gonoccal smear and/or
culture
___ Not done: State
reason _____

___ Done Date _____
Result _____
Routine Urinalysis
___ Not done: State
reason _____

___ Done Date _____
Result _____

8. Date of last menses _____

Pregnancy test, if last
menses more than 60 days
___ Not done: State
reason _____

___ Done Date _____
Result _____

9. Are you pregnant now?
___ Yes ___ No

10. Are you using any form of birth
control?
___ Yes ___ No
Specify: _____

___ Done Date _____
Result _____

11. Do you have vaginal discharge?
___ Yes ___ No

ACTION TAKEN: _____

General Appearance
___ Looks well
___ Looks sick
___ Mental status abnormal

THIS FORM IS AVAILABLE FROM
CENTRAL SUPPLY WAREHOUSE

Chapter 9

SPECIAL DETAINEES AND HOW TO RECOGNIZE THEM

9-1. Drug User.

a. When a person uses certain drugs over a period of time, he often reaches the point where he becomes "hooked", that is, physically and mentally dependent on the drug. Some drug addicts can be readily recognized during the admission procedure because they have needle marks or scars on their arms or legs. When drug addicts are identified on admission to detention, the child care workers can be alerted to watch the child closely for signs of withdrawal symptoms which will occur when the drug is not available to them for a period of time.

b. Not all drug users who are brought to detention can be recognized as such. Sometimes they appear to be entirely normal or seem to be only slightly nervous or confused. Others may appear drunk, mentally disturbed, epileptic, or extremely anxious and emotionally upset. A child care worker is not expected to diagnose such children as drug users. Instead, he should recognize that the child is exhibiting symptoms that require either frequent checks and observation or immediate medical care.

c. Some of the drugs which are addictive are:

- (1) OPIATES
- (2) BARBITURATE
- (3) AMPHETEMINES
- (4) COCAINE
- (5) PARALDEHYDE

d. Within one or two days after the last dose of one of these drugs, the drug addicted youngster usually will begin to show signs of withdrawal. Symptoms of drug withdrawals include:

- (1) Severe muscle aching and twitching
- (2) Abdominal pains
- (3) Restlessness and insomnia
- (4) Profuse sweating
- (5) Weakness
- (6) Hot and cold flashes

- (7) Loss of appetite
- (8) Weight loss
- (9) Vomiting and diarrhea
- (10) Anxiety and signs of hysteria
- (11) Convulsive seizures

e. During this period of withdrawal, a drug addict will go to great lengths to receive a dose of the drug. He may often simulate painful illness, mutilate himself or physically attack others.

f. Whenever withdrawal symptoms begin, the Superintendent should immediately be contacted. In most cases, the Superintendent will contact a physician. The physician's instructions should be followed carefully if the child remains in detention.

g. The period during and after withdrawal requires close supervision and presents difficult problems for the child care staff. Since this is a period of genuine physical illness and emotional distress for the youngster, he must receive special care and attention. It is also common for drug addicted detainees to attempt self injury or suicide during this period. Child care workers must take special precautions to control them and prevent such acts.

h. Naturally, it is the responsibility of the physician to provide proper medical care for the child undergoing withdrawal symptoms. However, the physician may depend on child care staff to observe the child closely and provide whatever on-going care the physician requests throughout the withdrawal period if the child is not hospitalized.

i. The child care worker must also see that the youngster undergoing withdrawal is segregated so that he does not bother others and so that he will not receive smuggled drugs.

j. Finally, the child care worker is responsible for carefully supervising the child after withdrawal. Since the youngster's desire for the drug may still be present after withdrawal, child care workers are justified in being highly suspicious of the youngster. They should frequently search the child and his room and supervise his visits closely to prevent him from receiving smuggled drugs or injection instruments.

9-2. Suicidal Child.

a. Another type of youngster who presents special problems and concerns for the child care worker is the depressed child who either threatens or attempts suicide. There are many incorrect

beliefs about these people. For instance, many people believe that the person who threatens suicide will not attempt it. This is entirely untrue. In fact, the opposite is true; ignoring or ridiculing a person's threat or attempt to kill himself is likely to strengthen his desire.

b. The person who threatens or attempts suicide is in extreme emotional pain. His threat or attempt to kill himself is perhaps best understood as an effort to let you know how miserable he feels. It is commonly referred to as a "cry for help". In your capacity as a child care worker, it is quite possible that you will have many experiences which involve suicidal youngsters. You should know how to respond to a "cry for help" and what steps you can take to avoid attempted and actual suicides in your detention center.

c. The suicidal youngster often shows signs of experiencing deep depression. A child care worker should become familiar with these signs so that he can take preventive steps and avoid an attempted suicide. The following are signs that indicate the potential for suicide attempt. Whenever you notice these signs of depression in a youngster, you should consider him a suicide risk and place him under close observation:

- (1) Tends to keep to himself and avoids talking to others .
- (2) Says very little when he does talk and usually speaks very slowly.
- (3) Often becomes very restless, pacing up and down, wringing his hands.
- (4) Is often unable to sleep.

d. Whenever a child is placed under close observation, the following steps should be taken:

- (1) Remove all potentially dangerous items from the child's room.
- (2) If the child shares a room with another child, ask the roommate to observe the child's actions whenever you are not there, and to advise you of severe depression.
- (3) Contact the Superintendent immediately and make a notation in the daily log. The Superintendent should then consult with a physician.
- (4) The child should then be referred to a psychiatrist or psychologist, if possible, for an examination.

e. Sometimes a youngster will threaten suicide or even make what appears to be a superficial attempt at suicide. He may, for example, cut shallow scratches on his wrist with a razor blade or nail file. Even when you feel almost certain that the detainee is faking a suicide, you should TREAT THE YOUNGSTER AS A SUICIDE RISK.

f. Often youngsters who merely threaten or pretend suicide with superficially inflicted wounds, may be emotionally unstable. Without intending to harm themselves, they may mistakenly injure themselves critically. This is especially true of youngsters who may injure themselves impulsively to "teach someone a lesson".

9-3. Sex Offenders and Youngsters with Sexually Deviant Behavior.

a. Youngsters charged with sex offenses also present special problems for child care workers. These youngsters often include exhibitionists, peeping toms, child molesters, rapists, and children with homosexual tendencies. Generally, it can be said that these youngsters are not normally violent or dangerous. In many cases, they do require close supervision for their own protection. A youngster who is charged with molesting a young child, or committing a homosexual act, is often disliked by the other youngsters who consider the act contemptible and disgusting.

b. Whenever a child care worker determines that a sex offender is disliked or resented by the other youngsters, he should place the child in a room by himself for sleeping, meditation, etc. He should also supervise the youngster closely while he is involved in the program. It is not always possible to tell from a youngster's appearance whether or not he has a tendency to engage in homosexual activities. Child care workers must base their supervisory decisions on the actual behavior of the youngster. A small, effeminate appearing male youngster, although he does not necessarily engage in homosexual activities, should never be placed in a room with larger more sophisticated youngsters who may take advantage of him.

c. Often a child care worker has no way of knowing if the youngster has homosexual tendencies until he receives complaints from the other youngsters or actually observes him in the process of making advances toward or victimizing another youngster. It is at this point that the child care worker should see that the youngster is housed in an individual room and closely supervised.

d. Many sexual offenders are emotionally disturbed and become extremely depressed and suicidal when detained for a sexual offense. It is extremely important that these youngsters be closely observed for signs of depression or other symptoms of emotional disturbances. If any of the signs are noticed, the child care worker should pursue the same steps as he would for any potentially suicidal youngster.

9-4. Diabetic.

a. Diabetes is a disease which prevents the body from using sugar properly and may cause a number of serious complications.

b. The diabetic youngster presents a special problem in detention. The nature of his illness requires that he have a special diet and either insulin or special drugs. Although most of the time he does not appear to be sick, he is liable to experience severe reactions periodically from too much or too little insulin, or from neglect of his special diet.

c. When supervising diabetic youngsters, the child care worker must:

- (1) Carefully supervise the use of insulin or drugs,
- (2) Recognize the danger signs which signal a serious diabetic condition,
- (3) Act quickly and correctly when these signs appear in the diabetic youngster.

d. Most diabetics are aware of their condition and, if questioned, will tell the child care worker about it when admitted. When a new detainee informs the child care worker that he is a diabetic, they should contact the superintendent so that arrangements can be made to have the child examined by a physician. The physician's instructions about diet and drugs must be followed closely and the child care worker must make frequent and regular checks of the youngster.

e. When a diabetic youngster has a very high level of blood sugar and has not adequately controlled it with drugs or diet, he may experience diabetic coma. Early symptoms of this condition are:

- (1) a sweetish, very strong odor on child's breath,
- (2) dry skin, dry mouth, and flushed face.

f. If the condition reaches the next stage, the symptoms also include:

- (1) dimmed vision
- (2) fast exaggerated breathing
- (3) intense thirst
- (4) vomiting, and abdominal pain

g. If the patient does not receive immediate medical treatment, the symptoms will result in loss of consciousness, then death.

h. An easy rule for the child care worker to follow is to call the Superintendent or physician immediately if the diabetic has dry skin and his face is flushed.

i. A different condition can appear in the diabetic when he has received too much insulin. This condition is known as insulin shock. The early symptoms are:

(1) pale, moist skin

(2) weakness

(3) tenseness and shaking that looks much like drunkenness

j. Later, when the condition is worse, the symptoms are seizures, then unconsciousness that may result in death.

k. When the youngster shows the early symptoms of having too much insulin, it is possible to control the condition by giving him candy, sugar, or orange juice.

l. If the child does not feel better immediately, a physician should be called.

m. An easy rule to remember is: When the diabetic has moist skin and his face is pale, give him candy, orange juice, or sugar. If he does not feel better immediately, call the doctor.

n. Most of the symptoms which have been mentioned can be confused with alcohol intoxication, drug intoxication, or head injury. Often, a youngster can be suffering from diabetes and one or more of these conditions. Perhaps the only symptom which definitely distinguishes a diabetic condition from these other conditions is the distinctive sweetish, strong odor of the breath. In any case, it is important to believe a youngster when he tells you that he has diabetes and to watch him carefully for symptoms of diabetic or insulin shock.

o. Most diabetic youngsters are capable of giving themselves insulin injections without supervision; however, in detention, it is essential that a child care worker observe and supervise the administration of insulin. Most important is the fact that all items used--insulin, needle, and syringe--be returned immediately and stored in a locked compartment. The insulin must be stored in a refrigerator.

p. Diabetic youngsters often tire of their rigid diet which limits the number of calories as well as the amounts of sugar, fats, and protein he is permitted to have each day. Frequently, they will eat things which are not permitted and will become ill as a result. A child care worker must take care to see that the diabetic youngster not only eats all of the food prepared for him, but also is not allowed to eat "smuggled" candy bars, or other items which are controlled by his diet.

q. If a child care worker has reason to believe that the child has broken his diet or failed to receive the correct intake of prescribed drugs or insulin, the child care worker should immediately contact the physician and inform him of all of the known details.

9-5. Epileptic.

a. Epilepsy is a disorder in which a person experiences recurrent convulsive seizures; the cause of such seizures is often unknown, but they can be due to head injury, drug withdrawal, or medical illness.

b. Whenever a youngster with a history of epileptic seizures is admitted to detention, he requires special handling. The child care worker should advise the Superintendent who will inform the physician so that treatment can be prescribed or the child's prescription can be evaluated.

c. There are times when children, for any one of a number of reasons, experience epileptic seizures while in detention. Chances are that a child care worker, not the nurse or doctor, will be the person available at the time of the seizure to care for the youngster. For this reason, you should carefully study and learn the steps that must be followed to lessen the danger of an epileptic seizure.

d. Helping the epileptic child to avoid injury during a seizure is the child care worker's main concern. The following are steps you should take to help a youngster avoid injury during a seizure:

(1) If the child has advance warning that a seizure is about to occur, ask him to lie down immediately (some epileptic persons are able to sense when a seizure is imminent).

(2) If the youngster should suddenly fall to the floor at the start of a seizure, remove all nearby objects against which he could injure his head.

(3) Loosen any clothing around the youngster's neck.

(4) Place a padded object between the child's teeth so that he will not bite his tongue or injure his mouth (pieces of soft rubber, several tongue depressors taped together and padded with gauze or any other padded object should be kept handy for these emergency situations).

(5) Place a folded coat or pillow under the child's head.

(6) Turn the child's head to one side to permit the saliva to run out.

(7) If the seizure lasts longer than a few minutes or if seizures occur one after the other, call the doctor immediately.

(8) When the seizure has ended, allow the youngster to rest or sleep.

e. Even if the seizure is brief and there is no need to call a doctor, the nurse or physician should be informed as soon as they visit the facility. The seizure should be noted in the daily log.

f. When caring for a youngster who is having a seizure, you should NOT:

(1) Restrict the child's movements in any way during the seizure,

(2) Attempt to pour liquids in the child's mouth during the seizure.

9-6. Retarded Child.

a. The retarded child poses a special problem for detention child care staff, but this problem need not be significant if information about this child is known.

b. Approximately three percent of the population is retarded. Almost 200,000 retarded people live in the State of Florida, and 75-78 percent of them are mildly or moderately retarded.

c. The following is a brief profile of the retarded child:

(1) Has the same needs as other children.

(2) Tends to be easily led.

(3) Usually speaks easily to strangers.

(4) Usually lives in the community.

(5) Generally normal looking.

(6) Is no more violent than anyone else.

(7) His speech may or may not be difficult to understand.

(8) Is usually much easier to catch doing something unacceptable.

d. There is no similarity between the mentally retarded and the mentally ill child. The mentally retarded are not sick people; their abnormalities are not treated the same as are the psychoses of mentally ill people.

e. The treatment of a retarded child; i.e. developing the most out of the potential they have, is generally a matter of education and training while the treatment of the mentally ill is

primarily a medical concern.

f. Violence and acting out hostility are not characteristic behavior of retarded persons even though their level of frustration may tend to be low. Aggressiveness, unpredictability, and manifest anger, however, are frequently encountered in the treatment of psychotics.

g. A mentally retarded youngster may also be mentally ill.

Chapter 10

NON-SECURE DETENTION

10-1. Background.

a. Not all children who become involved in the juvenile justice system require secure custody while they are in detention pending a court hearing. Recognizing this, the State of Florida in most districts has implemented a non-secure program.

b. The non-secure program is a less restrictive community-based program than is secure detention and has home detention, attention homes, and volunteer homes as its major components. All children in the non-secure program are supervised by a Community Youth Leader.

10-2. Screening.

a. All children who are detained should be considered for the non-secure program. To determine if the child is a good candidate for the program, he should be screened by the Community Detention Supervisor or Community Youth Leader. The factors considered in this screening are:

- (1) The child's attitude and willingness to cooperate
- (2) The alleged offense and the child's prior record
- (3) The child's behavior in secure detention facilities
- (4) The youth counselor's recommendations
- (5) The child's school or work status
- (6) The community's reaction to the offense
- (7) The parent's attitude and acceptance of child
- (8) The availability of placement
- (9) The security risk that the child represents
- (10) The court's stance on placement

b. All factors should be considered prior to moving a child to a non-secure program. Occasionally, one factor may lead to the child not being placed in the non-secure program. This may be the court's opposition, community reaction, child's attitude, etc. In any event, the child's screening form should be in his file and must show the rationale for acceptance or rejection.

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10-3. Role of Child Care Staff. The secure detention staff's role in the screening process is to provide as much input as possible. It will also include advising the non-secure screener of changes in the child's attitude or behavior.

10-4. Supervision. Once the child is placed in the non-secure program, he will be supervised by a Community Youth Leader. The Community Youth Leader's caseload is normally five or less, which allows him to devote much time to each case. The Community Youth Leader is available to help the child to meet all requirements established in the contract. The Community Youth Leader will also monitor the child's behavior to ensure compliance with the contract requirements. Violations of the contract may require contract modification or return to secure detention.

10-5. Release.

a. The child will be released from the non-secure program upon court disposition or at an earlier date if authorized by the court or intake.

b. If you desire more information about this program, please refer to the Community Detention Program Manual which may be obtained through the Superintendent's office.

Chapter 11

EDUCATIONAL PHILOSOPHY

11-1. General.

a. The philosophy of education in Youth Services is based on the belief that the habilitative process is dependent on an educational program designed for socially maladjusted students; that learning should take place where positive intra-personal relationships exist; that education is not confined to four walls nor provided through a formal setting but rather is the learning experiences acquired in a multi-sensory manner permitting each student to develop such knowledge according to needs, interests, and abilities and reflecting their individual uniqueness.

b. Central to the education philosophy of Youth Services is the conviction that personal and social development is of primary concern; that increases in educational achievement are a part of such development; that participation in the experiences necessary to acquire the knowledge, skills and attitudes to permit career development decisions reinforce such development; that enrichment programs facilitate and enhance such development; that vocational exploration generates an awareness of viable alternative life styles which further increase the chances for such development.

c. Implementation of this philosophy should include individualized and group educational plans and activities according to the interest, abilities and needs of students; classroom meetings oriented toward sharing learning experiences, values, attitudes, and aspirations; and effective utilization of resources such as teacher-pupil ratios, aides, volunteers and community resources.

d. In essence, the education program should serve as a catalyst to provide integration of the total treatment process for rehabilitation of committed youth in order to promote their successful re-entry into their community.

11-2. Survival Training.

a. It can be said that all education is the process of survival training. We learn what we need to know to survive in our society on a level which either we set ourselves, or which has been set for us by society at large. The greater the pressures of society, the greater the need for survival, and the more we are in need of functional educational programs.

b. The child in a detention center especially needs this survival training. By adjusting our aims and curriculum to suit his special needs, we are giving him an opportunity to rehearse for life situations. From past experience we can

see that these children can survive and flourish under a variety of circumstances.

c. The primary goals of the education program in detention centers should be:

(1) To provide relevant academic and occupational exploratory activities which will assist youth in becoming aware of the positive relationship education provides.

(2) To provide opportunities for students to develop self-awareness with activities in personal and social adjustment in his environment.

(3) To provide success experiences necessary for development of a more positive sense of self.

d. To assist in meeting these goals it is recommended that the activities, units, and strategies provided in the Department of Health and Rehabilitative Services, Youth Services publication "Curriculum Handbook for Education Programs in Detention Centers" and the Department of Education, Division of Vocational Education publication, "Employability Skills Series", be used to assist students to set individual goals and master individual competencies in large and small group instructional settings. The use of individual kits and programmed learning using teaching machines should be kept to a minimum to provide time for social interaction between students and teachers, and students and students in a positive environment for practice in "decision-making".

11-3. Educational Goals.

a. Self understanding. All students will be provided learning programs to permit them to develop a better understanding of their worth to society.

b. Understanding others. All students will be provided learning programs to acquire understanding and appreciation of others, including working relationships and differences in social, cultural, and ethnic groups.

c. Interest in school and learning. Every student will be helped to acquire positive attitudes toward school and toward the learning process.

d. Basic skills. All students will have the opportunity to master the basic skills for communication and computation (listening, speaking, reading, writing and arithmetic).

e. General education. All students will have the opportunity to acquire the general education which is fundamental to career and personal development and necessary for participation in a democratic society. General education includes skills, attitudes and knowledge for general problem-solving and survival, human relations

and citizenship, oral and ethical conduct, mental and physical health, personal hygiene, aesthetic and scientific appreciation, and environmental and economic understanding.

f. Vocational development. All students will have opportunities to participate in pre-vocational and vocational programs which explore job opportunities, required skills, individual aptitudes, personal skill development, and work habits.

Chapter 12

VOLUNTEER SERVICES IN DETENTION

12-1. Rationale for Use.

a. Through the use of volunteers in detention, the facilities can ensure that the youth under their care are provided more direct services. The principle reasons why volunteers should be utilized are:

(1) The detention facilities have never in the past, nor are they expected to have in the future, enough paid staff to provide all the necessary services to children.

(2) Volunteers have repeatedly demonstrated their ability to help children and expand the quality and variety of services.

(3) Skyrocketing cost and limited state funds make it mandatory that alternatives other than the practice of consistently seeking high budget increases to implement new programs, improve existing services, and meet workload growth be developed.

b. Since we are held accountable for effective volunteer utilization, it is strongly recommended that we make decisions as to how volunteers are going to be involved. In doing this, facilities should utilize the following four factors to guide their planning:

(1) What do the children need?

(2) What do staff want volunteers to do?

(3) What will volunteers be willing to do?

(4) Does the planned volunteer activity help achieve established program goals?

c. In order for the volunteers to be truly effective and make the most of their time, they must first become familiar with the detention program, its rules, and objectives. Once this familiarization has been accomplished, especially for those working directly with youth, the volunteer can become more effective and experience much less frustration and anxiety. Volunteers should be used to complement staff, not to take over staff responsibilities.

12-2. Implementation.

a. The introduction of volunteers into detention can be accomplished with two goals in mind:

(1) Without description of the routine and effectiveness of the program.

(2) With a minimum of additional work on the part of the facility staff.

b. Under the new HRS Volunteer Services structure, detention facilities no longer enjoy the luxury of a VISTA or Volunteer Coordinator assigned directly to the facility.

c. Volunteer Coordinators and VISTA's now have the responsibility for HRS-wide programs. These people will be responsible for recruitment, initial screening, and orientation of persons interested in working as volunteers.

d. In order to continue with an effective volunteer program, or the up-grading of existing programs in facilities, the following steps need to be followed:

(1) Estimate of Volunteers Needed. Superintendents and staff should design or plan roles where volunteers can be used in the program. This should involve strengthening areas where volunteers are already being used and identifying and designing new roles for volunteers. Once this has been completed, there should be an estimate made of the number of volunteers that will be needed to carry out this function.

(2) Requesting Volunteers. Staff should develop written job descriptions that outline what volunteers are to do, for whom, and how often. In addition, these job descriptions should be clear as to whom volunteers are to report and any special skills, training or experience needed to do the jobs. A volunteer purchase order should be prepared for each volunteer job, specifying the number of volunteers who will be needed. The job description and purchase orders are then forwarded to the Volunteer Coordinator or VISTA, and will serve as a request for volunteer recruiting.

(3) Recruiting. Volunteer Coordinators and VISTA's will have the primary responsibility for recruiting; however, staff should assist in this responsibility. Volunteer Coordinators will maintain copies of the programs' volunteer job descriptions (purchase orders) and carry out recruitment efforts designed to secure enough volunteers to fill these jobs. As a general policy, volunteer coordinators will recruit only for establishment needs, and only after the program has submitted proper job descriptions to the volunteer coordinator.

(4) Primary Screening. All prospective volunteers should be initially screened and interviewed by the HRS Volunteer Coordinator. Once the volunteer has been tentatively matched to the program, they are scheduled for orientation and referred to the detention facility at which he will work. Detention staff should be sent copies of volunteers' application and job assign-

ment forms by the HRS Volunteer Coordinator or VISTA. Volunteers should have the responsibility for contacting the facility to which they have been assigned upon completion of orientation.

(5) Volunteer Orientation. Pre-service orientation will be required for all regular service volunteers. This orientation is designed only to give volunteers a broad overview of all HRS agencies, its clients, volunteer obligations, and expectations.

(6) Secondary Screening. As soon as the volunteer(s) have completed orientation, they are expected to report to their assigned programs for secondary screening. This screening is very important, the purpose being to give the detention staff an opportunity to decide whether or not the volunteer is suitable for the jobs he has been tentatively assigned by the HRS Volunteer Coordinator or VISTA to do. If the volunteer is acceptable, then he should be assigned specific activities, trained, and put to work. If the volunteer is not suited for the activity he was recruited for, the staff must decide whether or not the volunteer might be interested in and suitable for another assignment in the facility. If an "in-house" reassignment is not possible, then the volunteer should be referred back to the HRS Volunteer Coordinator.

(7) Job Training for Volunteers. As stated earlier, the volunteer "orientation" is designed to give the volunteers who are scheduled for regular services a broad picture of HRS and its clients. Volunteer job training is intended to give volunteers, performing the same duties or the same job, the skills they will need to carry it out. For this reason, volunteer job training is the responsibility of the staff who will utilize and supervise the volunteer activity. Only these people will understand the specific skills and knowledge volunteers will need to get the job done. Without some introduction to their duties, neither should the detention center do any differently with volunteers. Volunteers are unpaid staff and entitled to the same treatment as employees. Whether volunteer job training is formal or informal, extensive or simple, will depend on the complexity of the job, the number of people who will be performing it, and the degree of active supervision that will be offered. Staff should be held accountable, however, for imparting to volunteers the knowledge and skills they need to effectively carry out a particular job. The HRS Volunteer Coordinator(s) should be requested to lend technical assistance in developing the appropriate job training program. The purpose of volunteer training is to teach a person what to do and how to do it.

(8) Volunteer Supervision. Supervision of volunteers is the responsibility of the staff who are utilizing them. This is not the function of the HRS Volunteer Coordinator or VISTA.

Chapter 13

TRANSPORTATION

13-1. Transporting a child.

a. Upon receiving a call to transport a child to the detention center, the shift supervisor should receive as much information about the youth(s) who requires transportation as possible to ensure that sufficient staff are available to safely transport the detainee(s). If the child requiring transportation is female, there should be a female child care worker (or volunteer) involved in the transportation. The shift supervisor must be sure that he has sufficient floor coverage prior to sending staff to transport new admissions. If he feels the coverage is inadequate, he should contact the superintendent for advise before providing the service.

b. Before leaving the facility, the transporting child care worker should:

- (1) Make sure that he knows the route to his destination.
- (2) Check the caged area of the car for loose articles.
- (3) Visually check the air pressure of the tires.
- (4) Make sure the credit card, log sheet, jack, first aid kit, flares, fire extinguisher, road map and certificate of registration are in the vehicle.
- (5) Check the oil level.
- (6) Make sure that he has enough pairs of handcuffs for the number of children he is picking up.
- (7) He should then fill out the log sheet.
- (8) Before leaving, the driver should clear the vehicle's radio and check its reception.

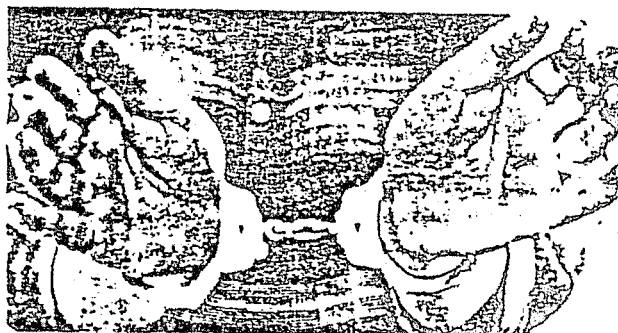
c. When the child care worker arrives at the pick-up point he must notify the facility of his arrival. He should then identify himself to the intake officer. He should make sure that the intake officer has provided the following paperwork:

- (1) Authorization to detain (Section of intake data card HRS Form 300)
- (2) Copy of Master Card (HRS Form 461)
- (3) Copy of complaint

- (4) Administrative hold order (HRS Form 497) (If applicable)
- (5) Court order (If applicable)

d. The child care worker should ask the intake officer if he has any additional information that might be helpful in transporting the child, or regarding his subsequent detention. He should then introduce himself to the child and explain what his responsibilities are, give a brief explanation of the detention program and answer any questions.

e. He should frisk search the child before taking him to the car. The transporter should not assume that this has been done by intake or law enforcement. The child should then be given an opportunity to use the bathroom prior to departure. This will cut down on any stops that must be made on the return to the facility. The driver must then decide whether or not to use handcuffs. Handcuffs should only be used if the child is a security risk while being transported. If handcuffs are used, they must be used correctly. (See picture below) At no time may a child be handcuffed to the vehicle. The child would be unable to free himself in the event of an accident.



f. The child should always be placed in the rear seat of the vehicle while being transported. The shield should be up so that the driver is afforded the protection the shield is designed to provide. After placing the child in the vehicle, the child care worker should contact the facility and advise them of the number of children in the custody, the estimated time of arrival and any assistance required upon arrival. Upon arrival at the detention facility, the child care worker should then sign off the radio, fill out his log sheet (noting any problems with the vehicle) and make sure there is at least one-half tank of gas in the car. He should then take the child into the facility and follow standard admission procedures. (Chapter 1).

g. Whenever transporting the child to court, doctor, dentist, etc., the driver should leave sufficiently in advance of his appointment to allow for traffic problems. Custodial responsibility at the site of delivery should be thoroughly planned and agreed upon by the parties both delivering and receiving, so that escapes or other incidents will be minimized. If taking the child to a professional's office, arrangements should be made to permit the physical presence of the custodial person during the visit.

h. If the child needs to use the rest room while he is being transported, the driver should check the rest room to make sure there is no other means of exit. If there is not, he should station himself outside the door so the child can use the rest room in privacy. If there is a second means of exit, it will be necessary for the child care worker to wait in the rest room.

i. State cars are to be used for the transportation of children only. Any other use of the vehicle must be cleared through the Superintendent. It is important to remember when using this vehicle that state vehicles are easily recognizable and are therefore vulnerable to complaints of speeding and erratic driving. The operator of a state vehicle should drive courteously and observe all laws.

j. Gas should be purchased at "G" stations whenever possible. For this reason, the driver should be familiar with the "G" stations in his area. The vehicle should have a State Garage Directory in it to assist him in the location of the "G" stations. The credit card should be used for minor emergency repairs only. The Superintendent should be consulted regarding major repairs.

k. Smoking is not permitted by children being transported in the state vehicle.

l. If the vehicle breaks down, the driver should contact the base station and give them the nature of the problem and the location. The staff at the facility should then make arrangements to correct the situation.

m. If you are involved in an accident, you should contact the base station and give them a brief analysis of the situation and what assistance is needed. This will include the extent of damages and injuries. First aid should be given if necessary. Stay with the vehicle and passengers until help arrives.

n. As soon as the situation is stabilized, place flares at the front and rear of the vehicle and turn on emergency blinking lights.

o. Get the names and addresses of the persons involved and any witnesses to the accident. Fill out the necessary report form in the vehicle pocket. Follow the instructions on the report form.

13-2. General Communications Procedures.

a. A directory of base and mobile unit call letters are furnished each base station and should be made available to all those responsible for transportation. Base station call letters will differ. However, all call letters from mobile units will be the same with the car plate numbers added following the general KO-7451 signal which denotes Detention Services Mobile Units.

b. Example: "This is KO-7451 unit 6586 Tampa calling KXM-625" (Sarasota) - answer, "This is KXM-625, go ahead." State message and clear the frequency as quickly as possible.

c. All base stations must clear frequency every thirty minutes while on the air. This is done by broadcasting call letters and the word "clear", to notify that base is in receiving status. Example: "KVB-732 (Lee) clear."

d. In broadcasting, hold microphone approximately 2 to 6 inches from face and talk in a natural voice. After some use by staff, you will find that each person has his own vocal peculiarities and that certain phrases will become a part of the whole system. In order to be as consistent as possible, speak distinctly and slowly.

e. You will be sharing the frequency with one or more agencies, so be considerate of their need to use the channel.

END