



\*\*\*\*\*REVISED\*\*\*\*\*  
**DALLAS COUNTY JUVENILE BOARD**  
 Monday, May 18, 2015  
 5:00 PM  
 Lyle B. Medlock Youth Treatment Center  
 1508 B E. Langdon Road, Dallas, TX 75241

**FILED**

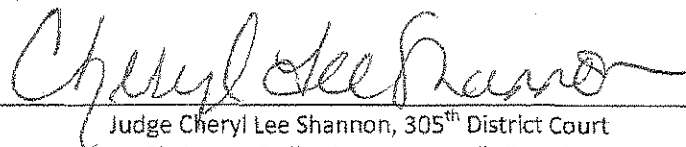
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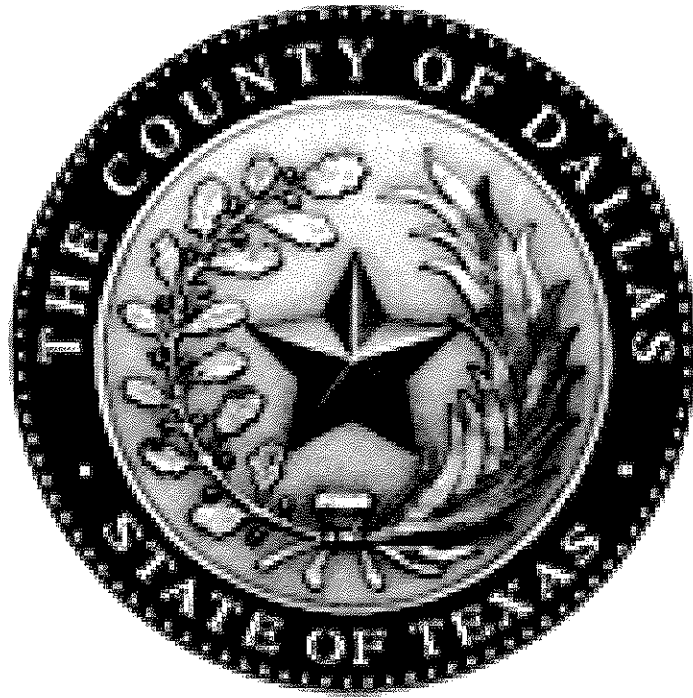
COUNTY CLERK  
 DALLAS COUNTY

- I. Call to Order
- II. Approval of Minutes  
 April 27, 2015
- III. Public Comment (Limited to 3 minutes per individual or organization)\*
- IV. Discussion Items - Juvenile Department
  - A. Directors Report
  - B. JJAEP Update
- V. Action Items - Juvenile Department
  - C. Budget Retreat
  - D. Juvenile Processing Office Modification – Dallas County Sheriff’s Department and Carrollton Police Department
  - E. Specialty Court Registration with Office of The Governor: Youthful Offenders’ Court
  - F. Summer School for Juvenile Justice Alternative Education Program (JJAEP)
  - G. Approve to Pay a Single Fee of \$750.00 to UTSWMC Facility to Conduct Training on the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-V)
  - H. Renewal of Licensures as Substance Abuse Treatment Facilities for SAU and RDT
  - I. Re-Certification of Lyle B. Medlock Youth Treatment Center Post-adjudication Secure Facility
  - J. Approval of the 2015 Lyle B. Medlock Policy and Procedures
  - K. Letot Foundation Funding for Girl Education and Mentoring Services (GEMS) and My Life My Choices (MLMC) Training
- VI. Discussion Items – Academy for Academic Excellence (AAE)
  - L. AAE Update
- VII. Action Items – Academy for Academic Excellence
  - M. Summer School for Academy for Academic Excellence (AAE)
- VIII. Executive Session - Juvenile Department  
 For Purposes Permitted by Chapter 551, Open Meetings, Texas Government Code, Section 551.071 Through Section 551.076  
 Subjects:
  - Contracts
  - Litigation: US Department of Justice Investigation of Dallas County Truancy Courts and Juvenile District Courts.
  - Personnel: AAE Education update and employee #12932-2  
 FFT update and employee #43819
  - Security

Notes:  
 \* *Individuals Wishing to Speak During the Public Comment Period Must Register With the Director’s Executive Administrative Coordinator, Ms. Na’thella Wilson (214.698.2215) By 4:00 p.m. on the Business Day Prior to The Date of The Board Meeting.*

*Agenda Items are assigned numerically and alphabetically for ease of reference only, and do not necessarily reflect the order of their consideration by the Board.*

  
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 Judge Cheryl Lee Shannon, 305<sup>th</sup> District Court  
 Chairman, Dallas County Juvenile Board



# APPROVAL OF MINUTES

II.

MINUTES OF MEETING DATE: April 27, 2015

DALLAS COUNTY  
JUVENILE BOARD

TIME: 5:00 p.m.

PLACE: 305<sup>th</sup> District Court/Referee Courtroom, Room A332 ~ 3<sup>rd</sup> Floor  
Henry Wade Juvenile Justice Center  
2600 Lone Star Drive  
Dallas, Texas 75212

MEMBERS PRESENT: Judge Cheryl Lee Shannon, Chairman  
Commissioner John Wiley Price, Vice-Chairman  
Judge Paula Miller  
Judge Andrea Martin  
Judge Amber Givens-Davis  
Judge Craig Smith  
Judge Clay Jenkins

MEMBERS ABSENT: Judge Ken Molberg  
Judge Andrea Plumlee

I. **Call to Order**

The Dallas County Juvenile Board met at the Dallas County Juvenile Department, 305<sup>th</sup> District Court/Referee Courtroom, Room A332 3<sup>rd</sup> Floor. Judge Cheryl Lee Shannon, Chairman, called the Juvenile Board Meeting to order at 5:00 p.m., but there was no quorum present.

II. **Approval of Minutes**

Judge Cheryl Lee Shannon presented the Minutes from the March 23, 2015, Juvenile Board Meeting for approval. A motion was made by Commissioner John Wiley Price and seconded by Judge Andrea Martin to approve the March 23, 2015 minutes. The motion was unanimously approved.

III. **Public Comment regarding Juvenile Department**

Judge Cheryl Lee Shannon made mention there were no persons present for public comment and then went on to Discussion Items.

VI. **Discussion Items-Juvenile Department**

A. **Director's Report:**

The Department acknowledged Ms. Tiffany Whitfield as being selected as the Probation Officer for Drug Court. She had gone from part-time to full-time.

There continues to be tours from Justice Fitzgerald: Saint Mary of Carmel Catholic School and Williams Middle School in Rockwall came in March and April.

Mr. Larry Thompson with Homeland Security and Emergency Management continues to do active shooter as well as emergency preparedness training with the department's district offices, Detention and our other facilities.

In the month of March the department had community restitution, with 487 youth completing approximately 1267 hours. There were also community service restitution events in which 67 youth

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law abiding citizens, while promoting public safety and victim restoration.*

completed 239 hours with Bills Helping Hand, World Vision, Round Up and Hunger Busters.

Each month the department will be doing a different segment on all the vendors to provide more information in detail. Alert Ministries was highlighted for the month of March and going forward the department will provide the EEO1's for all the participants with the Department.

Commissioner John Wiley Price stated if an employer does not have an EEO-1, the Department of Labor only requires them to file with 15 or more individuals. Commissioner John Wiley Price advised he would like a profile if an employer does not have an EEO-1.

Two of the youth enrolled in the food handlers and culinary program with the Youth Village Resources of Dallas that were released from Medlock went on to enroll in the Desoto High School culinary arts program. They are doing very well because of the training they received prior to being released.

During Discussion Item A., Judge Cheryl Lee Shannon noted for the record that Judge Craig Smith arrived at 5:05pm., and by him being present it made a quorum.

The E.S.T.E.E.M. Court did very well with the outings they had last month.

Point of Information - Commissioner John Wiley Price asked who makes the decisions with respects to the destination for the youth. Dr. Terry Smith clarified to Commissioner John Wiley Price that the Judge and Case Workers make those decisions. The families and/or youth may make suggestions if asked as well. Judge Cheryl Lee Shannon clarified they try to find out things the girls are interested in, a hobby they may have or something that would be beneficial to them and tailor it to that. Commissioner John Wiley Price stated he would like more destinations other than what he is seeing for Marzelle C. Hill Transition Center.

**B. Quarterly Reports – Facilities:**

The Department presented the board with the facilities' quarterly reports for the first quarter 2015 which is January, February and March. There were very few reportable incidents.

Point of Executive Privilege – Dr. Smith made mention that she shared with her executive team earlier today that the departments numbers have gone down in terms of restraints and reportable injuries across the board for all the facilities. One other thing Dr. Smith shared with the board is that when she first came to Dallas County she spent a lot of time walking detention and talking to the youth. They complained about how staff were treating them and talking to them and abusing them. The complaints are no longer about abuse, but personal needs like food or building too cold.

Before proceeding to Discussion Item C., Judge Cheryl Lee Shannon noted for the record that Judge Paula Miller arrived at 5:08 pm.

**C. Juvenile Justice Alternative Education Program (JJAEP) Update:**

The Dallas County Juvenile Justice Alternative Education Program (JJAEP) focus for March was preparing students for STAAR testing. The JJAEP credit recovery program is underway with JJAEP staff assisting students. They were using creative ways to get the students ready with a prep rally and a talent show.

Point of Information - Commissioner John Wiley Price asked how the students fair with respects to the STAAR testing because there is so much commentary surrounding them. Dr. Pirtle stated the initial indication with respect to comparison and how the students at Dallas County pass the STAAR test is that they have a 40% increase in passing for the 2014-2015 school year. He also stated he would have a comparison with other districts later in the school year and will present the information to the board at

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that time.

**V. Action Items - Juvenile Department**

**D. Juvenile Processing Offices – Sachse Police Department :**

Dr. Smith asked the Board to approve the Juvenile Processing Office for Sachse Police Department located at 3815 Sachse Road, Sachse, TX 75048, by approving Rooms PS116 and PS118, as designated Processing Offices.

Dr. Smith noted for the record that there were two different numbers for the address on the brief; 3818 is listed in the recommendation and 3815 is listed in the body. The correct address is 3815 Sachse Rd., Sachse, TX 75048; which is the original address.

Point of Information - Commissioner John Wiley Price asked how many youth does the Sachse Police Department handle. Mr. Rudy Acosta explained there were 4 referrals to date in 2015, in 2014 there were 23 referrals and in the previous five years from 2009-2014 there were a total of 78 referrals. The average number of referrals per year is about 15. The majority of the referrals are misdemeanor assault and misdemeanor possession. Commissioner John Wiley Price asked to see the referral information broken down demographically. Dr. Smith asked Commissioner John Wiley Price would he accept all of 2014 and at the end of the year she can provide an accumulative study of offense and ethnicity. Commissioner John Wiley Price advised Dr. Smith that would be acceptable.

A motion was made by Commissioner John Wiley Price and seconded by Judge Paula Miller to approve the Juvenile Processing Office Sachse Police Department. The motion was unanimously approved.

**E. Juvenile Justice Alternative Education Program (JJAEP) FY2015-16 School Year Calendar**

Dr. Smith asked the Board to approve the FY2015-2016 Dallas County Juvenile Justice Alternative Education Program (JJAEP) school calendar which will begin August 17, 2015. The calendar is attached for the board’s preview. The school calendar does include 180 days of instruction as well as built in weather days.

Point of Information - Commissioner John Wiley Price asked if there were any makeup days on the school calendar. Dr. Terry Smith clarified that the makeup days are identified on the calendar which are April 1, 2016 and May 27, 2016.

- A motion was made by Judge Craig Smith and seconded by Judge Amber Givens-Davis to adopt the JJAEP FY 2015-16. The motion was unanimously approved.

Before proceeding to Action Item F, Judge Cheryl Lee Shannon noted for the record Judge Clay Jenkins arrived at 5:15 pm.

**F. Juvenile Justice Alternative Education Program (JJAEP) Budget FY2015 Amendment #2 (Worker’s Reimbursement, Mileage, Computer software, Office Equipment Maintenance, Training Supplies)**

Dr. Terry Smith mentioned originally the budget amendment for JJAEP was presented on June 23, 2014 and the first amendment was presented on August 25, 2014. When the department receives allocations there has to be line item adjustments. The line item adjustments are to Increase mileage by \$3,100.00, increase computer software by \$6,750.00, increase maintenance office equipment by \$2,000.00,

decrease local training in County by \$2,000.00, decrease educational supplies by \$6,000.00 and decrease out of county training by \$4,000.00 . That balances out to a movement of funds totaling \$11,850.00. No new monies came in; this was just a reallocation of different line items adjustments. Dr. Terry Smith asked the Board to approve Budget Amendment #2 FY 2015 for the Juvenile Justice Alternative Education Program.

- A motion was made by Commissioner John Wiley Price and seconded by Judge Craig Smith to approve the JJAEP Budget FY 2015 Amendment #2 (Worker’s Reimbursement, Mileage, Computer software, Office Equipment Maintenance, Training Supplies). The motion was unanimously approved.

**G. Specialty Court (Mental Health Court, E.S.T.E.E.M. Court, Diversion Male Court) Registration with Office of The Governor:**

Dr. Terry Smith mentioned the procedures changed in the Governor’s office. The Specialty Court programs were previously listed with the Governor which was verified by Ms. Keta Dickerson. Different paperwork has to be submitted this year. The department would like to submit paperwork for the Mental Health Court which was established on June 2011 and thus far has had 146 participants. The E.S.T.E.E.M. Court was established on January 20, 2012 and has had 49 participants. The Diversion Male Court was established on February 6, 2013 and has had 123 participants. Dr. Smith asked the Board to approve the certification of the mentioned programs which states the department is providing services needed for the youth and the citizens in Dallas County.

Point of Information - Commissioner John Wiley Price asked Ms. Denika Caurthers given the changes in the Governor’s office and the way the order is written does it meet the criteria? Dr. Terry Smith explained that what is attached behind the court order is what has to be submitted to the Governor’s office for the courts and they will accept the information once the Juvenile Board and Commissioners Court have approved.

- A motion was made by Judge Paula Miller and seconded by Commissioner John Wiley Price to approve the Specialty Court (Mental Health Court, E.S.T.E.E.M. Court, Diversion Male Court) Registration with Office of The Governor. The motion was unanimously approved.

**H. Request to hold special Juvenile Board meeting to certify Letot Residential Treatment Center:**

The department is requesting to have an emergency board meeting to be held at noon with a 96 hour notification. The department does not know when Letot will be released to the County. Before Letot can accept youth the center has to be approved and certified to accept youth and there is not a certification date. Dr. Smith asked the Board to approve an emergency meeting to certify the new Letot Residential Treatment Center once the department is informed of an inspection date with a 96 hour notice.

Point of Information - Judge Craig Smith asked if there was an anticipation date for certification. Mr. Keith Armwood believed the later part of May or early June as an anticipated certification date.

- A motion was made by Judge Craig Smith and seconded by Judge Andrea Martin to approve the request to hold special Juvenile Board meeting to certify Letot Residential Treatment Center. The motion was unanimously approved.

**I. Request to Amend Residential Service Contract for Houston Serenity Place and Unlimited Visions Aftercare:**

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Unlimited Visions Aftercare. Their contract will be updated with the stipulations in place for all other residential contracts. Dr. Terry Smith mentioned starting in 2012 the department required all contracts to be put in place video visitation for the youth. Houston Serenity Place and Unlimited Visions Aftercare RFP were approved in 2011 before the department was able to update their contract.

Point of Information – Judge Cheryl Lee Shannon asked if Houston Serenity Place and Unlimited Visions Aftercare have been notified about the amendment. Dr. Smith explained that Dallas County has a contract in place already and would just like to add the specific verbiage that is in the rest of the contracts. Ms. Denika Caruathers added contracts have been signed by both vendors.

- A motion was made by Judge Craig Smith and seconded by Judge Paula Miller to the amend the Residential Service Contract for Houston Serenity Place and Unlimited Visions Aftercare. The motion was unanimously approved.
- A motion was made to recess as the Dallas County Juvenile Board by Judge Paula Miller and seconded by Commissioner John Wiley Price. The motion was unanimously approved.
- A motion was made to convene as the Academy for Academic Excellence by Commissioner John Wiley Price and seconded by Judge Craig Smith. The motion was unanimously approved.

**VI. Discussion Items - Academy for Academic Excellence (AAE) Charter School**

**J. Academy for Academic Excellence AAE Charter School Update:**

Academy for Academic Excellence (AAE) focus for March into April was preparing students for the STAAR testing. The Mathematics department celebrated “National Pi Day.”

**VII. Action Items – AAC Charter School:**

**K. Academy for Academic Excellence (AAE) FY 2015-16 School Year Calendar:**

Dr. Smith asked the Academy for Academic Excellence School Board (AAE) to approve the FY2015-2016 Academy for Academic Excellence (AAE) Charter School calendar which will begin August 17, 2015. The calendar is attached for the board’s preview. The school calendar does include 180 days of instruction for the students as well as built in weather days.

- A motion was made by Judge Craig Smith and seconded by Judge Andrea Martin to approve the Academy for Academic Excellence (AAE) FY 2015-16 School Year Calendar. The motion was unanimously approved.

**L. Academy for Academic Excellence (AAE) Budget Amendment #4 (Title I, Part D, State Aid-Tuition License, IDEA-B-License):**

Dr. Terry Smith asked the Academy for Academic Excellence (AAE) School Board to approve line item adjustments and accept the rollover funds for \$171,528.00 which was provided in the budget from Title I, Part D re-allocated to State Aid and IDEA-B Funds. The line item adjustment for State Aid is to decrease computer hardware by \$2,164.50, increase employee’s tuition by \$500.00, increase license by \$1664.50 for a total reallocation of line adjustments of \$2,164.50. The line item adjustment for IDEA-B is to decrease supplemental pay by \$3,635.00 and increase contracted service by \$3,635.00 for total reallocation line item adjustments of \$3,635.00.

- A motion was made by Commissioner John Wiley Price and seconded by Judge Craig Smith to approve the Academy for Academic Excellence (AAE) Budget Amendment #4 (Title I, Part D, State Aid-Tuition License,

IDEA-B-License). The motion was unanimously approved.

**M. Academy for Academic Excellence (AAE) Staff Handbook and Standard Operating Procedures:**

Dr. Terry Smith asked the Academy for Academic Excellence (AAE) School Board to accept the Staff Handbook and Standard Operating Procedures.

Point of Information – Commissioner John Wiley Price asked Ms. Denika Caruthers and Dr. Danny Pirtle if the information provided is acceptable. Both parties agreed.

- A motion was made by Commissioner John Wiley Price and seconded by Judge Paula Miller to approve the Academy for Academic Excellence (AAE) Staff Handbook and Standard Operating Procedures. The motion was unanimously approved.
- A motion made by Commissioner John Wiley Price and seconded by Judge Andrea Martin to adjourn at 5:29pm as the Academy for Academic Excellence Charter School Board. The motion was unanimously approved.
- A motion was made by Commissioner John Wiley Price and seconded by Judge Paula Miller to reconvene as the Dallas County Juvenile Board. The motion was unanimously approved.

**VIII. Executive Session - Juvenile Department**

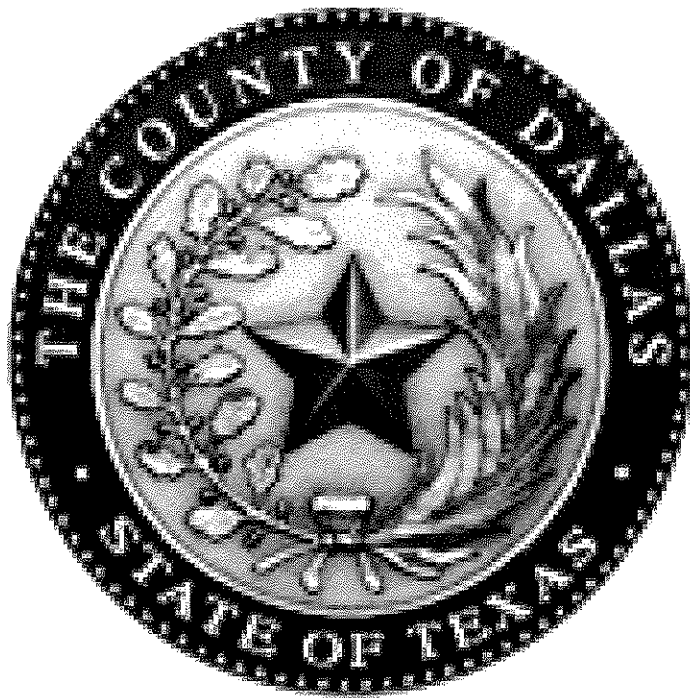
For Purposes Permitted by Chapter 551, Open Meetings, Texas Government Code, Section 551.071 Through Section 551.076;

At 5:30p.m., Judge Cheryl Lee Shannon, Chairman, called the meeting into Executive Session.

At 6:07 p.m., Commissioner John Wiley Price, Vice-Chairman, called the meeting out of Executive Session and had the record reflect they only discussed those matters authorized by law to discuss; there were no actions taken or decisions made during Executive Session.

- The meeting was adjourned at 6:08p.m. following a motion by Judge Paula Miller and seconded by Judge Craig Smith. The motion was unanimously approved. Meeting adjourned.





**DISCUSSION**

**ITEM A.**

## DIRECTOR'S REPORT

May 2015

The Department recognized outstanding divisional and departmental employees for the month of March 2015, for the following staff:

**DCJD Employee of the Month:** Shannon Wright (Court Assessment).

**DCJD Unit of the Month** – Parental Involvement Subcommittee (Education Services).

### PROBATION SERVICES

The Juvenile Department has entered into a partnership with Metrocare Services, Parkland Health and Hospital System and the Department of Family Protective Services to create a "Systems of Care" in Dallas County. This initiative is headed by Metrocare Services and will work to improve the available resources and services to youth and families within Dallas County, specifically as it relates to mental health. This is a great initiative that will enhance available community services and options for youth and families. On April 29, 2015, the Juvenile Department hosted a visit from Hamilton Park Elementary School. There were 46 students, 4 teachers and 2 chaperones. During the event, the students and chaperones observed proceedings in the 304th and 305th District Courts. In addition, they were given information relating to the Juvenile Department and watched the orientation to probation supervision video called "I Can Do This." The students were prepared with many questions and benefited from all information given.

	APRIL	YTD
<b>Probation Caseload</b>	1405	1399 *
<b>New Probationers</b>	138	518
<b>Review Hearings</b>	141	724
<b>Delinquent Conduct</b>	21	72
<b>Technical Violations</b>	28	101
<b>Pre-Adjudicated</b>	612	-
<b>PAIS</b>	133	-
<b>Total Caseload</b>	2150	-

### Community Service Restitution (CSR) Update:

Throughout the month of April 2015, four hundred and eight (408) youth completed a total of one thousand one hundred and forty-five (1,145) Court ordered CSR hours at various approved CSR sites in Dallas County. Community Service Restitution events were held at the Feral Friends, Garland Pawsibilities, Mesquite Trash Bash, Bachman Lake and Hunger Busters; resulting in the completion of one hundred and eighty-seven (187) CSR hours by fifty-six (56) youth.

### PSYCHOLOGICAL SERVICES AND SUBSTANCE ABUSE DIVISION

Psychology staff referred 99 youth for psychiatric services during the month of December. A total of 107 psychiatric consultations were performed with 47 of those being follow-up consultations. Of the 60 initial psychiatric consultations that were performed: 25 resulted in no medication being prescribed; 20 had already been prescribed psychotropic medications and continued those; 3 youth were already prescribed psychotropic medication and their medication was discontinued; and 12 were started on medication.

**INSTITUTIONAL SERVICES DIVISION**

**DETENTION CENTER**

**MONTHLY REPORT APRIL 2015**

**Program News & Updates:**

We had a phenomenal month of creative activities! The month began and ended with the inaugural session of Robot Wars! April 2 was the last night and the icing on the cake! START residents participating in the Teens @ Work (Workforce Development Program) had an opportunity to show off their programming prowess to a small audience. The competition consisted of (3) three events: Agility – moving the robot forward, backward, in a circle, square and dance routine  
Obstacle Course – clear the arena of (5) obstacles in the shortest amount of time  
Sumo – residents go head-to-head to try to push each other out of the arena (the robot that is)

Each resident received a certificate for the class and first through third-place ribbons for each event and one grand prize ribbon for the overall competition winner. The residents expressed a great deal of appreciation. One resident said he had never received a certificate and was going to take good care of it; we could see the pride in his eyes! The next Robot Wars class begins in May – can't wait!

Next, our residents experienced the incredible works of Joaquín (pronounced wah-KEEN) Zihuatanejo, an award-winning American slam poet and teacher who was literally born on the streets of Dallas (on Gaston Ave in route to the hospital) and raised by his wonderful abuelito (grandfather) who made him read for an hour in English every night for many years. "Joaquín strives to capture the duality of the Chicano culture. Sometimes brutal, but always honest his work depicts the essence of barrio life, writing about a youth that existed somewhere between the streets of the barrio and the dream wanderings of a boy who found refuge in a world of stories and poems. Joaquín has been called by critics, "one of the most dynamic and passionate performance poets in the country..." (artspeakstalent.com/bio)

More than 60 residents participated in this inspiring creative writing workshop. At the end of one class, a resident in the START program expressed through tears that he had never had a man to show an interest in his learning the way Mr. Joaquín had. When asked for feedback, several residents expressed a newfound desire to not only read, but they learned a more profound way to express their fears, anger, disappointments and joys and that is – put it to paper. The workshop finale concluded with poetry/short story presentations written and performed by the residents for their peers.

As well, Honors residents spent the month creating some very fine art pieces under the tutelage of Master teacher and visual artist Janet Reynolds. Ms. Reynolds uses every opportunity to include life lessons during class. Although 99% of the participating residents had never put a paintbrush to canvas, there is nothing amateur about their final works. In the next few months, the paintings of our "talented" young artists will be displayed throughout the department.

START PROGRAM				
Activity	Feb	March	April	Total
Individual Counseling Sessions	128	93	82	463
Family Counseling Sessions	0	0	0	0
Victim Impact Panel participation	14	21	0	55
Participation in Family Training Sessions	68	75	55	258
Family Training Sessions	7	9	9	32
Case Staffing's	43	29	39	152
Aftercare Contacts	0	0	0	0
Probation Officer Participation in Case Staffing's	97.6%	96.5%	94.8%	

**Volunteer Programs and Residents Activity:**

**Total Volunteer's/Hours for April 2015:** Volunteers: 82 Intern: 0 Hours: 381.5

Dallas County HHS tested/counseled 20 residents, 0 positive for Syphilis and 0 positive for HIV

**Volunteer Programs:** Other Programs: Lend-an-Ear

**Life/Social Skill Programs:** COPE(S Council on Prevention/Education: Substances – Alcohol/Drug Education; New Friends New Life – Mending the Soul;; Traffick911 – TRAPS (Traps of a Trafficker); Succeeding @ Work – Teens @ Work; ALERT Ministries - Robot Wars Computer Programming

**Spiritual Enrichment/Ministry Bible Study:** Covenant Church, A-Team, Gospel Lighthouse, Children's Home Bible Club, Oak Cliff Bible Fellowship, New Birth Baptist Church, Praise Chapel, New Hope Prison Ministry, Living Hope Outreach, New Comfort COGIC, and Faith-4-Life

**Life & Social Skills/Spiritual Enrichment Combo:** The Potter's House – Boy's to Men with Character and GenNext Life Series; MTO Leadership Development (Ministry through Originality); ALERT Ministries – Girls Circle; I Am Second

**Chaplain's Report:** Counsel/Prayer: 37 residents

**April Special Programs/Events:**

**Movie Night:** Movies and refreshments made possible by Robert Cahill, One Way Films  
 - Saving God

**Friday Night Socials –** made possible by Covenant Church Juvenile Ministry  
 - Residents attending Socials: Honors Girls, Honors Males and RDT Girls

**Special Event:** Poetry Workshop featuring International Poet, Joaquin Zihuatanejo (Sponsored by Big Thought)  
 Imagine Create Enjoy Art Class (Sponsored by Big Thought)

DETENTION	Feb	March	April	Total
Admissions	213	277	295	1069
Releases	233	267	305	1089
ADP	140	140	146	149
ALOS (days)	15.1	18.4	16.9	18.0
Detention Hearings	377	420	468	1702
TYC/Placement Trips	5	11	10	38
Local trips	62	70	57	254
Youth transported	52	78	55	252
<b>START</b>				
Admissions	10	10	10	40
Releases	17	11	8	47
Successful	15	11	7	44
Unsuccessful	2	0	1	3
Administrative	0	0	0	0
ADP	34	31	33	34
ALOS	90.6	93.5	92.3	92.1

**MARZELLE C. HILL TRANSITION CENTER  
MONTHLY REPORT FOR APRIL 2015**

	Jan.	Feb.	Mar.	YTD
Admissions	47	36	48	131
ADP	33	42	39	38
ALOS	29.6	24.9	33.4	29.3
Releases	32	41	41	114
Total Youth Served	75	79	86	159

**Program Updates:** Parkland Hospital community partner provided HIV group to the males. The female residents participated in an artistic project with Rainbow Days for Spring Break. Level 4 residents were taken to the Dallas Zoo. Supervisors conducted a clean dorm contest in which the best dorm received treats. Supervisor also conducted a girls group topic was Self Worth.

**Program and Residents Activities:** Community partners Rainbow Days and Traffic 911 conducted groups with the female residents. Rainbow Days provided drug intervention and life skills groups and Traffic 911 provided informative group in reference to sex trafficking. Dare to Dream provided services to the residents twice this month. New Life Ministry and Kids Bible Church provided church services on the weekends. Late night was provided to the level 4 residents, where they received food and drinks.

**Incidents:** There were 42 Incident Reports written at the Hill Center during the month of March.

**Medical Services:** There were no medical issues during the month of March.

**Grievances from residents:** There were four grievances filed during the month of March.

**Volunteer Services:** 8 groups including 22 individuals provided a total of 47 hours of service

**MEDLOCK CENTER  
MONTHLY REPORT APRIL 2015**

**Medlock Center**

**New Initiatives:**

All resident related activities during the month of April seem to have gone really well. The residents that had to take the STAAR test were compliant and we had few problems. Medlock Treatment Facility is scheduled for its annual TJJJ recertification on Monday, May 18<sup>th</sup>. All staff continues to prepare for the Fiscal Year 2015 On Site Compliance Monitoring Visit that is scheduled for June 8<sup>th</sup> through 12<sup>th</sup>.

**Activities:**

Full Gospel Holy Temple; Lake Pointe Baptist Church; Potter's House; Pleasant Valley Baptist Church; Life Quest Essentials, Chaplain Roy Teague, and monthly Adopt A Dorm activities.

**Medical Services/Transports:**

Four (4) residents were transported to Parkland Memorial Hospital for routine medical care and Two (2) were transported to Children's Hospital. Twenty two (22) residents were transported to Jerome McNeil Detention for routine dental exams. One (1) resident was transported to JDC for a temporary medical evaluation and stabilization. Three (3) residents were transported to the Stew Pot; and one (1) resident was transported to his scheduled court hearing.

**Volunteer /Intern Hours:**

There were twenty one (21) group volunteers who were on campus for a total of thirty four (34) hours. The total volunteer hours for the month of April were thirty four (34) hours.

**TJJJ Reports:**

There was one incident reported to TJJJ during the month of April whereas a resident claimed he was improperly restrained. This incident was investigated thoroughly and no findings of abuse were indicated. The resident did not sustain injuries as a result of the restraint; however, he had minor self-inflicted injuries to his hand.

MEDLOCK CENTER				
	Feb	Mar	Apr	YTD
<b>Total</b>				
Admissions	5	5	6	23
Released	6	12	8	33
Successful	6	12	7	30
Unsuccessful	0	0	1	3
Administrative	0	0	0	0
ALOS	197.5	172.0	175.3	182.2
ADP	61	54	47	54
Total Youth Served	61	60	54	79
MEDLOCK STARS				
	Feb	Mar	Apr	YTD
Admissions	0	5	3	14
Releases	0	5	1	8
Successful	0	3	0	4
Unsuccessful	0	2	1	4
Administrative	0	0	0	0
ALOS (days)	N/A	294.7	N/A	304.0
ADP	26	26	26	26
Total Youth Served	26	31	29	36

**YOUTH VILLAGE  
MONTHLY REPORT APRIL 2015**

**On Campus**

Family Training, El Centro College-Introduction to Computer program; North Texas Food Bank Culinary Arts Program, El Centro College Food Handlers Class and PREP dog training programs continue to thrive. Resident's continued the after-school tutoring program. During Spring Break, the residents enjoyed indoor and outdoor activities to include field and track; talent show; soccer; basketball art; poetry; and box car making contest. All resident activities were related to problem solving, teamwork, and trust.

	Jan	Feb	March	YTD
<b>TOTALS</b>				
Admitted	5	12	11	28
ADP	38	41	45	41
Total Youth Served	45	48	57	68
Releases	9	2	11	22
Successful	9	2	11	22
Unsuccessful	0	0	0	0
Administrative Rel.	0	0	0	0
ALOS	185.1	202.5	207.2	197.7

**Off Campus:**

Eight (8) residents were transported to Farmer's Market Annual Fundraiser Dinner. Four (4) Residents transported for Review Court Hearings

**Volunteer /Intern Hours**

Fifteen (15) individual volunteers provided seventy seven (77) hours of service. Two (2) chaplains provided twenty-four (24) hours of service. Total volunteer hours for the month of March are one-hundred-one (101) hours.

**Medical Services**

Eighty-nine (89) residents were examined as a result of a sick call request. Six (6) residents were transported to dental appointments at the Dr. Jerome McNeil Jr. Juvenile Detention Center; twenty-nine (29) were treated on the med-van, and ten (10) received mental health services. Four (4) residents were transported to Parkland Hospital medical for follow-up appointments. One resident was (1) transported to Children's Hospital (follow-up appointment). One resident was (1) transported to Stewpot for a podiatrist appointment.

**Religious Programs**

Freedom Fighters Ministry, Full Gospel Holy Temple, Mt. Zion Baptist Church, Countryside Bible Shady Grove Baptist Church , One King Church of Worship, Dallas Church of Christ, Catholic Diocese of Dallas.

**Account of Reportable Injuries**

There were no reportable injuries of youth during the month of March.

**Escape/Furlough**

There were no runaways and/or youth that failed to return from their home visits during the month of March.

**LETOT CENTER  
MONTHLY REPORT APRIL 2015**

**Letot Capital Board Initiatives:**

Letot Foundation continues to conduct tours and raise funds for enrichment activities for the new Residential Treatment Center

**Community Initiatives:**

Non-Residential Services received 96 paper referrals to be addressed through the Letot Crisis Intervention Program, Deferred Prosecution and ESTEEM Court.

The ESTEEM Court continues at Letot Center with Judge Shannon presiding. There are currently six youth and families attending ESTEEM Court in the month of April. Three youth began services in the month of April. Two youth were referred during the month of April. Aim, Functional Family Therapy and Clinical have been providing services.

**Residential Services:**

Why Try Topics: (1) Tearing Off My Labels – how to remove the negative perceptions and labels that we allow to be put on us; (2) Defense Mechanisms- looking at what our defense mechanisms are and how to change them; (3) Climbing Out - helps residents identify a problem area and the support they have to change the problem; (4) Jumping Hurdles – realizing they will always have problems and develop a plan to overcome them; (5) Desire, Time and Effort - learning to focus on positive things that do not hurt themselves or others.

**Medical Services:**

Residential: Health Screens – 29, Call Backs – 1, Doctor's visits – 37  
Recommendations are made for medical and/or clinical follow-up.

**Volunteer Services:**

Faith Based Volunteers: worship and religious study - 2 volunteer, 3 hour; Life Skills Volunteers: visiting and teaching - 15 volunteers, 23 hours; Special Events: 0 volunteers, 0 hours.

**Clinical Services:**

In the Residential Unit, Clinical Services held four Process groups with the boys (nine residents) and 10 Process groups with the girls (31 residents), processing issues pertaining to why they are here and what steps they can take to keep from going further into the system. Residential rounds consisted of clinical team making one to two rounds daily to speak with the youth and JSO's. The daily rounds allow the Clinical team to staff the resident's cases, provide consultation, and conduct crisis screens as needed (35 rounds). Held therapy sessions with 37 clients: 80 individual and 67 family sessions.

<b>LETOT CENTER</b>				
<b>Residential</b>	Feb	Mar	Apr	YTD
Admissions	19	30		
Releases	22	25		
ADP	26	25		
ALOS	31.0	24.9		
Total Youth Served	45	52		
<b>Intake/Orientation</b>				
Admissions	84	108		
Releases	82	104		
ADP	1	2		
ALOS	0.4	0.3		
Total Youth Served	85	108		



## April 2015 Referrals

	Alleged Delinquent Behavior																				Alleged CINS Behavior										Other Referrals			All Referrals									
	Felonies										Class A & B Misdemeanors										Status Only		Other than Status Only								Contract Detention	Crisis Intervention	Other Administrative		Total Other								
	Homicide	Sexual Assault	Robbery	Assaultive	Other Violent	Burglary	Theft	Other Property	Drug Offenses	Weapons Offenses	Other Felony	Total Felony	Weapons Offenses	Assaultive	Theft	Other Property	Drug Offenses	Other Misd.	Contempt of Magistrate	Total Delinquent	Violation of Court Order	Truancy	Runaway	Alt. Ed. Expulsion	Property (was Theft)	Disorderly Conduct	Drugs	Liquor Laws	Sex Offenses	Other CINS						Total CINS							
Male	0	12	19	26	0	27	11	7	3	4	9	118	78%	4	32	27	22	50	51	28	332	72%	44	85%	0	36	0	0	1	0	0	0	0	22	59	39%	3	0	5	8	89%	443	66%
Female	0	0	2	18	0	2	2	1	3	2	4	34	22%	0	25	29	0	8	18	15	129	28%	8	15%	0	77	2	0	0	0	0	0	15	94	61%	0	0	1	1	11%	232	34%	
	152											461										52		153								9			675								
Amer. Indian/Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0%	0	0%	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	0	0%
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0%	1	2%	0	1	0	0	0	0	0	0	0	0	1	1%	0	0	0	0	0%	2	0%
Black	0	4	14	34	0	16	6	4	0	2	4	84	55%	1	30	20	9	12	32	10	198	43%	21	40%	0	41	1	0	1	0	0	0	12	55	36%	3	0	4	7	78%	281	42%	
Hispanic	0	3	5	6	0	13	7	2	3	3	8	50	33%	3	22	25	10	33	28	31	202	44%	25	48%	0	47	1	0	0	0	0	0	23	71	46%	0	0	2	2	22%	300	44%	
White	0	5	2	4	0	0	0	2	3	1	1	18	12%	0	5	11	3	11	9	2	59	13%	5	10%	0	24	0	0	0	0	0	0	2	26	17%	0	0	0	0	0%	90	13%	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	2	0	0	2	0%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	2	0%	
	152											461										52		153								9			675								
10 Years Old	0	0	0	0	0	1	0	0	0	0	0	1	1%	0	2	1	0	0	0	0	4	1%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	4	1%	
11 Years Old	0	0	1	1	0	1	1	1	0	1	0	6	4%	0	0	3	0	0	0	0	9	2%	1	2%	0	1	0	0	0	0	0	1	2	1%	0	0	0	0	0%	12	2%		
12 Years Old	0	0	0	4	0	1	0	0	0	1	1	7	5%	0	4	3	1	4	1	1	21	5%	0	0%	0	9	0	0	0	0	0	3	12	8%	0	0	0	0	0%	33	5%		
13 Years Old	0	3	0	9	0	1	0	1	0	1	1	16	11%	0	14	4	1	9	5	4	53	11%	1	2%	0	15	1	0	0	0	0	2	18	12%	0	0	0	0	0%	72	11%		
14 Years Old	0	0	4	9	0	6	4	3	1	0	3	30	20%	1	12	12	4	15	16	5	95	21%	4	8%	0	23	1	0	0	0	0	13	37	24%	0	0	0	0	0%	136	20%		
15 Years Old	0	3	8	5	0	9	2	2	2	1	4	36	24%	0	10	8	4	8	24	15	105	23%	14	27%	0	30	0	0	0	0	0	12	42	27%	0	0	3	3	33%	164	24%		
16 Years Old	0	6	8	15	0	8	4	1	3	1	4	50	33%	3	13	22	9	17	22	18	154	33%	19	37%	0	31	0	0	1	0	0	6	38	25%	1	0	2	3	33%	214	32%		
17+ Years Old	0	0	0	1	0	2	2	0	0	1	0	6	4%	0	2	3	3	5	1	0	20	4%	13	25%	0	4	0	0	0	0	0	0	4	3%	2	0	1	3	33%	40	6%		
	152											461										52		153								9			675								

644 youth accounted for the 675 total referrals.

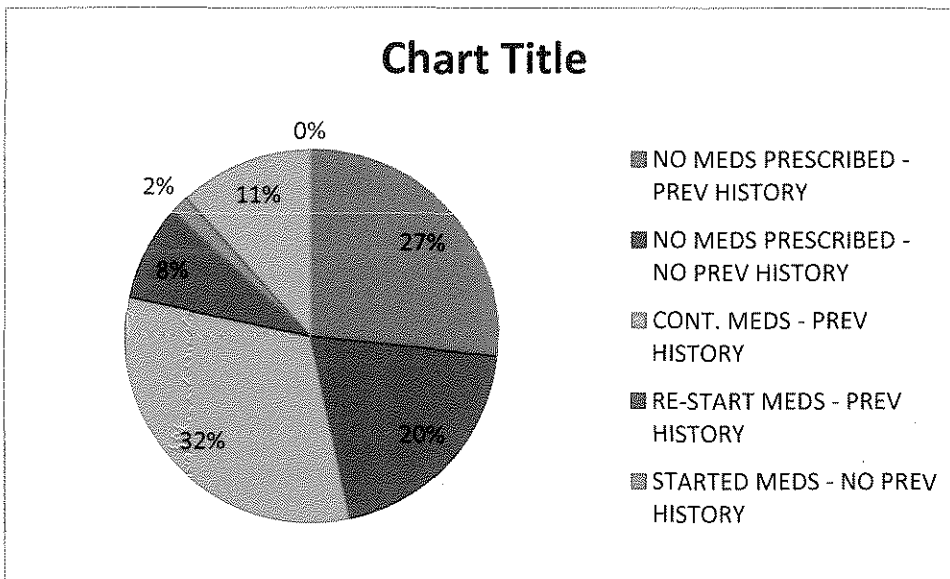
## April 2015 Detentions

	Alleged Delinquent Behavior																								Total Delinquent	Violation of Court Order	Alleged CINS Behavior										Total CINS	Other Detentions			Total Other	Total Detentions
	Felonies													Class A & B Misdemeanors					Status Only		Other than Status Only						Contract Detention	Crisis Intervention	Other Administrative													
	Homicide	Sexual Assault	Robbery	Assaultive	Other Violent	Burglary	Theft	Other Property	Drug Offenses	Weapons Offenses	Other Felony	Total Felony	Weapons Offenses	Assaultive	Theft	Other Property	Drug Offenses	Other Misd.	Contempt of Magistrate	Truancy	Runaway	Property (was Theft)	Disorderly Conduct	Drugs						Liquor Laws	Sex Offenses	Other CINS	Total CINS									
Male	0	7	14	22	0	24	5	3	3	3	6	87	78%	4	23	10	9	17	28	0	178	74%	41	91%	0	1	0	0	0	0	0	0	0	1	33%	3	0	1	4	67%	224	76%
Female	0	0	2	15	0	2	1	1	1	1	2	25	22%	0	23	2	0	4	9	0	63	26%	4	9%	0	2	0	0	0	0	0	0	0	2	67%	0	0	2	2	33%	71	24%
												112												241	45											3				6	295	
Amer. Indian/Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	0	0%
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	0	0%
Black	0	2	10	29	0	16	3	2	0	2	3	67	60%	1	25	5	3	7	19	0	127	53%	17	38%	0	2	0	0	0	0	0	0	0	2	67%	3	0	0	3	50%	149	51%
Hispanic	0	3	6	4	0	9	3	2	4	2	3	36	32%	3	18	7	4	12	16	0	96	40%	22	49%	0	1	0	0	0	0	0	0	0	1	33%	0	0	3	3	50%	122	41%
White	0	2	0	4	0	1	0	0	0	0	2	9	8%	0	3	0	2	2	2	0	18	7%	6	13%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	24	8%
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	0	0%
												112												241	45											3				6	295	
10 Years Old	0	0	0	0	0	1	0	0	0	0	0	1	1%	0	2	1	0	0	0	0	4	2%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	4	1%
11 Years Old	0	0	0	1	0	0	1	0	0	1	0	3	3%	0	0	0	0	0	0	0	3	1%	1	2%	0	0	0	0	0	0	0	0	0	0	0%	0	0	0	0	0%	4	1%
12 Years Old	0	0	0	3	0	1	0	0	0	1	0	5	4%	0	4	0	0	3	0	0	12	5%	0	0%	0	1	0	0	0	0	0	0	0	1	33%	0	0	0	0	0%	13	4%
13 Years Old	0	2	0	7	0	2	1	1	0	0	1	14	13%	0	9	1	1	2	3	0	30	12%	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0	0	1	1	17%	31	11%
14 Years Old	0	0	5	6	0	5	1	2	1	0	2	22	20%	1	8	4	3	5	9	0	52	22%	4	9%	0	0	0	0	0	0	0	0	0	0	0%	0	0	1	1	17%	57	19%
15 Years Old	0	2	5	4	0	11	3	0	0	1	2	28	25%	0	13	2	2	4	9	0	58	24%	12	27%	0	0	0	0	0	0	0	0	0	0	0%	0	0	1	1	17%	71	24%
16 Years Old	0	3	6	15	0	4	0	1	3	1	3	36	32%	3	10	4	3	3	15	0	74	31%	16	36%	0	2	0	0	0	0	0	0	0	2	67%	1	0	0	1	17%	93	32%
17+ Years Old	0	0	0	1	0	2	0	0	0	0	0	3	3%	0	0	0	0	4	1	0	8	3%	12	27%	0	0	0	0	0	0	0	0	0	0	0%	2	0	0	2	33%	22	7%
												112												241	45											3				6	295	

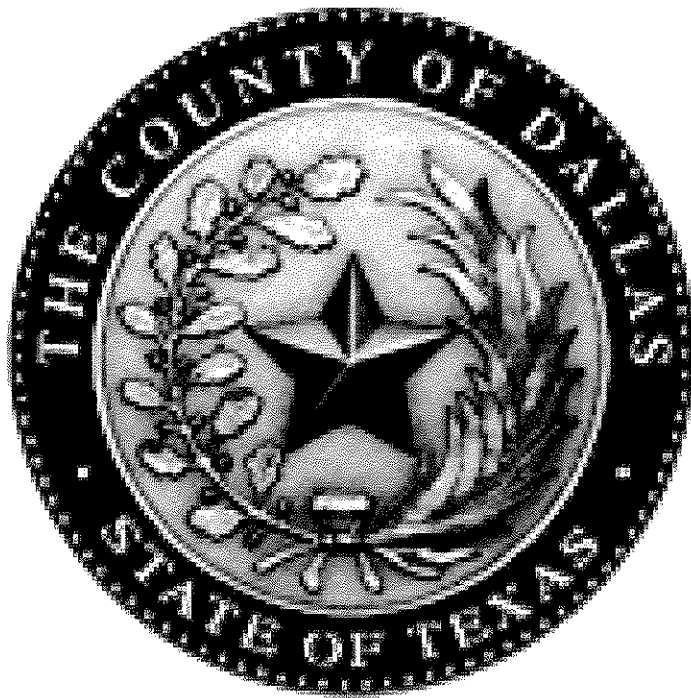
285 youth accounted for the 295 total detentions.

PSYCHIATRIC CONSULTS COMPLETED - 2015													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD
1. Total Consultations	107	86	109	107									409
A. Initial Consultations	23	31	36	60									150
B. Follow-Up Consultations	84	55	73	47									259
2. Total Number of Youth Receiving Consultations	101	71	90	99									361

INITIAL CONSULTATIONS - PSYCHIATRIC MEDICATION RESULTS - 2015													
TOTALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
1. No Medication Prescribed	10	12	17	25									64
2. Medication Discontinued	0	1	2	3									6
3. Continued on Medication	11	14	12	20									57
4. Started on Medication	2	4	5	12									23



NO MEDS PRESCRIBED - PREV HISTORY -	16
NO MEDS PRESCRIBED - NO PREV HISTORY -	12
CONT. MEDS - PREV HISTORY -	19
RE-START MEDS - PREV HISTORY -	05
STARTED MEDS - NO PREV HISTORY -	01
STARTED MEDS - PREV HISTORY -	07
DISCONT. MEDS - PREV HISTORY -	00



**DISCUSSION**  
**ITEM B.**

## JJAEP

### April 2015 Report

#### Latest Campus Enrollment

Total Enrollment	70
SPED - Total Students	8
504 – Total Students	7
ESL – Total Students	17

The Dallas County JJAEP continues to work on enhancing school culture. The JJAEP Staff meet weekly for campus staff meetings. In an effort to stimulate pride in the campus, the staff has created incentives such as “Lunch with the Principal”, “Free Dress Day”, and “Co-Curricular Recreational Time” to assist in modifying behavior.

#### STAAR Preparation

The focus for the month of April for JJAEP has been STAAR initiatives to help our students achieve greater gains during the test administration that is forthcoming. Efforts to attain our academic goals have primarily been targeted in mathematics. Specifically, students are being tutored in small groups and individually during the homeroom period. Partnerships are still ongoing with the Math Department and the OdysseyWare/Technology Department to help the students in areas in which they are lacking skills that illustrate mastery. Across our campus, objectives were broken down into smaller components and spread throughout the content areas so that students are receiving repetition and practice in the objectives that have been identified as having less than satisfactory measures. In addition, the JJAEP teachers are continuously working on creating individual profiles of students in order to determine the students’ strengths and weaknesses which are conducted weekly in each of the core subject areas.

#### Credit Recovery Program

The JJAEP credit recovery program is well underway and JJAEP staffs are steadily finding ways to assist students in their positive transition back into their traditional educational setting. Each eligible high school student is placed in the credit recovery program and we work closely with their home district to ensure that they are enrolled in the accurate course.

#### Parental Involvement

On Saturday, April 18, 2015, the Dallas County Juvenile Department Education Services Division hosted the Annual Parent University (Parental Spring Festival) at the DRC and JJAEP Campuses. This event hosted more than 100 members of the community and provided various resources and services addressing the needs of our students. The Parental Involvement Committee did a phenomenal job of planning this event and truly engaged the Department and Community Partners to make this event a huge success.

Through the efforts of our partners and volunteers we were able to serve both our students and their families’ needs by providing substantive workshops, valuable community services, interactive game rooms, community basketball tournament and of course great food. In addition, we could not have accomplished any of this without the support of our volunteer vendors. Special thanks to the Dallas County Health and Human Services for providing prevention health services; Bear Creek Dental for providing free dental screening; Ms. Melody Frazier for providing Parenting Groups; and the North Texas Food Bank for providing materials to help our families get food and other free services.

All of this was made possible because of the leadership of Dennis Winston in spearheading all of these efforts to address the needs of our community and keep youth first. Both DRC and JJAEP staff served as volunteers for the event.

#### **STAAR Results**

The 8<sup>th</sup> grade reading results have been reported to students and parents. Of the 17 students tested only 1 was successful during the first administration. Interventions have been planned and will target the students' deficiency areas to prepare them for the May 2<sup>nd</sup> Administration of the STAAR 8<sup>th</sup> Grade Reading Test. The JJAEP boasts a 100% passing rate with the 5<sup>th</sup> grade STAAR Reading Test. Both students were successful in passing the reading exam during the first test administration fulfilling their state assessment testing requirement for promotion this school year.

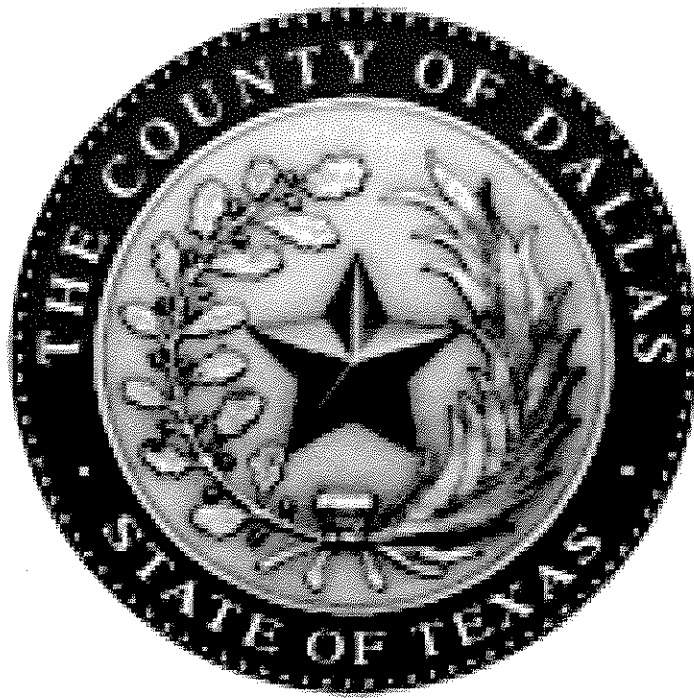
**DALLAS COUNTY JUVENILE JUSTICE ALTERNATIVE EDUCATION PROGRAM**

ACTIVE ENROLLMENT								
Student Enrollment as of :	4/30/2015	Total Enrollment:	70					
Students on Probation/Spv.:	47	67.14%						
OFFENSE STATUS								
Disc.:	23	32.86%	Mand.:	47	67.14%	Plmt.:	0	0.00%
DEMOGRAPHICS								
Category			Category					
<b>GENDER</b>			<b>DISTRICT</b>	<b>Number</b>	<b>Percent</b>			
Male		Female	CFB-904	4	5.71%			
56	80.00%	14	20.00%	CHISD-904	2	2.86%		
<b>GRADE</b>	<b>Number</b>	<b>Percent</b>	Coppell-992	1	1.43%			
3	0	0.00%	Desoto-906	1	1.43%			
4	0	0.00%	DISD-905	15	21.43%			
5	2	2.86%	Duncanville-907	5	7.14%			
6	3	4.29%	Garland-909	9	12.86%			
7	10	14.29%	GPISD-910	2	2.86%			
8	19	27.14%	HPISD-911	0	0.00%			
9	16	22.86%	IRVING-912	7	10.00%			
10	7	10.00%	Lancaster-913	3	4.29%			
11	7	10.00%	Mesquite-914	15	21.43%			
12	6	8.57%	RISD-916	6	8.57%			
	70	100.00%	Sunnyvale-919	0	0.00%			
				70	100.00%			
<b>AGE</b>	<b>Number</b>	<b>Percent</b>	<b>ETHNICITY</b>	<b>Number</b>	<b>Percent</b>			
10	1	1.43%	African American	28	40.00%			
11	1	1.43%	Asian	0	0.00%			
12	4	5.71%	Caucasian	5	7.14%			
13	12	17.14%	Hispanic	37	52.86%			
14	12	17.14%	Native American	0	0.00%			
15	13	18.57%		70	100.00%			
16	13	18.57%						
17	10	14.29%						
18+	4	5.71%						
	70	100.00%						
OFFENSE DESCRIPTIONS				Number	Percent			
D-12/13	Serious/Persistent Misbehavior			16	22.86%			
D-14	Misdemeanor Drugs			1	1.43%			
D-15	Felony Criminal Mischief			0	0.00%			
D-16	Court/County Placement			0	0.00%			
D-17	Assault Against Employee			4	5.71%			
D-18	Assault/Retaliation of Employee (ON/OFF CAMPUS)			1	1.43%			
D-19	False Alarm/Terroristic Threat			1	1.43%			
Title 5	Off Campus Felonies Against Student & Other New Discretionary			0	0.00%			
M-01	Weapons/Firearms			7	10.00%			
M-02	Weapons other than Firearm			10	14.29%			
M-03	Aggravated Assault			4	5.71%			
M-04	Sexual Assault			0	0.00%			
M-05	Aggravated Sexual Assault			1	1.43%			
M-06	Arson			8	11.43%			
M-07	Murder Offenses/Manslaughter			0	0.00%			
M-08	Indecency with a Child			0	0.00%			
M-09	Aggravated Kidnapping			0	0.00%			
M-10	Felony Drugs			17	24.29%			
M-11	Retaliation Against Any Employee			0	0.00%			
P-16	Court Placement			0	0.00%			
				70	100.00%			
<b>DETENTION; PLACEMENT or WARRANTS:</b>				3	4.29%			
<b>SPECIAL EDUCATION STUDENTS:</b>				8	11.43%			
Avg. Daily Attendance:	55	78.57%	Cum. SY Daily Attendance:	68	97.14%			

**DALLAS COUNTY JUVENILE JUSTICE ALTERNATIVE EDUCATION PROGRAM**

**2014-2015 School Year**

The month of April began with 81 students and ended with 70 students enrolled to attend the Dallas County's JJAEP. On average, there were 55 or 78.57% of the students attending on any given day in April. Of the 70 students enrolled at month end, there were 23 discretionary referrals; 0 placement; and 47 mandatory referrals.



**ACTION ITEM**

**C.**





**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith- Director  
**Subject:** Juvenile Board Budget Retreat

**BACKGROUND OF ISSUE**

The Juvenile Board adopted their annual meeting schedule for 2015 at their November 24, 2014 meeting. The approved Juvenile Board meeting schedule reflects a meeting allocated for a Budget Retreat to be held "if deemed necessary", on June 20th, 2015, at 9:00 am, at the Henry Wade Juvenile Justice Center. This item is presented to allow the Board to determine if a June Budget Retreat meeting will be needed, and/or to consider an alternate meeting time and/or location.

The Juvenile Board voted to meet on the following dates in 2015, subject to change if future scheduling conflicts are discovered.

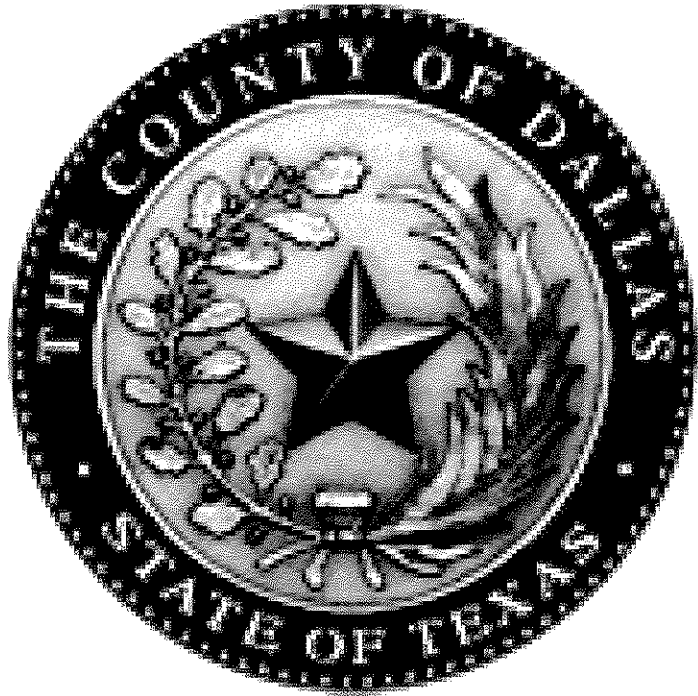
January 26th	May 18th	August 24th
February 23rd	June 20th (budget retreat, if necessary)	September 28th
March 23rd	June 22nd	October 26th
April 27th	July 27th	November 23rd
		December 14th (If deemed necessary)

**RECOMMENDED BY:**

A handwritten signature in black ink, appearing to read "Terry S. Smith", written over a horizontal line.

Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*



# ACTION ITEM

D.



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Juvenile Processing Office Modification – Dallas County Sheriff's Department and Carrollton Police Department

**Background of the Issue:**

Amendments passed during the 77<sup>th</sup> Legislative Session assigns the Juvenile Board the responsibility of designating Juvenile Processing Offices within Dallas County.

The Juvenile Board has previously approved sites as Juvenile Processing Offices (see attached list). The Department regularly reviews sites to make appropriate additions, deletions, modifications, or amendments to this list. When the department is notified of the modification of a site, or receives a request from law enforcement for designation of a new site, we personally inspect the site and appraise the agency of their obligations and responsibilities when processing juveniles at the approved site.

**Impact on Operations and Maintenance:**

The Dallas County Sheriff's Department's Rooms C3-6 and C3-7 located at the Frank Crowley Courts Building, 133 N. Industrial Blvd., Dallas, Texas 75202 were previously designated as approved Juvenile Processing Offices on January 25, 2011 by this Department and the Dallas County Juvenile Board.

Since the prior approval, the physical street address to the previously designated Juvenile Processing Offices has changed. The new physical street address is 133 N. Riverfront Blvd., Dallas, Texas 75202.

In response to the Juvenile Department's commitment to review all previously approved Juvenile Processing Offices, the Dallas County Sheriff's Department's Rooms C3-6 and C3-7 were personally inspected by Leslie Gipson, Manager of Probation Services on April 3, 2015 and has determined this site suitable as a Juvenile Processing Office. The designated rooms are clearly identified with affixed signage outlining room number and labeled as a Juvenile Processing Room.

In addition, specific training relating to the requirements of the Juvenile Processing Office utilization and operation was provided to the designated Agency representative, Detective Billy Fetter during the site visit. The training provided the Agency representative with information from Title 3 of the Texas Family Code, § 52.025 and the Juvenile Justice Delinquency and Prevention Act outlining the requirements of operating a Juvenile Processing Office

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and the specifics associated with the handling of juveniles in the Juvenile Processing Office. The training document was signed by the Agency representative and a copy will be maintained by the Juvenile Department.

In calendar year 2014, the Dallas County Sheriff's Department referred seventy three (73) youth to the Dallas County Juvenile Department. Of the seventy three (73) referrals, 33 (45.2%) were African American; 33 (45.2%) were Hispanic; 7 (9.5%) were White; 11 (15%) were female and 62 (85%) were male.

The Carrollton Police Department's Youth Services Section Room 112, School Resource Office and Juvenile Holding Office located at 2025 E. Jackson Road, Carrollton, Texas 75006 were previously designated as approved Juvenile Processing Offices on July 22, 2013 by this Department and the Dallas County Juvenile Board.

The Carrollton Police Department has requested to modify their previously designated Juvenile Processing Offices by adding two new offices and removing two of their previously approved offices located at the Carrollton Police Department, 2025 East Jackson Road, Carrollton, Texas 75006. This is due to some internal moving of offices at the police department. The newly designated offices are Room 142 / Juvenile Processing Office 1 and Room 143 / Juvenile Processing Office 2. They wish to retain "Youth Services Office 112", which is already designated, but will no longer utilize "School Resource Office" and "Juvenile Holding Office". The "School Resource Office" and the "Juvenile Holding Office" will now be used for department staff.

In response to the Juvenile Department's commitment to review all previously approved Juvenile Processing Offices, the offices at the Carrollton Police Department, 2025 East Jackson Road, Carrollton, Texas 75006 were personally inspected by Rudy Acosta, Deputy Director of Probation Services on April 17, 2015. It has been determined this site remains suitable as a Juvenile Processing Office. The designated rooms are clearly identified with affixed signage outlining an assigned room number and labeled as a Juvenile Processing Room.

In addition, specific training relating to the requirements of the Juvenile Processing Office utilization and operation was provided to the designated Agency representative, Sgt. Joseph Nault during the site visit. The training provided the Agency representative with information from Title 3 of the Texas Family Code, § 52.025 and the Juvenile Justice Delinquency and Prevention Act outlining the requirements of operating a Juvenile Processing Office and the specifics associated with the handling of juveniles in the Juvenile Processing Office. The training document was signed by the Agency representative and a copy will be maintained by the Juvenile Department.

In calendar year 2014, the Carrollton Police Department referred one hundred one (101) youth to the Dallas County Juvenile Department. Of the one hundred one (101) referrals, 21 (20.7%) were African American; 65 (64.3%) were Hispanic; 15 (14.8%) were White; 16 (15.8%) were female and 85 (84.1%) were male.

**Strategic Plan Compliance:**

This Juvenile Processing Office designation complies with the Dallas County Strategic Plan: Vision 3- Dallas County is *safe, secure, and prepared*.

**Legal Impact:**

Law enforcement agencies must follow the Juvenile Justice Code and Code of Criminal Procedure guidelines when processing youthful offenders:

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In conformance with Title 3 of the Texas Family Code § 52.025, the Juvenile Board of Dallas County has ordered the plans and guidelines of each law enforcement agency in Dallas County operating a Juvenile Processing Office be amended and adopted as follows:

SECTION 1. Any juvenile taken into custody and not released in the field by the officer shall be brought immediately to either an office or to an official designated site herein without unnecessary delay and without first being taken elsewhere. The juvenile shall not be permitted contact with any adult who is in custody, charged with, or convicted of a crime.

SECTION 2. The following are "offices or rooms designated by the Juvenile Board where a child who has been taken into custody may be taken pursuant to Section 52.02 and 52.025 of the Texas Family Code, and as such are designated as Juvenile Processing Offices;"

The Juvenile Board also requires Juvenile Processing Offices may be used to complete all investigative and administrative activities related to taking a child into custody; said activities including, but not limited to the following:

- (1) The full investigation of each subject offense for which each child is taken into custody and all related offenses admitted to or alleged to be committed by said child, and may be used for temporary detention, for purposes of investigation of the identity and age of the juvenile, and for purposes of investigating and continuing the investigation of each subject offense and each related offense.
- (2) The completion of investigative and administrative paperwork concerning each subject and related offense and the taking of any oral, written, or magistrate confessions as may occur pertaining to each subject or related offense and for all other related investigative conduct such as fingerprinting, photographing, and other medical and/or scientific examinations or testing necessary to the investigation of the subject or related offenses.
- (3) The creation or completion of any essential forms and records, including, but not limited to, all police reports, offense reports, arrest reports, and supplements to said reports and other reports or records, required by the Juvenile Court or Title 3 of the Texas Family Code or other law or the particular law enforcement agency's procedures.
- (4) The photographing and/or fingerprinting of the child as authorized by Title 3 of the Texas Family Code or other applicable law. Warnings may be issued to the child as required or permitted by Title 3 of the Texas Family Code or other applicable law. An oral or written statement of the child may be taken and warning given pursuant to Title 3 of the Texas Family Code either in said Juvenile Processing Office or before an official designated by the Juvenile Court in Section 3 of the order.
- (5) All administrative steps necessary subsequent to taking a child into custody.

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**Recommendation:**

The Juvenile Department recommends the Juvenile Board approve the Juvenile Processing Offices for the Dallas County Sheriff's Department located at 133 N. Riverfront Road, Dallas, Texas 75202, by approving Rooms C3-6 and C3-7 as designated Juvenile Processing Offices.

In addition, the Juvenile Department recommends the Juvenile Board approve the Juvenile Processing Offices for the Carrollton Policed Department located at 2025 East Jackson Road, Carrollton, Texas 75006, by approving Room 142 / Juvenile Processing Office 1, Room 143 / Juvenile Processing Office 2 and Room 112 / Juvenile Processing Office 3 as designated Juvenile Processing Offices.

Recommended by:



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

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**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** the Juvenile Board is charged with the responsibility of designating Juvenile Processing Offices pursuant to Juvenile Justice Code 51.02 (12), 52.02 (a) and (b), 52.025 (a), 52.027 (f), 52.05 (a) and (b), 52.01 (a) and (c), 58.01 (4), 52.03 (d), 52.041 (c) and (d), and Article 15.27 of the Code of Criminal Procedures; and

**WHEREAS,** the Juvenile Board of Dallas County previously approved Juvenile Processing sites; and

**WHEREAS,** the Dallas County Sheriff's Department's Rooms C3-6 and C3-7 located at the Frank Crowley Courts Building, 133 N. Industrial Blvd., Dallas, Texas 75202 were previously designated as approved Juvenile Processing Offices on January 25, 2011 by this Department and the Dallas County Juvenile Board; and

**WHEREAS,** since the prior approval, the physical street address to the previously designated Juvenile Processing Offices has changed. The new physical street address is 133 N. Riverfront Blvd., Dallas, Texas 75202; and

**WHEREAS,** in response to the Juvenile Department's commitment to review all previously approved Juvenile Processing Offices, particularly Rooms C3-6 and C3-7 located at the Dallas County Sheriff's Department, 133 N. Riverfront Blvd., Dallas, Texas 75202 were personally inspected by Leslie Gipson, Manager of Probation Services on April 3, 2015. It has been determined this site remains suitable as a Juvenile Processing Office. The designated rooms are clearly identified with affixed signage outlining an assigned room number; and

**WHEREAS,** in addition, specific training relating to the requirements of the Juvenile Processing Office utilization and operation was provided to the designated Agency representative, Det. Billy Fetter during the site visit. The training provided the Agency representative with information

from Title 3 of the Texas Family Code, § 52.025 and the Juvenile Justice Delinquency and Prevention Act outlining the requirements of operating a Juvenile Processing Office and the specifics associated with the handling of juveniles in the Juvenile Processing Office. The training document was signed by the Agency representative and a copy will be maintained by the Juvenile Department; and

**WHEREAS,** in calendar year 2014, the Dallas County Sheriff's Department referred seventy three (73) youth to the Dallas County Juvenile Department. Of the seventy three (73) referrals, 33 (45.2%) were African American; 33 (45.2%) were Hispanic; 7 (9.5%) were White; 11 (15%) were female and 62 (85%) were male; and

**WHEREAS,** this Juvenile Processing Office designation complies with the Dallas County Strategic Plan; Vision 3 – Dallas County is safe, secure, and prepared; and

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board approve the Juvenile Processing Offices for the Dallas County Sheriff's Department located at 133 N. Riverfront Blvd., Dallas, Texas 75202, by approving Rooms C3-6 and C3-7 as designated Processing Offices.

**DONE IN OPEN BOARD MEETING** this 18th day of May, 2015.

The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_ for the motion and \_\_\_\_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board



**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** the Juvenile Board is charged with the responsibility of designating Juvenile Processing Offices pursuant to Juvenile Justice Code 51.02 (12), 52.02 (a) and (b), 52.025 (a), 52.027 (f), 52.05 (a) and (b), 52.01 (a) and (c), 58.01 (4), 52.03 (d), 52.041 (c) and (d), and Article 15.27 of the Code of Criminal Procedures; and

**WHEREAS,** the Juvenile Board of Dallas County previously approved Juvenile Processing sites; and

**WHEREAS,** The Carrollton Police Department's Youth Services Section Room 112, School Resource Office and Juvenile Holding Office located at 2025 E. Jackson Road, Carrollton, Texas 75006 were previously designated as approved Juvenile Processing Offices on July 22, 2013 by this Department and the Dallas County Juvenile Board; and

**WHEREAS,** The Carrollton Police Department has requested to modify their previously designated Juvenile Processing Offices by adding two new offices and removing two of their previously approved offices located at the Carrollton Police Department, 2025 East Jackson Road, Carrollton, Texas 75006. This is due to some internal moving of offices at the police department. The newly designated offices are Room 142 / Juvenile Processing Office 1 and Room 143 / Juvenile Processing Office 2. They wish to retain "Youth Services Office 112", which is already designated, but will no longer utilize "School Resource Office" and "Juvenile Holding Office". The "School Resource Office" and the "Juvenile Holding Office" will be used by department staff; and

**WHEREAS,** in response to the Juvenile Department’s commitment to review all previously approved Juvenile Processing Offices, the offices at the Carrollton Police Department, 2025 East Jackson Road, Carrollton, Texas 75006 were personally inspected by Rudy Acosta, Deputy Director of Probation Services on April 17, 2015. It has been determined this site remains suitable as Juvenile Processing Offices. The designated rooms are clearly identified with affixed signage outlining an assigned room number and labeled as a Juvenile Processing Room; and

**WHEREAS,** in addition, specific training relating to the requirements of the Juvenile Processing Office utilization and operation was provided to the designated Agency representative, Sgt. Joseph Nault during the site visit. The training provided the Agency representative with information from Title 3 of the Texas Family Code, § 52.025 and the Juvenile Justice Delinquency and Prevention Act outlining the requirements of operating a Juvenile Processing Office and the specifics associated with the handling of juveniles in the Juvenile Processing Office. The training document was signed by the Agency representative and a copy will be maintained by the Juvenile Department; and

**WHEREAS,** in calendar year 2014, the Carrollton Police Department referred one hundred one (101) youth to the Dallas County Juvenile Department. Of the one hundred one (101) referrals, 21 (20.7%) were African American; 65 (64.3%) were Hispanic; 15 (14.8%) were White; 16 (15.8%) were female and 85 (84.1%) were male; and

**WHEREAS,** this Juvenile Processing Office designation complies with the Dallas County Strategic Plan; Vision 3 – Dallas County is safe, secure, and prepared; and

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board approve the Juvenile Processing Offices for the Carrollton Police Department located at 2025 East Jackson Road, Carrollton, Texas 75006, by approving Room 142 / Juvenile Processing Office 1 and Room 143 / Juvenile Processing Office 2 and Youth Services Office 112 as designated Processing Offices.

**DONE IN OPEN BOARD MEETING** this 18th day of May, 2015.

The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_ for the motion and \_\_\_\_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board

**JUVENILE PROCESSING OFFICE DESIGNATIONS  
DALLAS COUNTY JUVENILE BOARD**

- 1) Addison Police Department  
Juvenile Processing/Briefing Room  
4799 Airport Parkway  
Addison, TX 75001 972-450-7120  
Detention Supervisor, Mr. Michael Meharg
- 2) Balch Springs Police Department  
Juvenile Room / #1  
12500 Elam Road  
Balch Springs, TX 75180  
Sgt. Walts 972-557-6036 Cell 469-853-3958
- 3) Baylor Health Care Department of Public  
Safety – Police Supervisors Room  
4005 Crutcher Street, Ste 100  
Dallas, TX 75246 214-820-6193  
Asst. Chief Jesse Gomez/Det. Marlena Colvin
- 4) Carrollton Police Department  
Youth Services Section Rooms 142-JPO1,  
143-JPO2, 112-JPO3  
2025 Jackson Road  
Carrollton, TX 75006  
Sgt. Joseph Nault 972-466-4786
- 5) Cedar Hill ISD Police Department  
Beltline Intermediate School  
Door 5A entrance, Room 1 & 2  
504 E. Beltline Rd.  
Cedar Hill, TX 75104  
Lt. Eddie Thompson 469-272-2088
- 6) Cedar Hill Marshall's Office  
285 Uptown Boulevard, Room 7108  
Cedar Hill, TX 75014  
Marshall Leland Herron 972 291-1500 Ext.1048
- 7) Charlton Methodist Medical Center  
3500 W. Wheatland-CID Office  
Dallas, TX 75203  
Lt. Kraft 214-947-7701
- 8) City of Combine Municipal Court  
Combine Police Department  
Judge's Office, Chief's Office  
123 Davis Rd.  
Combine, TX 75159 972-476-8790
- 9) Cockrell Hill Police Department  
Juvenile Interview Room and Sergeants Office  
4125 W. Clarendon Drive  
Dallas, TX 75211  
Sgt. Beckman 214-339-4141
- 10) Coppell Police Department  
Room 125/ Juvenile Processing Room  
130 S. Town Center Blvd.  
Coppell, TX 75019  
Sgt. Bill Camp 972-304-3593
- 11) Dallas Independent School District Police  
Department  
Holding Rm, Detail Rm, and Detectives Off  
1402 Seegar Street  
Dallas, TX 75215  
Deputy Chief Gary Hodges 214-932-5610
- 12) DFW International Airport Police  
Public Safety Station One, Conf. Rm 154  
Small & Large Conference Room - CID  
2900 E. 28<sup>th</sup> St.  
DFW Airport, TX 75261  
Sgt. Malcolm A. Mosely 972-574-5576

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

- 13) Dallas County Hospital District  
Police Department  
Police Roll Call Room  
5201 Harry Hines Blvd.  
Dallas, TX 75235  
Capt. Richard D. Roebuck Jr. 214-590-4330
- 14) Dallas County Juvenile Department  
Truancy and Class C Enforcement Center  
Interview Rooms 1-4 & Holding Rooms 1-3  
414 S.R.L. Thornton Freeway  
Dallas, TX 75203  
Marquita Fisher 214-860-4408
- 15) Dallas County Juvenile Department  
Detention Center and Probation Dept.  
Henry Wade Juvenile Justice Center  
2600 Lone Star Dr.  
Dallas, TX 75212 214-698-2200
- 16) Dallas County Sheriff's Department  
Rooms C3-6 and C3-7  
Frank Crowley Courts Building  
133 N. Riverfront Blvd.  
Dallas, TX 75202  
Detective Billy Fetter 214-653-3495
- 17) Dallas Police Department  
Youth Division and Family Crimes  
1400 S. Lamar  
Dallas, TX 75201 214-671-3495  
Lt. Willemina Edwards / Det. R.P. Dukes
- 18) Desoto Police Department  
"Juvenile" Booking and Processing Office  
714 E. Beltline Rd.  
Desoto, TX 75115  
Det. W. Tillman 469-658-3028
- 19) Duncanville Police Department  
Juvenile Processing Rooms "Located in Lobby"  
203 E. Wheatland Rd.  
Duncanville, TX 75116  
Inv. Warren Evans 972-780-5037
- 20) Duncanville High School  
Rooms L-105 and A118  
900 W. Camp Wisdom Rd.  
Duncanville, TX 75116  
Inv. John Cole 972-708-3713
- 21) Duncanville Reed Middle School  
Room #509  
530 E. Freeman Road  
Duncanville, TX 75116  
Officer R.L. Perry 972-708-3949
- 22) Duncanville Byrd Middle School  
Room #200F  
1040 W. Wheatland Road  
Duncanville, TX 75116  
Inv. S. Ivy 972-708-3478
- 23) Duncanville Kennemer Middle School  
Room labeled as "Police", located in Library.  
7101 W. Wheatland Rd.  
Dallas, TX 75229  
Inv. L. Holcomb 972-708-3713
- 24) Eastfield Community College Police Dept.  
Room #N112-E  
3737 Motley Drive  
Mesquite, TX 75150  
Cpt. Michael Horak 972-860-8344
- 25) Eastfield Community College-Pleasant Grove  
Campus Police Department  
Room #112-N  
802 S. Buckner Blvd.  
Dallas, TX 75217  
Cpt. Michael Horak 972-860-8344

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*To assist referred youth in becoming productive,  
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- 26) Farmers Branch Police Department  
Juvenile Sect Rm / Rm 156 / Interview Rm 204  
3723 Valley View Ln.  
Farmers Branch, TX 75244  
Sgt E.L. Stokes 972-919-9352
- 27) Garland Police Department  
Room J1008 & J1015  
1900 W. State Street  
Garland, TX 75042  
Supervisor Don McDonald 972-485-4891
- 28) Glenn Heights Police Department  
Patrol Sgt. Office, Squad Rm, CID Office & Lt.  
Office  
550 E. Bear Creek  
Glenn Heights, TX 75154  
Det. Kevon L. Howard 972-223-3478
- 29) Grand Prairie Johnson D.A.E.P.  
Rooms 11  
650 Stonewall Dr.  
Grand Prairie, TX 75052  
Off. Ray Star, S.R. Officer 972-262-7244
- 30) Grand Prairie Police Department  
Rooms J1, J2, J3, J4, J5, J6, 1009, 1010 & 1029  
1525 Arkansas Lane  
Grand Prairie, TX 75052  
Deputy Chief Mike Taylor 972-237-8716
- 31) Grand Prairie Young Men's Leadership  
Academy at Kennedy Middle School  
School Resource Office-A216A  
2205 SE 4<sup>th</sup> Street  
Grand Prairie, TX 75051  
Leon Roddy, S.R. Officer 972-237-8764
- 32) Grand Prairie High School  
Room 501  
101 High School Dr.  
Grand Prairie, TX 75050  
Edward Rahman, S.R. Officer 972-809-5707
- 33) South Grand Prairie High School  
A Hall - Resource Office-A121  
301 W. Warrior Trail  
Grand Prairie, TX 75052  
Off. Chris Moore, S.R. Officer 972-522-2560
- 34) South Grand Prairie High School  
Ninth Grade Center, Room A110C  
305 W. Warrior Trail  
Grand Prairie, TX 75052  
Off. T.S. Steelman, S.R. Officer 972-343-7607
- 35) Highland Park Department of Public Safety  
Room 331 and Report Writing Room  
4700 Drexel Drive  
Dallas, TX 75205 and Dallas, TX 75209  
Detective Rusty Nance 214-559-9306
- 36) Hutchins Police Department  
"Patrol Room"  
205 W. Hickman  
Hutchins, TX 75141  
Asst. Chief D.W. Landers 972-225-2225
- 37) Irving Police Department  
Municipal Court Room, 2<sup>nd</sup> Floor  
Juvenile Holding Area/Interview Lineup  
Juvenile Arraignment Court Room  
Irving, TX 75061  
Investigator Jill Smith 972-721-6559
- 38) Lancaster Police Department  
Rooms A148 and B122  
1650 North Dallas Avenue  
Lancaster, TX 75134  
Asst. Chief W.C. Smith 972-218-2726
- 39) Lancaster ISD Police Department  
Elsie Robinson Middle School  
Room 'LISD Police'  
822 W. Pleasant Run  
Lancaster, TX 75146  
Off. Keith Wilkerson 972-218-3086

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- 40) Lancaster ISD Police Department  
Lancaster High School  
Room G123, Police Office, Room C126A  
200 Wintergreen Rd.  
Lancaster, TX 75134  
Chief Sam Allen 469-261-8889
- 41) Lancaster ISD Police Department  
Headquarters  
Room 603  
814 W. Pleasant Run Rd.  
Lancaster, TX 75134  
Chief Sam Allen 469-261-8889
- 42) Mesquite Police Department  
Rooms 1016, 1019, 1021, 1022,  
2008, 4045 & 4047  
777 North Galloway Ave.  
Mesquite, TX 75149  
Lt. David Gill 972-816-8096
- 43) Methodist Health System Police Dept.  
1441 N. Beckley Ave, Front Lobby  
Dallas, TX 75203  
Lt. M.P. Barber 214-947-8181
- 44) Richardson Police Department  
Youth Crimes Unit/Interview Rm, Rm D-214  
140 N. Greenville Ave  
Richardson, TX 75081  
Sgt. Jaime Gerhart 972-744-4862
- 45) Richland College Police Department  
Pecos Hall- Rooms P161, P162, P163, P170,  
P172, and Kiowa Hall- Room K110  
12800 Abrams Rd  
Dallas, TX 75243  
Sgt. Sena 972-761-6758
- 46) Rowlett Police Department  
Room 3, Juvenile Processing Room  
4401 Rowlett Road  
Rowlett, TX 75088  
Lt. David Nabors 972-412-6215  
Detective David Mayne 972-412-6292
- 47) Sachse Police Department  
Juvenile Division & Youth Holding Area  
Rooms PS116 and PS118  
3815 Sachse Rd.  
Sachse, TX 75048  
Lt. Steve Norris 469-429-9823
- 48) Seagoville Police Department  
Law Enforcement Center Interview Room and  
Patrol Room  
600 North Highway 175  
Seagoville, TX 75159  
CID Det. AJ. Jumper 972-287-2999
- 49) Southern Methodist University Police Dept.  
Briefing Room 214  
3128 Dyer Street  
Dallas, TX 75205  
Lt. Brian Kelly 214-768-1577
- 50) UT Southwestern Medical Center Police Dept.  
Room BLC 206, BLC 214 & BLC 228  
5323 Harry Hines Blvd  
Dallas, TX 75390-9027  
Lt. Jason Bailey 214-648-8311
- 51) University Park Police Department  
Room 215, 2<sup>nd</sup> Floor  
3800 University Boulevard  
Dallas, TX 75205  
Det. Ken Ardanowski 214-987-5360

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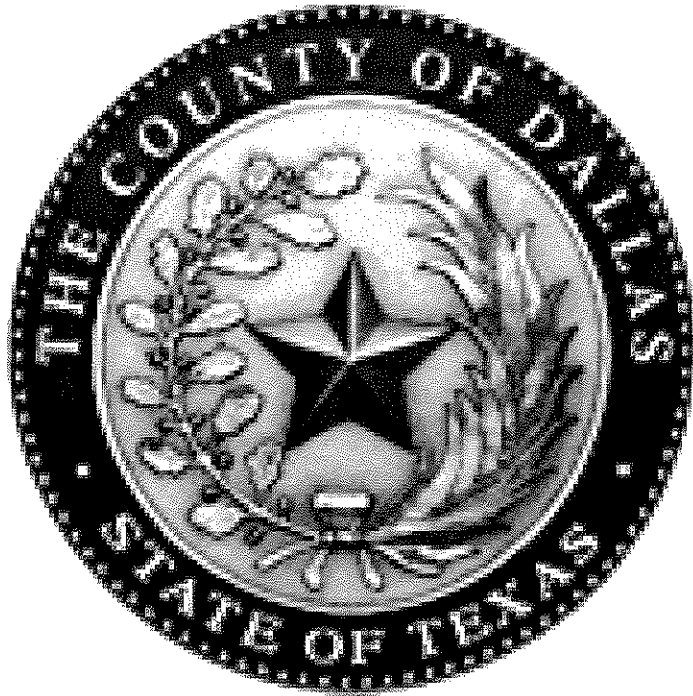
*To assist referred youth in becoming productive,  
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52) Union Pacific Railroad  
Police Department JPO Room  
9211 Forney Road  
Dallas, TX 75172  
Landon McDowell 972-882-4001

53) Wilmer Police Department  
Warrant Office and Patrol Room  
219 E. Beltline Rd.  
Wilmer, TX 75172  
Sgt. Eric Pon 972-441-6565 Ext. 270

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*To assist referred youth in becoming productive,  
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# ACTION ITEM

E.





**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

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**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Specialty Court (Youthful Offenders Court) Registration with the Office of the Governor

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**Background of Issue:**

The Dallas County Juvenile Department received notice from the Office of the Governor-Criminal Justice Division that all of the county's specialty courts now need to be officially registered with their office. This includes an official declaration under which the program was established which is pursuant to Texas Government Code, Chapter 121 or under former law. The Dallas County Juvenile Board previously recognized the Drug Diversionary Court in October 2013 (JB ORDER 2013-116) and the Mental Health Court, ESTEEM Court, and Diversion Male Court in April 2015 (JB ORDER 2015-039).

The Dallas County Juvenile Department is requesting the Juvenile Board officially declare the Youthful Offenders Court as a specialty diversionary court for Dallas County in the 304<sup>th</sup> and 305<sup>th</sup> district courts. Youthful Offenders Court operates in the best interests of the citizens of Dallas County.

**Impact on Operations and Maintenance:**

The Youthful Offenders Court (YOC) is a new diversionary program, which aims to assist both male and female youth between the ages of 10 and 13 years. This is a solution for younger first time offenders, who do not meet the criteria for other diversion programs, but will still benefit from the supervision and specialized services offered by diversion courts. The target population will include first-time misdemeanor and first-time felony offenders who display underdeveloped cognitive functioning not due to mental health disorders. YOC seeks to hold program participants accountable for their actions by establishing a cognitive understanding of the impact and consequences of their choices.

Studies establish that, in order to reduce delinquency, a combination of an array of therapeutic services and intense monitoring is necessary. To achieve this, YOC will offer intense supervision services appropriate for felony and non-felony offenders, such as school visits, home visits, random curfew checks, urinalysis, and parent conferences. Other forms of supervision will include monthly face-to-face contact with a judge, specialized programming and therapeutic services, such as Functional Family Therapy and services through the Dallas County Juvenile Psychology Department.

The Honorable Judge Andrea Martin and Judge Alice Rodriguez will preside over the Youthful Offenders Court. The Court will meet weekly on Wednesday afternoons at the Henry Wade Juvenile Justice Center.

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

214-698-2200 Office

214-698-5508 Fax

**Strategic Plan Compliance:**

This request complies with Vision 3: Dallas is *safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system.

**Legal Information:**

The Governor's office requires specific language in the resolution about an agency which operates a program falling under the definition of a specialty court. The governor's office requires each court complete a registration form. The form for the Youthful Offender Court is attached.

**Financial Impact/Considerations:**

The YOC will utilize existing positions and resources to operate. In the future, the department will seek funding opportunities to expand the program. We are requesting the recommended language only so we can be in compliance with Chapter 121 of the Texas Government Code and remain in good standing with the Office of the Governor, Criminal Justice Division.

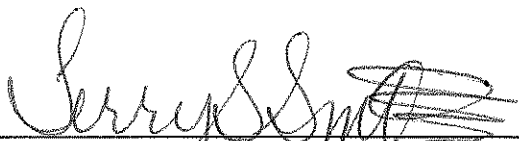
**Performance Impact Measures:**

There are no specific performance measures related to this request.

**Recommendation:**

It is recommended that the Dallas County Juvenile Board find it in the best interest of the citizens of Dallas County that the Youthful Offenders Court be established as a specialty diversion court and that the Youthful Offenders Court will be operational as of the 17<sup>th</sup> of June 2015.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

- WHEREAS,** the Dallas County Juvenile Department received notice from the Office of the Governor-Criminal Justice Division that all of the county’s specialty courts now need to be officially registered with their office. This includes an official declaration under which the program was established which is pursuant to Texas Government Code, Chapter 121 or under former law; and
- WHEREAS,** the Dallas County Juvenile Board previously recognized the Drug Diversionary Court in October 2013 (JB ORDER 2013-116) and the Mental Health Court, ESTEEM Court, and Diversion Male Court in April 2015 (JB ORDER 2015-039); and
- WHEREAS,** the Dallas County Juvenile Department is requesting the juvenile board officially declare the Youthful Offenders Court as a specialty diversionary court for Dallas County in the 304th and 305th district courts. Youthful Offenders Court operates in the best interests of the citizens of Dallas County; and
- WHEREAS,** the Youthful Offenders Court (YOC) is a new diversionary program which aims to assist both male and female youth between the ages of 10 and 13 years. This is a solution for younger first time offenders, who do not meet the criteria for other diversion programs, but will still benefit from the supervision and specialized services offered by diversion courts; and
- WHEREAS,** the target population will include first-time misdemeanor and first-time felony offenders who display underdeveloped cognitive functioning not due to mental health disorders. YOC seeks to hold program participants accountable for their actions by establishing a cognitive understanding of the impact and consequences of their choices; and
- WHEREAS,** the Honorable Judge Andrea Martin and Judge Alice Rodriguez will preside over the Youthful Offenders Court. The Court will meet weekly on Wednesday afternoons at the Henry Wade Juvenile Justice Center; and

**WHEREAS,** the Governor's office requires specific language in the resolution about an agency which operates a program falling under the definition of a specialty court. The governor's office requires each court complete a registration form. The form for the Youthful Offender Court is attached.

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** find it in the best interest of the citizens of Dallas County that the Youthful Offenders Court be established as a specialty diversion court and that the Youthful Offenders Court will be operational as of the 17th of June 2015.

**DONE IN OPEN BOARD MEETING** this 18th day of May, 2015.

The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_ for the motion and \_\_\_\_\_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board



GOVERNOR GREG ABBOTT

SPECIALTY COURT REGISTRATION FORM

COURT INFORMATION

Judicial Circuit:	304 <sup>th</sup> and 305 <sup>th</sup>	Court Program Name:	Youthful Offenders Court
Primary County Served:	Dallas	Other Counties Served:	n/a
Court Program Start Date:	06/01/2015	Court Street Address:	2600 Lone Star Drive
City:	Dallas	State:	Texas
Zip Code:	75212		

PRESIDING JUDGE CONTACT INFORMATION

Title:	Judge
Name:	Andrea Martin
Street Address:	2600 Lone Star Drive
City:	Dallas
State:	Texas
Zip Code:	75212
Phone:	214-698-4936
Email:	andrea.martin@dallascounty.org

COORDINATOR CONTACT INFORMATION

Name:	Donna Brewer
Title:	Assistant Supervisor
Street Address:	414 S. R.L. Thorton Freeway
City:	Dallas
State:	Texas
Zip Code:	75203
Phone:	214-860-4452
Email:	donna.brewer@dallascounty.org

COURT CHARACTERISTICS

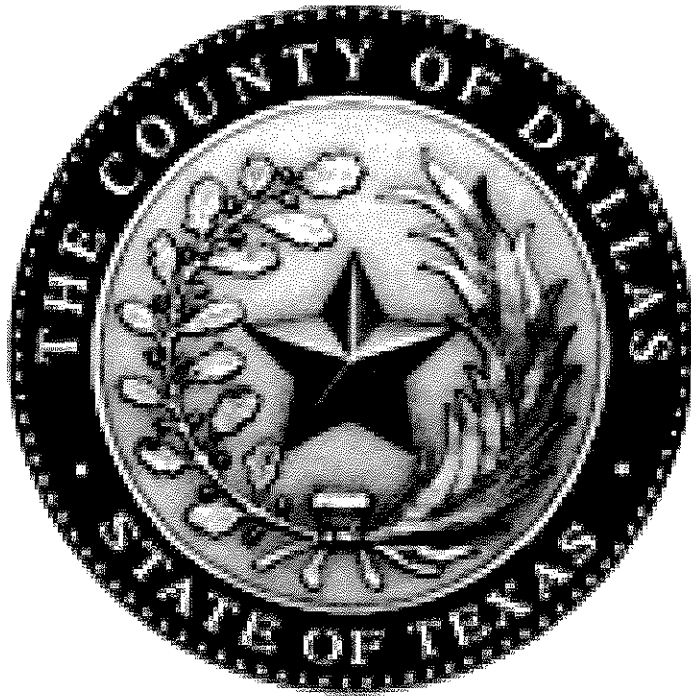
Targeted Offense (check all that apply):	<input checked="" type="checkbox"/> Misdemeanor	<input checked="" type="checkbox"/> Felony	<input type="checkbox"/> Civil
	<input type="checkbox"/> Other (please explain)		
Court Type:	Other		
	If "Other" Selected (please explain here)		diversion
Population:	Juvenile		
General Approaches (check all that apply):	<input checked="" type="checkbox"/> Pre-Adjudication	<input type="checkbox"/> Post-Adjudication	<input type="checkbox"/> Re-entry
	<input type="checkbox"/> Other (please explain)		

Pursuant to statutory authority, drug courts and veteran's courts, hereinafter referred to as specialty court programs, are to notify the Office of the Governor Criminal Justice Division (CJD) on or before implementation. In turn, CJD maintains a database of operational specialty court programs.

In order to register your court program with CJD for inclusion in the specialty court database, please complete and submit the registration form, as well as, a copy of the resolution by the appropriate governing body authorizing the establishment of the specialty court program.

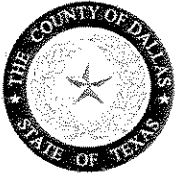
Please forward completed forms and resolutions to Ms. Anissa Johnson, State Specialty Courts Program Manager, via email at [Anissa.Johnson@gov.texas.gov](mailto:Anissa.Johnson@gov.texas.gov) or by fax to (512) 475-2440. Upon approval your specialty court program will be registered with CJD.

We encourage you to contact Ms. Alice Wren, CMBHS Specialist, Department of State Health Services (DSHS), for information on how to have your court program's information loaded into the Client Management Behavioral Health System (CMBHS). Once you complete the necessary forms and your court program is entered into the system, webinar training will be scheduled to demonstrate how to maintain your court program information, add/remove staff access, and view client records. Ms. Wren may be reached via phone and email at (512) 206-5929 and [Alice.Wren@dshs.state.tx.us](mailto:Alice.Wren@dshs.state.tx.us).



# ACTION ITEM

F.



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

---

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Summer School at Dallas County Juvenile Justice Alternative Education Program (JJAEP)

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**Background of Issue:**

The Dallas County Juvenile Department is mandated to operate the Dallas County Juvenile Justice Alternative Education Program (JJAEP) for the 2014-15 academic school year which ends on June 8, 2015. The Texas Juvenile Justice Department (TJJD) approved funding for 2015 summer school programs and the requirements are as follow: 1) operate a minimum of 20 days 2) any unspent funds from regular school year must be used prior to additional funds allocated 3) days funded will only be for mandatory reasons and 4) programs may operate either half-day (minimum of 3.5 hours) or full-day (minimum of 7 hours). The primary academic focus of the summer school program will be accelerated instruction for middle school students and Credit Recovery for high school students. The purpose of this brief is to approve summer school at the JJAEP during the summer of 2015 to begin on June 15, 2015 and to end on July 17, 2015. The summer school program will operate 4 hours a day Monday through Thursday.

**Impact on Operations and Maintenance:**

Summer school serves multiple purposes for students, families, educators, and communities. The current need for summer programs is driven by changes in American families and by calls for an educational system that is competitive globally and embodies higher academic standards. Summer programs focusing on remedial or accelerated learning or other goals have a positive impact on the knowledge and skills of participants. Remedial programs have larger effects when the program is relatively small and when instruction is individualized. Students at all grade levels benefit from remedial summer school; students in the earliest grades and in secondary school benefit most.

**Strategic Plan Compliance:**

This request complies with Vision 3: Dallas is *safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system.

**Legal Information:**

There will be no legal impact attributable to the approval of the 2015 summer school program.

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

214-698-2200 Office

214-698-5508 Fax



**Financial Impact/Considerations:**

TJJD will fund the summer program for mandatory students at a rate of \$43.00 per student per day. A maximum of 35 students will be able to attend but expected revenues will total \$21,000 with an estimate of 25 students. Teacher salaries will total \$7,000, and expected operating expense will total \$1,000. The financial impact to the JJAEP budget has been reviewed and approved by Ms. Carmen Williams, Budget Supervisor.

**Performance Impact Measures:**

The students at JJAEP will have opportunities to receive accelerated instruction and to earn credits during the summer through Credit Recovery.

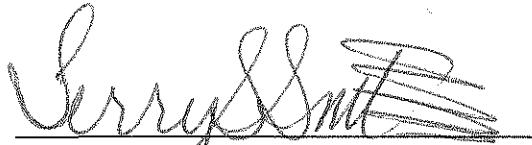
**Project Schedule/Implementation:**

The 30 day summer program is schedule to begin Monday, June 15, 2015 and run through Friday, July 17, 2015.

**Recommendation:**

It is recommended that the Dallas County Juvenile Board grant approval for the 2015 summer school program at the Dallas County Juvenile Justice Alternative Education Program.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** the Dallas County Juvenile Department is mandated to operate the Dallas County Juvenile Justice Alternative Education Program (JJAEP) for the 2014-15 academic school year which ends on June 8, 2015. The Texas Juvenile Justice Department (TJJD) approved funding for 2015 summer school programs and the requirements are as follow: 1) operate a minimum of 20 days 2) any unspent funds from regular school year must be used prior to additional funds allocated 3) days funded will only be for mandatory reasons and 4) programs may operate either half-day (minimum of 3.5 hours) or full-day (minimum of 7 hours). The primary academic focus of the summer school program will be accelerated instruction for middle school students and Credit Recovery for high school students. The purpose of this brief is to approve summer school at the JJAEP during the summer of 2015 to begin on June 15, 2015 and to end on July 17, 2015. The summer school program will operate 4 hours a day Monday through Thursday; and

**WHEREAS,** summer school serves multiple purposes for students, families, educators, and communities. The current need for summer programs is driven by changes in American families and by calls for an educational system that is competitive globally and embodies higher academic standards. Summer programs focusing on remedial or accelerated learning or other goals have a positive impact on the knowledge and skills of participants. Remedial programs have larger effects when the program is relatively small and when instruction is individualized. Students at all grade levels benefit from remedial summer school, but students in the earliest grades and in secondary school benefit most; and

**WHEREAS,** TJJD will fund the summer program for mandatory students at a rate of \$43.00 per student per day. A max of 35 will be able to attend but expected revenues will total \$21,000 with an estimate 25 students. Teacher salaries will total \$7,000, and expected operating expense will

total \$1,000.00; and

WHEREAS, this request complies with Vision 3: Dallas is *safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the Dallas County Juvenile Board grant approval for the 2015 summer school program at the Dallas County Juvenile Justice Alternative Education Program.

DONE IN OPEN BOARD MEETING this 18<sup>th</sup> day of May, 2015.

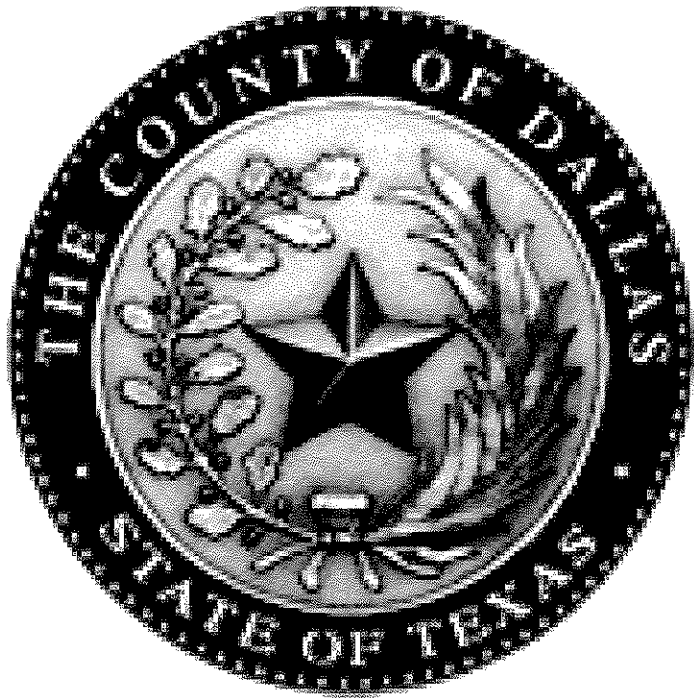
The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_ for the motion and \_\_\_\_\_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Shannon, Chairman  
Dallas County Juvenile Board



# ACTION ITEM

G.



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

---

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Approval to Pay a Single Fee of \$750.00 to UTSWMC Faculty to Conduct Training on the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-V)

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**Background of Issue:**

The Clinical Services Division of the Juvenile Department is a leader in the treatment of juveniles with emotional and mental problems. It is necessary to provide quality professional development to our Clinical Services staff, Juvenile Department staff, and the community, as well as remain abreast of the most recent research and developments in the study of juveniles with mental and emotional behaviors.

The purpose of this briefing is to request Juvenile Board approval to pay a single fee of \$750.00, utilizing Psychology Escrow Account No. 94022 for a training workshop to be conducted by two (2) faculty members from the University of Texas Southwestern Medical Center, Department of Psychiatry in Dallas, Texas to educate Clinical and Juvenile Department staff on the study of Diagnostic and Statistical Mental Disorders-Fifth Edition (DSM-V).

**Impact on Operations and Maintenance:**

The training workshop is scheduled for July 24, 2015, and will be held at the Henry Wade Juvenile Justice Center. The Juvenile Department's Training Unit will coordinate the logistical arrangements.

**Strategic Plan Compliance:**

This request complies with Vision 3: Dallas is *safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system.

**Legal Information:**

Dallas County internal control system and local government code require Juvenile Board authorization in order to engage in account payable or account receivable transactions associated with this event. Additionally, future utilization of surplus revenue associated with this event requires the same approval.

**Financial Impact/Considerations:**

The cost to the Juvenile Department will be a single fee of \$750.00 that will be charged to Psychology Escrow Account No. 94022. Currently the account has \$20,547.32 of which \$5,750.00 has been allocated for

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

Professional Services. This information has been reviewed and approved by Carmen Williams, Budget Supervisor.

**Recommendation:**

It is recommended that the Dallas County Juvenile Board approve the Juvenile Department's request to pay a single fee of \$750.00 for a workshop to be conducted by two (2) faculty members from the University of Texas Southwestern Medical Center, Department of Psychiatry in Dallas, Texas to educate Clinical and Juvenile Department staff on the study of Diagnostic and Statistical Mental Disorders-Fifth Edition (DSM-V). It is also recommended that the Dallas County Auditor be authorized to utilize Psychology Escrow Account No. 94022 to pay this fee.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name	Name
Name	Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** the Dallas County Juvenile Board was briefed on May 18, 2015 regarding the Juvenile Department's request to approve a single fee of \$750.00 to the faculty of the University of Texas Southwestern Medical Center, Department of Psychiatry to conduct training on the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V); and

**WHEREAS,** the training is scheduled for July 24, 2015, and will be held at the Henry Wade Juvenile Justice Center; and

**WHEREAS,** quality professional development will be provided to Clinical and Juvenile Department staff to remain abreast of the most recent research and developments in the field of juveniles with mental and emotional disorders; and

**WHEREAS,** a single fee of \$750.00 will be paid to two (2) faculty members of the University of Texas Southwestern Medical Center, Department of Psychiatry, of Dallas, Texas to conduct the training; and

**WHEREAS,** the cost of the single fee of \$750.00 will be charged to Psychology Escrow Account No. 94022 with no fiscal impact to Dallas County; and

**WHEREAS,** this request conforms to the Dallas County Strategic Plan-Vision 3.1: *Synergize public safety programs and services across the County with regard to the treatment of youth/families involved in the juvenile justice system.*

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board approve the Juvenile Department's request for a payment of a single fee of \$750.00 for two (2) University of Texas Southwestern Medical Center faculty members to provide training on July 24, 2015 to Clinical and Juvenile Department staff on the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V).

**IT IS FURTHER ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board approve to Pay a Single Fee of \$750.00 to UTSWMC Faculty to Conduct Training on the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-V).

**DONE IN OPEN BOARD MEETING** this 18<sup>th</sup> day of May, 2015.

The foregoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_ for the motion and \_ opposed.

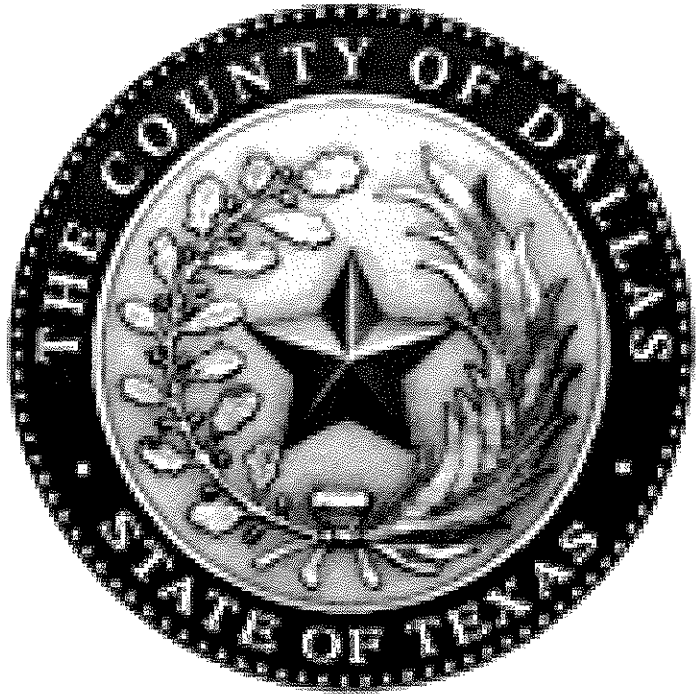
Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

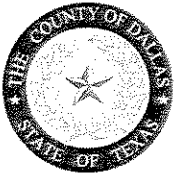
\_\_\_\_\_  
Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board





# ACTION ITEM

H.



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Renewal of Licensure as Substance Abuse Treatment Facilities for SAU and RDT

**Background of Issue:**

The Dallas County Juvenile Department has provided substance abuse treatment services through the Dallas County Juvenile Services Substance Abuse Unit (SAU), and the Dallas County Residential Drug Treatment program (RDT) funded from the Juvenile Department's Dallas County budget.

RDT located in the Jerome McNeil Jr. Detention Center was initially licensed on August 13, 2009 as a 70 bed, intensive drug treatment program providing chemical dependency treatment for both male and female clients ages 13-17 who are involved in the Juvenile Justice System. This program is licensed by the Texas Department of Health Services and provides a minimum 30 hours of treatment related services per week including individual, group, and family counseling. Other services include education, social skills, and relapse prevention. The program is 3-6 months in length based on treatment needs. There are six (6) Drug Intervention Specialists on staff, one (1) Clinical Supervisor, and one (1) Clinical Coordinator.

SAU located at 414 South R.L. Thornton Freeway, Dallas, TX 75203, was initially licensed on January 13, 1994 as an outpatient drug treatment program providing chemical dependency treatment for up to 160 male and female clients ages 13-17 who are involved in the Juvenile Justice System. This stand-alone facility is licensed by the Texas Department of Health Services and provides up to 15 hours of treatment related services per week including group, multi-family, family, gender specific, life skills, physical education and health therapy. The services offered include Chemical Assessments, Drug Intervention, Supportive Outpatient Program, Day Treatment, and Aftercare. Those participating in Day Treatment also receive 6 hours of education per day provided by the department's charter school, the Academy for Academic Excellence. A participant is eligible to graduate from the program once he or she complete 75% of his treatment goals, has at least 60 days sobriety and has completed a detailed relapse prevention plan. Staff at SAU include four (4) JSO's, two (2) secretaries, 16 Drug Intervention Specialists, one (1) Assistant Supervisor, and one (1) Supervisor, and one (1) Program Manager.

The purpose of this briefing is to renew the licenses for SAU and RDT as Substance Abuse Treatment facilities.

**Impact on Operations and Maintenance:**

SAU and RDT offer Substance Abuse Treatment to up to 230 juvenile participants ages 13-17. The renewal of licensure as Substance Abuse Treatment facilities will allow these two facilities and their programs to continue to serve the needs of the youth who have been referred to the Dallas County Juvenile Department and need substance abuse treatment. Licensures are renewed every two years as required by the Texas Department of

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

214-698-2200 Office

214-698-5508 Fax

Health Services, under the Regulatory Licensing Unit/Facility Licensing Group – MC2003, License #546, Client #6801 for the estimated cost of \$3,900.00. Funding would be provided by the Dallas County Juvenile Department's General Fund.

**Strategic Plan Compliance:**

This request complies with the Dallas County Strategic Plan: Vision 3- Dallas County is *safe, secure, and prepared* by providing substance abuse treatment programs for youth and families involved in the Juvenile Justice System.

**Legal Information:**

There will be no legal impact attributable to the approval to renew the Licensures as Substance Abuse Treatment Facilities for SAU and RDT.

**Financial Impact/Considerations:**

The total estimated cost for licensure renewals for SAU and RDT to operate as Substance Abuse Treatment facilities is \$3,900.00. Funding will come from coding 120-5110-2150 (license and permit fees). The financial impact has been reviewed and approved by Ms. Carmen Williams, Budget Supervisor.

**Performance Impact Measures:**

The programs available through SAU and RDT meet the needs of the youth who have been referred to the Dallas County Juvenile Department and need substance abuse treatment.

**Recommendation:**

It is recommended that the Dallas County Juvenile Board authorize the Juvenile Department to renew the Texas Department of State Health Services, Substance Abuse Facility Licensing Group – MC2003, License #546, Client #6801 as required to continue operation of SAU and RDT.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** the Dallas County Juvenile Board was briefed on May 18, 2015 regarding the Juvenile Department's request to approve payment in the amount of \$3,900.00 for the renewal of licensure for the Substance Abuse Unit (SAU) and Residential Drug Treatment (RDT) as Substance Abuse Treatment facilities; and

**WHEREAS,** these facilities are required to be licensed as Substance Abuse Treatment facilities by the Texas Department of State and Health Services; and

**WHEREAS,** a continuation of available programs for substance abuse treatment through SAU and RDT would be available to up to 230 youth referred to Dallas County Juvenile Services with chemical dependencies; and

**WHEREAS,** a renewal fee of \$3,900.00 will be paid to the Texas Department of State and Health Services; and

**WHEREAS,** the renewal fee of \$3,900.00 will be charged to the Dallas County Juvenile Services general fund, coding 120-510-2150 (License and Permit fees); and

**WHEREAS,** this request conforms to the Dallas County Strategic Plan-Vision 3.1: *Synergize public safety programs and services across the County with regard to the treatment of youth/families involved in the juvenile justice system.*

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board approve payment in the amount of \$3,900.00 to the Texas Department of Health Services for the renewal of licensure for the Substance Abuse Unit (SAU) and Residential Drug Treatment (RDT) as Substance Abuse Treatment facilities;

**IT IS FURTHER ORDERED, ADJUDGED, AND DECREED** that the funds for renewal fee of \$3,900.00 be charged to the Dallas County Juvenile Services general fund.

**DONE IN OPEN BOARD MEETING** this 18<sup>th</sup> day of May, 2015.

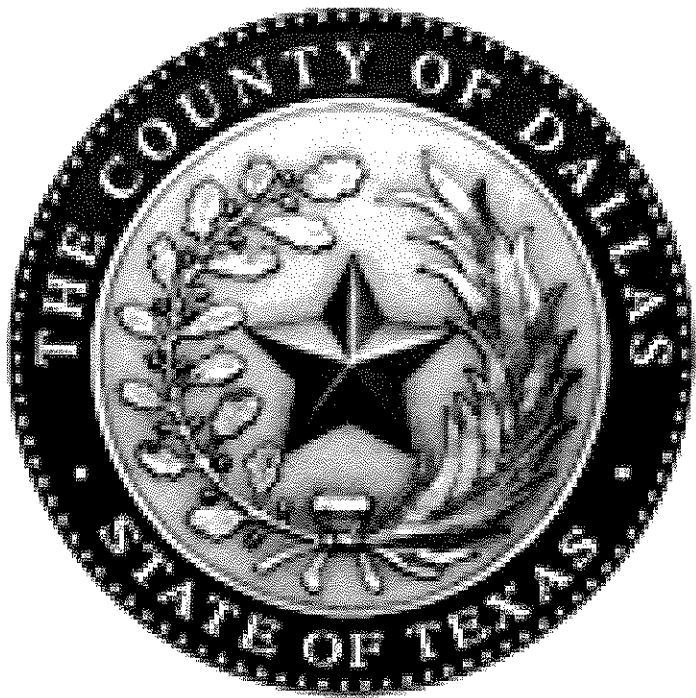
The foregoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_ for the motion and \_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board



# ACTION ITEM

I.



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**DATE:** May 18, 2015  
**TO:** Dallas County Juvenile Board  
**FROM:** Dr. Terry S. Smith, Director  
**RE:** Re-Certification of Lyle B. Medlock Youth Treatment Center Post-Adjudication Secure Facility

**Background of Issue:**

Section 51.125 of the Texas Family Code, added by the 80<sup>th</sup> Legislature, sets guidelines for inspection of post-adjudication secure correctional facilities by the Juvenile Judges and Juvenile Board:

*Sec.A51.125A- Post-Adjudication Correctional Facilities.*

*(b) In each county, each judge of the juvenile court and a majority of the members of the juvenile board shall personally inspect all public or private juvenile post-adjudication secure correctional facilities that are not operated by the Texas Youth Commission and that are located in the county at least annually and shall certify in writing to the authorities responsible for operating and giving financial support to the facilities and to the Texas Juvenile Probation Commission that the facility or facilities are suitable or unsuitable for the confinement of children. In determining whether a facility is suitable or unsuitable for the confinement of children, the juvenile court judges and juvenile board members shall consider:*

- (1) current monitoring and inspection reports and any noncompliance citation reports issued by the Texas Juvenile Probation Commission, including the report provided under Subsection (c), and the status of any required corrective actions; and*
- (2) the other factors described under Sections 51.12(c)(2)-(7)*

*Section 51.12(c) (2)-(7)*

- (2) current governmental inspector certification regarding the facility's compliance with local fire codes;*
- (3) current building inspector certification regarding the facility's compliance with local building codes;*
- (4) for the 12-month period preceding the inspection, the total number of allegations of abuse, neglect, or exploitation reported by the facility and a summary of the findings of any investigations of abuse, neglect, or exploitation conducted by the facility, a local law enforcement agency, and the Texas Juvenile Probation Commission;*
- (5) the availability of health and mental health services provided to facility residents;*
- (6) the availability of educational services provided to facility residents; and*
- (7) the overall physical appearance of the facility, including the facility's security, maintenance, cleanliness, and environment.*

Currently Texas Juvenile Justice Department (TJJD) contract regulations require Juvenile Departments who operate or contract for the operation of facilities to comply with TJJD's minimum standards, to receive Texas Juvenile Justice Department funding. The purpose of this briefing is to recommend the Juvenile Board certify

*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

the Lyle B. Medlock Treatment Center as suitable for the confinement of children in accordance with the guidelines established by the Texas Legislature.

**Impact on Operations:**

The Lyle B. Medlock Residential Treatment Center has a residential capacity of 96 youth. It is comprised of two treatment programs: Enhancing Positive Identity and Choices (EPIC) and Successful Thinking and Responsible Sexuality (STARS). The EPIC program has ability to serve 60 male residents aged 13 to 17, who have been adjudicated for disruptive offenses. The STARS program has the ability to serve 36 male residents aged 14 to 17 who have been adjudicated for sexual offenses.

Both programs are overseen by a licensed clinical psychologist and include individual and group therapy with Master's and Doctoral level clinicians (2 for STARS, 6 for EPIC). The residents in both programs are required to complete a series of 10 Group Goal Packets highlighting successful social skills and concepts for change and rehabilitation (e.g.: honesty, tolerance, empathy, anger management). The packets also educate residents about thinking errors which are largely responsible for the perpetuation of negative behaviors that have led them to be placed in RTC. The STARS residents are required to take and pass polygraph examinations at various points throughout their treatment. They also have the opportunity to participate in furloughs and overnight home visits to enhance relapse prevention planning and execution.

***STARS Current Staffing:***

<i>Services</i>	<i>Provided by</i>	<i>Number</i>
STARS Groups	Clinical staff	4
Crisis intervention	Clinical staff	4
Individual therapy	Clinical staff	4
STARS Bi-monthly family Group	Clinical staff	4
Administrative Management	Doctoral level Psychologist	1
Case Management	Probation Officers	2

***RTC Current Staffing:***

<i>Services</i>	<i>Provided by</i>	<i>Number</i>
Anger Management Groups	Doctoral level Psychologist	1
Crisis intervention	All clinical staff	5
Individual therapy	All clinical staff	5
Process Groups	All clinical staff	5
Administrative Management	Doctoral level Psychologist	1
Family Training	Doctoral level Psychologist	5
Family Therapy	All clinical staff	5
Case Management	Probation Officers	3

Each dorm of 12 youth has a clinician who is responsible for all of the therapeutic services. This ensures more continuity of care, more accountability for therapy being provided, decreases the need to make a referral for clinical services, ensures family therapy is begun at the time of the youth's enrollment in the program, and increases the multi-disciplinary team's functionality. In addition, all therapeutic services are operated by staff with the most experience thereby decreasing instances of youth manipulating the system and splitting between the therapist and the probation officer. Thus, probation officers are free to do more monitoring while the clinician maintains the role of the clinician without the probation officer assuming a dual role.

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The staff realizes that with greater challenges come greater rewards. As such, efforts are continuing to increase the therapeutic rigor, accountability, and impact of the program to increase the youths' chances for success.

**Strategic Plan Compliance:**

This request conforms to the Dallas County Strategic Plan – Vision 3: *Dallas County is safe, secure, and prepared*, as evidenced by the strategy to *maximize the effectiveness of the County's criminal justice resources*. Specifically, the current request aligns crime prevention goals with other governmental entities as well as represents *effective allocation of juvenile justice resources around Dallas County*.

**Legal Information:**

The Texas Juvenile Justice Department requires the members of the Juvenile Board to personally inspect the Lyle B. Medlock Treatment Center and certify in writing that the facility is suitable for the confinement of children.

**Financial Impact/Considerations:**

Juvenile facilities found to be out of compliance with TJJD standards, and who fail to correct deficiencies after a reasonable time, may have state funding reduced or suspended. The current per diem cost for the Lyle B. Medlock facility is \$118.00 based on projections the total FY'2015 cost for operating the program being \$4,037,008.00.

**Program Statistics:**

- From January 1, 2014 through December 31, 2014, the average length of stay for the residential treatment program was 191 days with an average daily population of 44 youth and 302 days with an average daily population of 19 youth for the sex offender specific program.
- From January 1, 2014 through December 31, 2014, Medlock served a total of 190 youth, with 125 admissions and 112 released. Of these releases, 102 were successful, 9 unsuccessful with one administrative release.

**Recommendation:**

It is recommended that the Dallas County Juvenile Board certify the Lyle B. Medlock Treatment Center as suitable for the confinement of youth in accordance with Section 51.125 of the Texas Family Code and the Texas Juvenile Justice Department Standards for Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities.

Recommended by:

  
\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

JUVENILE BOARD ORDER

ORDER NO: 2015-XXX

DATE: May 18th, 2015

STATE OF TEXAS §

COUNTY OF DALLAS §

BE IT REMEMBERED at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** Section 51.125 of the Texas Family Code sets guidelines for inspection of post-adjudication secure correctional facilities by the Juvenile Judges and Juvenile Board, and mandates each judge of the juvenile court and a majority of the members of the juvenile board to personally inspect the juvenile post-adjudication secure correctional facilities located in the County at least annually and to certify in writing to the authorities responsible for operating and giving financial support to the facilities and to the Texas Juvenile Justice Department that the facility or facilities are suitable or unsuitable for the confinement of children; and

**WHEREAS,** Section 51.125 of the Texas Family Code adds that in determining whether a facility is suitable or unsuitable for the confinement of children, the juvenile court judges and juvenile board members shall consider current monitoring and inspection reports, any noncompliance citation reports issued by the Texas Juvenile Justice Department, the status of any required corrective actions, and current governmental inspector certification regarding the facility's compliance with local fire codes and local building codes, the number of allegations of abuse, neglect, or exploitation, the availability of health and mental health services, the availability of educational services, and the overall physical appearance of the facility, including the facility's security, maintenance, cleanliness, and environment; and

**WHEREAS,** each judge of the juvenile court and a majority of the members of the Juvenile Board personally inspected the Lyle B. Medlock Treatment Center; and

**WHEREAS,** the Juvenile Department recommends the facility be certified for 96 beds; and

**WHEREAS,** as a result of that personal tour and inspection, the judges of the juvenile court and the Dallas County Juvenile Board deemed the Lyle B. Medlock Treatment Center to be suitable for the confinement of children in accordance with Section 51.125 of the Texas Family Code and the Texas Juvenile Justice Department Standards for Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities; and

**WHEREAS,** this request conforms to the Dallas County Strategic Plan – Vision 3: *Dallas County is safe, secure, and prepared*, as evidenced by the strategy to *maximize the effectiveness of the County's criminal justice resources*.

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board certifies the Lyle B. Medlock Treatment Center as suitable for the confinement of children in accordance with Section 51.125 of the Texas Family Code and the Texas Juvenile Justice Department Standards for Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities.

**DONE IN OPEN BOARD MEETING** this 18th day of May, 2015.

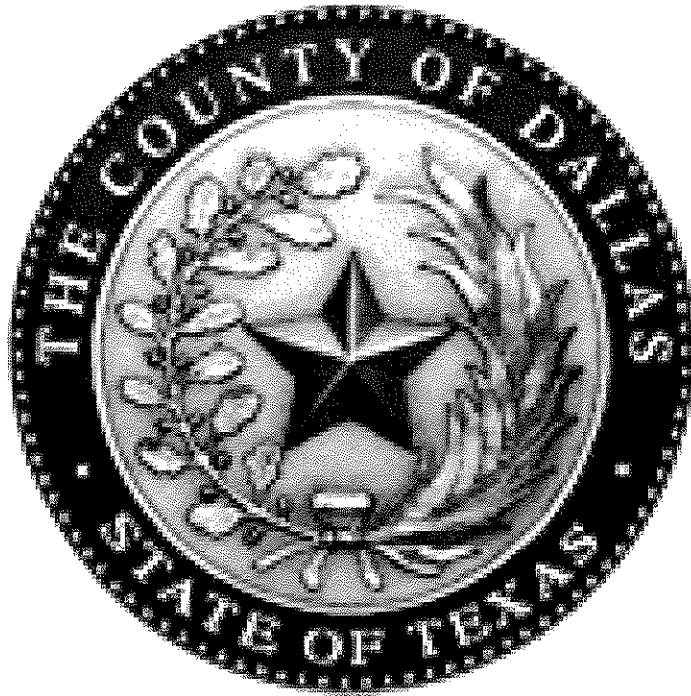
The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_\_ for the motion and \_\_\_\_\_ abstained as they were not present for the tour of the facility.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board



# ACTION ITEM

J.



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**Memorandum**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Re:** 2015 Annual Review of the Lyle B. Medlock Residential Treatment Center Policies and Procedures

**BACKGROUND OF ISSUE:**

Texas Juvenile Justice Department standards mandate the Juvenile Board to adopt written policies and procedures, and mandate the chief probation officer to enforce and annually review those policies and procedures adopted by the Juvenile Board:

*§341.3. Policy and Procedures.*

*(b) Department Policies. The Juvenile Board shall adopt written department policies and procedures.*

*§341.9. Policy and Procedure Manual.*

*(a) The chief administrative officer shall maintain and enforce a policy and procedure manual for the juvenile probation department, which shall include the policies, procedures, and regulations of the juvenile probation department as adopted by the juvenile board.*

*(b) The chief administrative officer shall provide all employees with a copy of or access to the policy and procedure manual, review the manual on an annual basis and update it as necessary.*

*§343.2. Administration and Management.*

*(a) Policies and Procedures. The juvenile board shall approve policies and procedures for a facility or approve the policies and procedures of a private provider operating a facility within its county under contract with the juvenile board and/or the county.*

**DISCUSSION:**

The Juvenile Department is presenting the Lyle B. Medlock Residential Treatment Center Policies and Procedures for annual review and approval of the Juvenile Board. The policy and procedures manual has been totally reformatted and has been updated with regards to the Texas Juvenile Justice Department (TJJD) Standards of Chapter 343 since its approval by the Juvenile Board in June, 2014.

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law abiding citizens, while promoting public safety and victim restoration.***

**214-698-2200 Office**

**214-698-5508 Fax**

**STRATEGIC PLAN COMPLIANCE:**

This request conforms to the Dallas County Strategic Plan – Vision 3: *Dallas County is safe, secure, and prepared*, as evidenced by the strategy to *leverage impact in the County by implementing best practices*.

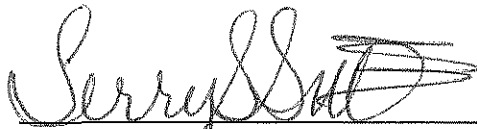
**LEGAL ISSUES:**

The Policies and Procedures were previously reviewed and approved by Denika Caruthers, Administrative Legal Advisor, Civil Section in 2015. A copy of the Medlock Policies and Procedures Manual is available for Juvenile Board review.

**RECOMMENDATION:**

It is respectfully recommended that the Juvenile Board approve the 2015 Policies and Procedures for the Lyle B. Medlock Residential Treatment Center. It is furthermore recommended that the Juvenile Board authorize the Director of Juvenile Services or designee to modify any policy and procedure as needed; upon review and approval by Dallas County Legal Counsel and pending approval by the Juvenile Board at the next regularly scheduled meeting.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-xxx  
**DATE:** May 18, 2015  
**STATE OF TEXAS** §  
**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

- WHEREAS,** standards published by the Texas Juvenile Justice Department (TJJD) mandate that Juvenile Boards adopt written department policies and procedures; and
- WHEREAS,** TJJD standards also mandates Juvenile Boards to approve policies and procedures for a facility or approve the policies and procedures of a private provider operating a facility within its county under contract with the Juvenile Board and/or the county; and
- WHEREAS,** TJJD standards further mandate the Chief Administrative Officer to review the policies and procedures manual on an annual basis and update it as necessary; and
- WHEREAS,** the Department is presenting the Medlock Residential Treatment Center policies and procedures manual for its annual review; and
- WHEREAS,** the Medlock Residential Treatment Center policy and procedures manual has been totally reformatted and has been updated with regards to the Texas Juvenile Justice Department (TJJD) Standards of Chapter 343 since its approval by the Juvenile Board in June, 2014; and
- WHEREAS,** this request conforms to the Dallas County Strategic Plan – Vision 3: *Dallas County is safe, secure, and prepared*, as evidenced by the strategy to *leverage impact in the County by implementing best practices*.

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board that the Dallas County Juvenile Board approves the 2015 Medlock Residential Treatment Center Policies and Procedures.

**IT IS FURTHER ORDERED, ADJUDGED, AND DECREED** that the Dallas County Juvenile Board authorizes the Director of Juvenile Services or designee to modify any policy and procedure as needed; upon review and approval by Dallas County Legal Counsel and pending approval by the Juvenile Board at the next regularly scheduled meeting.

**DONE IN OPEN BOARD MEETING** this 18th day of May, 2015.

The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_\_ for the motion and \_\_\_\_\_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Commissioner John Wiley Price  
Dallas County Juvenile Board



# **DALLAS COUNTY JUVENILE DEPARTMENT**



## **LYLE B. MEDLOCK TREATMENT CENTER**

### **POLICIES AND PROCEDURES MANUAL**

**2015 REVISION**

Reviewed by Marilyn Boss, Facility Administrator, on February 25, 2015

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Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 1: Facility Governing Board	Related Standards: 343.200, 204, 206, 208, 336

## I. Policy:

The Lyle B. Medlock Treatment Center is a post adjudication secure correctional facility.

The Dallas County Juvenile Board is the designated governing board of the Medlock Treatment Center. It is responsible for approving the Medlock's policies and procedures and is legally responsible for its management, and services and operations. As new policies and procedures are developed, Juvenile Board approval is obtained, and the Facility Administrator maintains documentation of these approvals.

The Dallas County Juvenile Board shall annually inspect the Medlock Treatment Center, and certify in writing, that the facility is suitable for the confinement of children in accordance with 51.125 of the Texas Family Code. The number of pre-adjudication and post adjudication beds shall be designated in the facility certification. The Juvenile Board's current facility certification and the Texas Juvenile Justice Department's (TJJD) current facility registration shall be posted within the facility in the public waiting area in front of Central Control.

The Dallas County Juvenile Board requires that written policies and procedures exist governing the operation of the Medlock Treatment Center. The policies, procedures, and practices of the facility strictly prohibit:

- (1) abuse, neglect, or exploitation of a resident as defined in Texas Family Code Section 261.001 and 261.401 by any individual having contact with a resident of the facility;
- (2) youth-on-youth sexual conduct;
- (3) violation of the code of ethics as outlined in TAC Chapter 345; and
- (4) violation of any professional code of ethics of conduct by any individual providing services to or having contact with resident of the facility.

The Dallas County Juvenile Board policies, procedures, and practices include zero tolerance regarding the sexual abuse in as defined by TAC Chapter 358 that provides for administrative disciplinary sanctions and/or referral for criminal prosecution.

The Dallas County Juvenile Board shall adopt a policy concerning the administration of prescription and non-prescription medication to residents. This policy shall include:

- (1) a listing of which facility personnel are authorized to administer medication to residents;
- (2) a requirement, that for any medication brought into the facility by the resident's parent, guardian, or custodian:
  - a. the Facility Administrator shall have a written request from the parent, guardian, or custodian to administer the medication; and
  - b. the medication shall be in the original, properly labeled container;
- (3) a requirement that all medication prescribed to the resident during the resident's stay is administered; and
- (4) a requirement to document each administration of medication.

The Youth Services Advisory Board (YSAB) serves as the appointed advisory council by the Juvenile Board for the Department and the facility in accordance with Texas Human Resources Code 152.0010.

## II. Definitions:

Pre-Adjudication Secure Detention Facility ("Facility" or "Secure Facility"): is defined as a secure facility administered by a governing board that includes construction and fixtures designed to physically restrict the movements and activities of juveniles or other individuals held in lawful custody in the facility and is used for the temporary placement

of any juvenile or other individual who is accused of having committed an offense and is awaiting court action, an administrative hearing, or other transfer action. Subchapters A, B, C, and E of Chapter 343 apply to all pre-adjudication secure facilities. A pre-adjudication secure detention facility does not include a short-term detention facility as defined by 51.12(j) of the Texas Family Code.

Post Adjudication Secure Correctional Facility: is defined as a secure facility administered by a governing board that includes construction and fixtures designed to physically restrict the movements and activities of the residents and is intended for the treatment and rehabilitation of youth who have been adjudicated. Subchapters A, B, D, and E of Chapter 343 apply to all post adjudication secure correctional facilities. A post adjudication secure correctional facility does not include any non-secure residential program operating under the authority of a governing board.

Youth on Youth Sexual Conduct: is defined as two or more juveniles, regardless of age, who engage in deviate sexual intercourse, sexual contact, sexual intercourse, or sexual performance.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 2: Acceptance of Residents	Related Standards: 343.202

**I. Policy:**

The Medlock Treatment Center may only accept and admit a child, as that term is defined in 51.02 of the Texas Family Code, or a person who is under the jurisdiction of the juvenile court who:

- (1) has been charged with or adjudicated for an offense or offenses against the laws of this State;
- (2) is authorized to be detained or confined under Title 3 of the Texas Family Code; or
- (3) is a juvenile adjudicated for an offense committed against the laws of another state or the United States whose confinement is authorized under Chapter 342 of Title 37 of the Texas Administrative Code.

Neither the Texas Family Code nor the Texas Juvenile Justice Department standards authorize juveniles to be placed into secure Texas pre- and post-adjudication facilities by parents, guardians, or custodians or by other individuals with the oral or written consent of the parent, guardian, or custodian of a child.

**II. Definitions:** None**III. Procedure:**

- A. The Medlock Treatment Center shall ensure that no resident is accepted who does not meet the criteria listed above.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 3: Designation and Duties of Facility Administrator	Related Standards: 343.210; 212

## I. Policy:

The Director of Juvenile Services shall designate one Facility Administrator or designee responsible for the Medlock Treatment Center.

The Facility Administrator shall be responsible for the daily operations of the Medlock Treatment Center. The Facility Administrator's office shall be located on the grounds of the facility. The Facility Administrator shall not maintain a satellite office to oversee the daily operations of the facility.

The Facility Administrator shall designate a certified juvenile supervision officer to be in charge during the Facility Administrator's absence from the facility.

The Facility Administrator shall develop, implement and maintain a policies and procedures manual for the facility and shall ensure the daily facility practice conforms to the policies and procedures detailed in the manual.

The Facility Administrator shall review the facility's policy and procedure manual at least once each year, no later than the last day of the calendar month of the previous year's review, and maintain documentation of this review. The Medlock Treatment Center's policy and procedure manual and subsequent revisions shall be made available to all employees of the facility. Availability of the policy and procedure manual may be in written or electronic format.

The Facility Administrator shall ensure that each employee of the Medlock Treatment Center is:

- (1) Trained on the provisions of the policies and procedures manual relevant to the employee's job functions prior to the beginning service at the facility; and documentation of that training; and
- (2) Notified of or given access to, in written or electronic format, all changes or modifications to the policies and procedures manual in a timely manner.

The Facility Administrator shall maintain documentation of the training described above.

The Facility Administrator or designee shall ensure that current, accurate and confidential personnel records are maintained for each employee which shall include:

- (1) Proof of age;
- (2) Documentation of criminal background checks conducted as required by TAC Chapter 344
- (3) The completed application for employment;
- (4) Training records; and
- (5) Documentation of promotion, demotion, termination and other personnel actions.

The Facility Administrator or Director of Juvenile Services shall ensure the accurate and timely submission of statistical data to TJJD in an electronic format or other format as requested by TJJD.

## II. Definitions:

Chief Administrative Officer: is defined as regardless of title, the person hired by a juvenile board who is responsible for oversight of the day to day operations of a juvenile probation department for a single county or multi-county judicial district. For Dallas County, the chief administrative officer is the Director of Juvenile Services.

Facility Administrator: is defined as the individual designated by the chief administrative officer or governing board of the facility who has the ultimate responsibility for managing and operating the facility. This definition includes the

certified juvenile supervision officer who is designated in writing as the acting Facility Administrator during the absence of the Facility Administrator.

Juvenile Supervision Officer: is defined as an individual whose primary responsibility and essential job function is the supervision of juveniles in a juvenile justice program or juvenile justice facility.

### **III. Procedures:**

- A. The Facility Administrator ensures that appropriate, qualified professional staff provides supervision of residents seven days per week, 24 hours per day, and that staffing complies with all applicable laws, rules, and professional standards.
- B. The Facility Administrator shall oversee all phases of the daily program including staff schedules, maintenance, food service, educational programs, purchases, and housekeeping.
- C. The Facility Administrator shall ensure that Medlock Treatment Center policies and procedures manuals are made available to all staff and are found on computers located in the break room as well as a copy located in the supervisor's office. New employees shall be notified of the locations of the policy and procedure manual during new employee orientation.



Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 4: Data Collection	Related Standards: 343.214

## I. Policy:

The Facility Administrator shall maintain and report to TJJD electronically, or in the format requested, accurate statistics in the following areas:

- (1) Total number of grievances;
- (2) Total number of personal restraint incidents;
- (3) Total number of mechanical restraint incidents;
- (4) Total number of chemical restraint incidents;
- (5) Total number of non-ambulatory restraint incidents;
- (6) Total number of disciplinary seclusions; and
- (7) Total number of staff injuries resulting from interaction with residents.

The Facility Administrator shall have a systematic method for recording the data above so that it can be reported to TJJD's Facility Registry Application which is submitted in January of each year.

Resident grievance resolutions are not required in the annual statistical report.

Physical escorts are not considered personal restraints and are exempt from inclusion in the facility's required statistical reporting

Preventative mechanical restraints shall not be included in the facility's annual statistical report.

Staff injuries that resulted from an incident involving a resident shall be reported regardless of whether the injury occurred within the facility, on the facility grounds, or off the facility premises.

## II. Definitions:

Annual: is defined as a calendar year period starting on January 1<sup>st</sup> and ending on December 31<sup>st</sup>.

Chemical Restraint: is defined as the application of a chemical agent on a resident or residents.

Disciplinary Seclusion: is defined as the separation of a resident from other residents for disciplinary reasons, and the placement of the resident alone in an area from which egress is prevented for more than 90 minutes.

Grievance: is defined as a written process to address residents' complaints about their treatment and facility services.

Mechanical Restraint: is defined as the application of an approved mechanical restraint device which restricts or aids in the restriction of the movement of the whole or a portion of an individual's body to control physical activity.

Medical Treatment: is defined in Chapter 358 as medical care, processes and procedures that are performed by a physician, physician assistant, licensed nurse practitioner, emergency medical technician (EMT), paramedic or dentist. Diagnostic procedures are excluded unless further intervention beyond basic First Aid is required.

Non-Ambulatory Mechanical Restraints: is defined as a method of prohibiting a resident's ability to stand upright and walk with the use of a combination of approved mechanical restraint devices, cuffing techniques and the subject's body positioning. The four-point restraint and a restraint chair are examples of non-ambulatory mechanical restraints.

Personal Restraint: is defined as the application of physical force alone, restricting the free movement of the whole or a

portion of an individual's body to control physical activity.

Physical Escort: is defined as touching or holding a resident with a minimum use of force for the purpose of directing the resident's movement from one place to another.

Preventative Mechanical Restraints: is defined as those that are used during the course of routine point-to-point relocation of a resident within the facility and mechanical restraints used during the course of routine vehicular transportation outside the facility.

Staff Injury: is defined as an injury requiring medical treatment that was the direct result of an incident involving a resident, whether the injury occurred within the facility, on the facility grounds or off the facility premises.

### **III. Procedure:**

- A. The Medlock Treatment Center's supervisors shall gather and record the following items monthly and present them to the Facility Administrator at the end of each month:
  1. Total number of admissions and releases;
  2. Number of facility days provided;
  3. Age, sex, and race of those detained;
  4. Referring offense of those detained;
  5. Length of stay and average daily population; and
  6. Average cost per resident per day.
- B. The Administrative Secretary or designee shall gather, total, and present to the Facility Administrator on a monthly basis the following incidents:
  1. Escapes and escape attempts;
  2. Suicides and suicide attempts;
  3. Injuries to residents and facility staff;
  4. Injuries to residents and facility staff that required medical attention;
  5. Confirmed incidents of abuse, exploitation, and neglect of residents;
  6. Personal restraints applied;
  7. Disciplinary seclusions and room restrictions;
  8. Mechanical restraints applied;
  9. Resident related injuries to facility staff;
  10. Youth-on-youth assaults; and
  11. Grievances.

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Chapter 1: General Administration and Management	
Section 5 Fiscal Management	

**Policy:**

The Medlock Treatment Center shall comply with Dallas County policies and with professional standards regarding fiscal management, budgeting, and auditing requirements.

The Medlock Treatment center shall develop and follow budgeting and accounting procedures that conform to the mandates of the Dallas County Code. Management of facility fiscal operations shall be delegated to the Business Manager who has appropriate professional qualifications.

All facets of ongoing programs, new programs, and proposed a long range goals are evaluated for their budget requirements. The management staff assists in the budget planning process by:

- (1) Evaluating existing and projected staff needs;
- (2) Evaluating existing space and projected needs for capital improvements;
- (3) Evaluating existing and projected needs for consumable and non-consumable items; and
- (4) Evaluating existing and projected program needs (i.e., materials, equipment, etc.).

The Business Manager shall annually submit to the Facility Administrator a written facility budget who in turn submits it to the Juvenile Department. Budget preparation follows the directives of the Budget Office. Detailed evaluations and justifications are included in the budget submission.

All issues regarding position control and institutional insurance are delineated in the Dallas County Code.

The Medlock Treatment Center shall comply with the practices and policies for purchasing as outlined by the Dallas County Purchasing Department.

Regulations and practices for internal control, auditing, and monitoring of fiscal procedures shall be controlled by the Dallas County Auditors' Office.

The Business Manager shall monitor, audit, and submit monthly reports regarding all fiscal activities to the Facility Administrator. As a result of the monitoring, the following may apply:

- (1) A request may be made to the budget office to reallocate facility funds from one appropriation to another; and
- (2) A request may be made to the budget office for budget revision and/or midyear adjustments through the Juvenile Department for any unforeseen expenditures.

The Facility Administrator or designee shall be accountable for all facility property and supplies in accordance with Dallas County Policy and all applicable laws, rules, and professional standards.

The Business Manager shall follow the Dallas County Code for acquisition and removal of all inventories.

The Facility Administrator or his/her designee will plan and carry out donation solicitations and fund-raising activities.

**II. Definitions:** None**III. Procedure:****A. Auditing:**

1. The fiscal officer must audit the budget monthly and submit a report to the Facility Administrator

2. Regulations and practices for internal control, auditing, and monitoring of fiscal procedures are controlled by the Dallas County Auditor's Office.
3. Procedures for disbursements of appropriations:
  - a. The fiscal officer must match the purchase order and requisitions to the vendor invoice(s). Prior to submission for payment, the following details must be checked on the packing sheet or contents of delivery, for completion and accuracy:
  - b. Name of vendor
  - c. Description of items
  - d. Quantity/units ordered for each item
  - e. Signature of staff accepting delivery
  - f. Vendor's invoice number, if available
4. Invoice and supporting documentation must be forwarded to the auditor's office for payment.

**B. Staff Reimbursement:** When an approved request for reimbursement is submitted to the fiscal officer, the following procedures must be observed:

1. The Dallas County Code must be the guideline for any staff reimbursements.
2. All disbursements must be approved in advance of the expenditure.
3. Disbursement for mileage, meals, and services rendered, and lodging must not exceed an amount established by the Dallas County Code.
4. Paperwork for purchases or services must be supported by a register receipt or its equivalent. The register receipt must bear the printed name of the vendor and must be checked for accuracy. The receipt must be attached to the request for payment.
5. All requests for payment vouchers must be signed by the staff member requesting the disbursement as well as the individual designated to approve the expense.

**C. Staff Time Sheet/Payroll:**

1. All Dallas County Juvenile Department employees' payroll records are recorded electronically using a swipe card provided by the County.
2. Medlock Center employees are responsible for personally swiping in when they report for duty and swiping out when they leave for the day according to Dallas County guidelines. Staff must not swipe for other employees.
3. Staff should not swipe in more than 5 minutes prior to the start of their shift or swipe out more than 5 minutes after the end of their shift without prior supervisory approval.
4. Lost, damaged, or misplaced swipe cards must be reported to supervision as soon as discovered. It must be the responsibility of the employee to replace lost or damaged swipe cards at their expense at a cost established by the County.
5. Failure to swipe in or missing punches will result in verbal counseling and following the progressive disciplinary action plan.
6. Compensatory time is to be approved, in advance, by supervision.
7. Shift Supervisors are responsible for completing the exception report each shift, and submitting a copy to the Facility Administrator, Managers, and all Supervisors. The exception report must delineate employees who did not report as scheduled, those who stay over (including number of hours), reason for the exception, and the initials of the supervisor approving the exception.
8. The Facility Administrator, Supervisors and/or designees are responsible for ensuring that all employees' time is correctly entered in the County payroll system prior to the close of the pay period.
9. Supervisors are responsible for ensuring that time for all staff on their shifts and/or units is correct in the Kronos system prior to sign off date.

**D. Solicitation and Receipt of Donations:**

1. Staff is not allowed to solicit other than the Facility Administrator or his/her designee for donations and services unless they are authorized to do so by the Facility Administrator or his/her designee as part of a fund-raising activity to benefit youth.
2. RECEIVING DONATIONS :

- a. Any donations of goods, services, or funds received by the Medlock Center will be documented and reported in monthly report to executive administration. The Facility Administrator or his/her designee will receive and process all donations.
  - b. All donations will go through the Facility Administrator or his/her designee.
  - c. Facility Administrator or his/her designee will obtain approval from chaplain if donations of equipment or materials are for use in religious programs.
  - d. Inform staff to refer offers or actual donations to the Facility Administrator or his/her designee.
  - e. Keep records of each donation for reporting purposes.
  - f. Itemize or set a value on the donation for purpose of the donor's tax records if the amount is greater than \$100.00.
  - g. If donated funds or goods are worth \$500 or more, notify Business Manager. The Juvenile Board must officially accept the gift during the next board meeting.
3. DISTRIBUTING DONATIONS:
- a. Distribute donations to individuals, sections or units according to the donor's wishes (if stated) as long as it does not violate facility standards for care of youth.
  - b. Work with supervisors and staff to distribute both designated and non-designated donations to youth (special programs and holidays).
  - c. Give donated items that cannot be used to benefit youth in Medlock Center, to other Juvenile Department institutions that can use them.
4. PROCESSING FOOD DONATIONS:
- a. All food donations are approved through the Facility Administrator. If approved, the food service manager will assist with the proper storage of the food.
  - b. Ensure food service staff notifies the Assistant Business Manager if they receive food donations directly.
5. VALUE OF DONATIONS:
- a. The Facility Administrator or his/her designee places a value on donated items for purposes of reporting to the executive administration.
  - b. When donations arrive, set values according to these guidelines:
  - c. Cash: actual cash donated
  - d. Food: market value of food donated
  - e. Clothing, merchandise, or equipment: if new, actual retail price; if used, fair market price.
  - f. Professional or consultant services given in a professional capacity: the actual cost if the service has been purchased.
  - g. Include the value of donated items in the donated goods and services monthly report

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 6: Personnel	Related Standards: 343.249, 344

## I. Policy:

The Medlock Treatment Center shall comply with Dallas County Juvenile Department Policy and all applicable laws, rules, and professional standards regarding all personnel practices. The Facility Administrator shall ensure approved hiring practices are observed, a personnel file is kept on each employee, and that all qualified staff meets and maintains appropriate educational certifications and professional credentials.

The Facility Administrator or designee shall review applications of all potential employees to ensure they have the appropriate qualifications.

Selection, retention, promotion, and demotion of facility employees shall be made on the basis of knowledge, skills, performance, and abilities. No person shall be discriminated against on the basis of age, sex, race, religion, national origin, or disability. Preference in employment shall be given to those best qualified by education and training in juvenile corrections.

Any formal disciplinary action within a six month period will prohibit an employee from being eligible for promotion or transfer.

A personnel file shall be maintained for each employee and shall include all applicable materials in accordance with Dallas County Juvenile Department Policy and all applicable laws, rules, and professional standards.

The Medlock Treatment Center's Administration shall make a reasonable effort to ensure that the ethnic makeup of the facility's personnel is generally reflective of the ethnic makeup of the residents of the facility, consistent with the requirements of state and federal law.

The Facility Administrator, Assistant Facility Administrator, detention managers, supervisors, and supervision officers all require eligibility for employment as a juvenile supervision officer. In addition, there are positions required by the Department to also qualify for employment as a juvenile probation officer.

To be eligible for employment as a juvenile probation officer, supervisor, or chief administrative officer, an applicant shall:

- (1) Be at least 21 years of age;
- (2) Be of good moral character and have no disqualifying criminal history as described by TAC 344.400;
- (3) Have acquired a bachelor's degree conferred by a college or university accredited by an accrediting organization recognized by the Texas Higher Education Coordinating Board;
- (4) Possess the work experience or graduate study required by TAC 344.210; and
- (5) Never had any type of certification revoked by lawful authority of TJJD and not be currently under an order of suspension as described by TAC 344.840(d).

To be eligible for employment as a juvenile supervision officer, and applicant shall:

- (1) Be at least 21 years of age;
- (2) Be of good moral character and have no disqualifying criminal history as described by TAC 344.400;
- (3) Have acquired a high school diploma or equivalent; and
- (4) Never had any type of certification revoked by lawful authority of TJJD and not be currently under an order of suspension as described by TAC 344.840(d).

In lieu of the graduate study requirement in TAC 344.500(a)(2), an applicant for the position of juvenile probation officer shall have one year of experience in full time casework, counseling, community, or group work:

- (1) In a social service, community, corrections, or juvenile agency that deals with offenders or disadvantaged persons;  
and
- (2) That TJJD has determined it provides the kind of experience necessary to meet this requirement.

Internships may be counted toward meeting one year's experience based on actual hours completed when duties performed were related the field of juvenile justice.

A criminal history search through the Texas Department of Public Safety (DPS) Fingerprint Applicant Services of Texas (FAST) shall be conducted on all prospective employees, volunteers, interns, and service providers in accordance with TAC 344.300 prior to employment and/or access to juveniles in the START and RDT Programs.

The Department prohibits direct unsupervised access to juveniles in the START and RDT Programs by any person with a disqualifying criminal history as described in TAC 344.400:

- (1) A felony conviction against the laws of this state, another state, or the United States within the past 10 years;
- (2) A deferred adjudication for a felony against the laws of this state, another state, or the United States within the past 10 years;
- (3) A current felony deferred adjudication, probation, or parole;
- (4) A jailable misdemeanor against the laws of this state, another state, or the United States within the past 5 years;
- (5) A deferred adjudication for a jailable misdemeanor against the laws of this state, another state, or the United States within the past 5 years;
- (6) A current jailable misdemeanor deferred adjudication, probation, or parole; or
- (7) The requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure.

An applicant for employment as a juvenile probation officer must meet the following requirements:

- (1) Have acquired a bachelor's degree conferred by a college or university accredited by an accrediting agency recognized by the Texas Higher Education Coordinating Board; and
- (2) Have one year of graduate study in criminology, corrections, counseling, law, social work, psychology, sociology, or other field of instruction approved by TJJD or qualifying work experience as specified in TAC 344.210

An applicant for employment as a juvenile supervision officer must meet one of the following educational requirements:

- (1) Possess a high school diploma;
- (2) A general equivalency diploma from a high school or issuing authority within the United States of America;
- (3) A United States military record that indicates the education level received is equivalent to a United States high school diploma or general equivalency diploma;
- (4) A foreign high school or home school diploma that meets the validation requirements established by TJJD; or
- (5) Be granted unconditional acceptance into an accredited college or university accredited by an accrediting organization recognized by the Texas Higher Education Coordinating Board.

Every applicant for employment as a juvenile probation officer and juvenile supervision officer shall provide the Department with official documentation that verifies that the applicant meets the education requirements for certification.

Certain positions in the Medlock Treatment Center require certification by TJJD in order to perform the job functions of the position. Among these positions are the Facility Administrator, Assistant Facility Administrator, detention manager, supervisors, probation officers, and supervision officers.

To be eligible for certification as a juvenile probation officer and as a juvenile supervision officer, an individual must:

- (1) Be 21 years of age or older;
- (2) Have achieved a level of education required for the certification, or been granted an exemption from this requirement;
- (3) Be of good moral character and have no disqualifying criminal history as described in TAC 344.400;
- (4) Not be currently under an order of suspension issued under lawful authority of TJJD;

- (5) Never had any type of certification revoked by lawful authority of TJJD;
- (6) Have satisfactorily completed all pre-service training required by TJJD;
- (7) Have passed the competency exam as required by TJJD; and
- (8) Be employed by a governmental unit or a public or private vendor under contract with a governmental unit.

The Department shall submit, within 24 months of the initial certification date, and every 24 months thereafter based on the officer's birth month, documentation that:

- (1) The officer has completed the continuing education requirements in TAC 344.640; and
- (2) The criminal history search requirements in TAC 344.300 have been met.

An officer shall be required to maintain an active certification in order to perform the duties of a juvenile probation officer and juvenile supervision officer. The individual and the Department shall ensure that all requirements under Chapter 344 are met in order to maintain the certification in active status. An active certification status requires that the officer shall have:

- (1) No disqualifying criminal history as described in TAC 344.300;
- (2) No current suspension or revocation of certification under lawful authority of TJJD; and
- (3) Met the continuing education requirements set forth in TAC 344.640.

An individual whose certification is inactive is not eligible to perform the duties of a certified officer or to receive salary adjustment funds from TJJD. The Department shall submit documentation through TJJD's automated certification system that an officer has completed all reporting requirements in accordance with TAC 344.830 in order to reactivate the officer's certification.

All certification applications shall be submitted through TJJD's automated certification system.

The Director of Juvenile Services or designee shall submit the certification application for a juvenile probation officer and juvenile supervision officer. The certification application shall be submitted to TJJD no more than 180 calendar days from the date of initial employment.

An individual whose application for certification has not been submitted within this time frame shall not perform the duties of a certified officer and shall not be counted toward the facility's staff to juvenile ratios.

An extension of up to 90 days may be allowed for part-time staff who have not completed the required training.

Criminal history searches shall have been completed within 180 days prior to submission of the initial certification or certification renewal application. Dates of return shall be included in the application.

The Department will be notified of certification decisions through TJJD's automated certification information system. Any officer whose application is denied shall not perform the duties of a certified officer.

The Department shall utilize TJJD's training and tracking system or an equivalent automated system to document training and continuing education received by certified officers. Training information shall be included in the certification application and submitted through TJJD's automated certification system.

The TJJD may grant an extension in the event of an unexpected absence from employment to allow a certified officer additional time to obtain training necessary to maintain active certification status. Approved extension will be granted in increments of up to 90 days from the date the certification renewal information was due. Additional time may be requested in special circumstances such as leave under the Family Medical Leave Act (FMLA) or worker's compensation leave.

An officer whose absence is due to leave for military duty will be granted an extension for an amount of time equal to the period of military leave up to a maximum of 24 months.



An officer who does not satisfy all requirements necessary to maintain active status within the extension period shall not perform the duties of a certified officer or receive salary adjustment funds from TJJD.

The Director of Juvenile Services or designee shall notify TJJD of the resignation or termination of individuals employed in positions requiring certification within 10 working days of the date of their separation from employment. Upon receipt of notice, TJJD shall place the certified officer's certification on inactive status.

#### Duty to Report Arrest

All employees are representatives of the Dallas County Juvenile Department and are expected to adhere to the highest standards of personal conduct while on and off duty. Any actions on the part of any employee that jeopardizes the image or integrity of the Juvenile Department or that calls into question the employee's ability to perform effectively in his/her position or that casts doubt upon the integrity of the employee is prohibited.

Any employee that is arrested or detained by any police agency shall report the matter to his/her assigned Deputy Director (Deputy Director of Institutional Services, Deputy Director of Psychology and Mental Health, Deputy Director of Probation Services, Deputy Director of Education, Deputy Director of Executive and Administrative Services) or the Human Resources Coordinator within 24 hours upon release of the arrest. It is permissible to leave a telephone message with the identified personnel after business hours. Additionally, the employees shall include the location, time and reason for the arrest along with the release date and time, if applicable.

Depending upon the circumstances surrounding the arrest, administrative or other personnel action may be required.

Chapter 344 of the Texas Administrative Code provides for the revocation of juvenile probation officer and/or juvenile supervision officer certification and termination of employment for any individual with a disqualifying criminal history. Disqualifying criminal history includes: a felony conviction against the laws of this state, another state, or the United States within the past 10 years; within the past 10 years, a deferred adjudication for a felony against the laws of this state, another state, or the United States within the past 10 years; a current felony deferred adjudication, probation, or parole; a jailable misdemeanor conviction against the laws of this state, another state, or United States within the past five years; a deferred adjudication for a jailable misdemeanor against the laws of this state, another state, or United States within the past five years; a current jailable misdemeanor deferred adjudication, probation, or parole; or the requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure.

All Department employees are notified that they shall:

- (1) Avoid misconduct that jeopardizes the image and integrity of the Juvenile Department or calls into question the ability to perform effectively in the employee's position or conduct that casts doubt upon the integrity of Department employees; and
- (2) Report any arrest that you the employee is personally involved in, to one of the aforementioned points of contact within twenty-four (24) hours following the arrest.

Failure to report any arrest or detainment by any police agency within twenty-four (24) hours upon release may lead to additional sanctions, up to and including termination. Reporting must be made to only the identified individuals listed above.

#### Payroll Records

All Dallas County Juvenile Department employees' payroll records are recorded electronically using a swipe card provided by the County. Medlock employees are responsible for personally swiping in when they report for duty and swiping out when they leave for the day according to Dallas County guidelines. Employees may not swipe for other employees.

Employees shall not swipe in more than 5 minutes prior to the start of their shift or swipe out more than 5 minutes after the end of their shift without prior supervisory approval.

Employees must swipe in and out at the swipe clock located in their area. Those who fail to do so may be subject to disciplinary action.

Employees must report lost, damaged, or misplaced swipe cards to supervision personnel as soon as it is discovered. The employee is responsible to replace lost or damaged swipe cards at their expense at a cost established by the County.

Failure to swipe in or missing any punches may result in verbal counseling and may result in the following progressive disciplinary action:

- 3 missed swipes – counseling form;
- 4 missed swipes – Statement of Corrective Action;
- 5 missed swipes – one-day suspension;
- 6 missed swipes – three-day suspension;
- 7 missed swipes – five-day suspension; and
- 8 missed swipes – review for termination

The Facility Administrator, Assistant Facility Administrator, detention manager and/or designees are responsible for ensuring that all employees' time is correctly entered in the County payroll system prior to the close of the pay period.

#### Punctuality

All staff must be at their assigned work station and fully prepared to work no later than the time of their scheduled reporting time.

An employee is considered late if they arrive one minute after their scheduled shift begins. Employees must be subject to the following disciplinary actions for tardiness: In an evaluation year, July 1 to June 30:

- 1 to 3 Tardies-No action other than signed notification via a late slip
- 4 Tardies - No action other than written signed notification via a Record of Counseling
- 5 Tardies - Official letter of Reprimand (Statement of Corrective Action)
- 6 Tardies - One day off without pay
- 7 Tardies - Three days off without pay
- 8 Tardies – Five days off without pay
- 9 Tardies- Termination or, in special circumstances, “extended” time off without pay

#### Job Attendance

Each authorized position created and funded in Dallas County is based on demonstrated need to provide quality services to the citizens of Dallas County. Employees are required to report to work as scheduled and on time.

Supervisors are encouraged to monitor employee attendance records and to counsel with them immediately to correct attendance problems.

#### Sick Leave

Absences from work of more than one day, where the absence is illness or sick leave is requested, require a written doctor's excuse. Absences from work of only one day or partial day, the Supervisor may request documentation to support the absence at his/her discretion.

Absences from work on the second day, whether the absence is illness related or Sick Leave is requested, require a written doctor's excuse. The employee is required to personally see the doctor (no over-the-phone excusals from work are acceptable) within the first two days of the absence. Additionally, the written doctor's excuse is required to be presented to supervision immediately upon the employee's return to work.

Failure to obtain or present the written doctor's excuse from work will invalidate the use of Sick Leave and will result in the time being charged against Vacation, Compensatory Time or Leave Without Pay, depending upon the specific facts in the matter and after review of the matter by the Deputy Director of Institutional Services.

If an employee does not provide the requested written doctor's excuse the employee will be subject to disciplinary

action, up to and including termination of employment.

A morning, midday or afternoon doctor, dental or other appointment does not excuse an employee from work for the entire day and a day of Sick Leave will not ordinarily be granted in such cases.

The Facility Administrator, Assistant Facility Administrator, detention manager, and supervisors are expected to have specific and direct conversations with all employees that request time away from work and to aggressively manage the scheduling of such time.

#### Call-in

Employees are required to personally speak with the supervisor at least two hours before the start of the employee's shift anytime that the employee is not able to report to work as scheduled. Exception: Documented emergency situations

Sending emails or text messages to or leaving voicemails for the supervisor does not meet the requirement of personal communication.

Supervisors are required to personally speak with an employee that is not reporting to work as scheduled, and to obtain the applicable reasons for the employee's absence.

On the first and every subsequent day of an employee's illness related absence from work, the supervisor is required to remind the employee about obtaining a written doctor's excuse for any illness related absence of one day or more as requested.

Employees that fail to speak with the supervisor when not reporting to work, and supervisors that neglect to remind employees about obtaining a written doctor's excuse may be subject to disciplinary action.

Employees are relieved of the responsibility for daily call-ins once Human Resources has received the employee's written request for FMLA.

#### Job Abandonment

If an employee fails to call-in and does not report to work, that action will be considered as job abandonment, and the employee will be considered for termination of employment. Employees should expect zero tolerance in any job abandonment (no call, no show) situation.

#### Excessive Absences

When an employee is absent, it causes hardship and disruption to the workplace. Unscheduled, non-FMLA absences from work are considered excessive when an employee is absent from work for more than six days or a total of 48 hours during a twelve month period, and one or more of the following (The six days do not include planned time off including the scheduled use of compensatory time, accrued vacation leave, death in the family, work-related injuries, jury or military duty or disability resulting in hospital confinement, emergency care, or recuperation for an out-patient procedure.):

1. The absences are frequently unplanned and/or indicate a pattern.
2. Other employees must frequently perform the tasks of the absent employee.
3. Office productivity and the quality of services offered are negatively impacted.
4. The employee's absentee rate is so high that the employee's services are of little or no value to the Department.

### Absences and Family and Medical Leave

Absences due to injuries or illnesses resulting in Family and Medical Leave being utilized will not be counted as excessive until the employee has exhausted all Family and Medical Leave and either continues to lose time or is unable to return to work.

The Dallas County Juvenile Department and the Institutional Services Division will continue to manage FMLA in accordance with Dallas County Code 82-601 through 82-608. Please refer to <http://www.dallascounty.org/department/HR/home.html> for the policy information and related forms.

When an employee has an unscheduled absence before or after vacations/holidays, he/she may be required by management to produce a statement indicating that he/she was excused from work by a physician during their absence.

In dealing with attendance problems, especially those involving a physical or mental incapacity to report for work, management must consider all of the facts and circumstances of each particular case, including the employee's:

1. Tenure with the County,
2. Overall attendance record prior to these absences,
3. Performance /productivity records,
4. Reason(s) for missing work, and
5. Prospect for future improvement and maintenance of an acceptable attendance record. In the interest of fairness, management may choose to make exceptions to the guidelines outlined above, depending on these factors.

### Consequences

After any absence is incurred by the employee who meets the guidelines outlined, the supervisors may discuss the absence with the employee. Supervisors are encouraged to utilize the following guidelines if it appears attendance may be a problem:

1. One (1) to three (3) Unscheduled Absences-No action other than signed notification via an Unscheduled Absence Form
2. Four (4) Unscheduled Absences - No action other than written signed notification via a Record of Counseling
3. Five (5) Unscheduled Absences - Official letter of Reprimand (Statement of Corrective Action)
4. Six (6) Unscheduled Absences- One day off without pay
5. Seven (7) Unscheduled Absences- Three days off without pay
6. Eight (8) Unscheduled Absences- Five days off without pay
7. Nine (9).Unscheduled Absences - Termination or, in special circumstances, "extended" time off without pay.
8. Merit pay increases are based upon employee performance, and will have employee time and attendance as a heavily weighted component.
9. Promotions may be denied.

Absences from work of more than one day, where the absence is illness related or Sick Leave is requested, require a written doctor's excuse. Absences from work of only one day or a partial day, the Supervisor may request documentation to support the absence at his/her discretion.

### Exceptions:

Management may choose to make exceptions to these guidelines after considering the Factors to Consider outlined above. Management, however, must ensure that cases involving similar circumstances are treated similarly.

Management may also contact the Personnel/Civil Service Department and the County's Employee Assistance Program for additional strategies for resolving attendance issues.

### Leave Requests

1. Leave requests must be submitted to your immediate supervisor no later than the 15<sup>th</sup> of each month.
2. All leave requests will be reviewed for approval within 10 business days.
3. A copy of the leave request will be returned to the employee.
4. Any exception must be approved by the Assistant Facility Administrator or Facility Administrator.

Leave Without Pay (LWOP)

Discretionary LWOP ("I am out of Vacation time but want to take a day off to attend a family function") is no longer permissible. In situations where the employee takes the time off anyway, that absence will be considered as job abandonment and the employee will be considered for termination of employment.

Employee Schedules

Employees are not guaranteed a certain shift assignment or a certain work station assignment. Employees may have their work shifts or work stations changed by supervision personnel with or without prior notice in order to properly meet the needs of the facility.

Operational shift pattern:

1. Juvenile Supervision Officers will be assigned to shifts as follows:
  - 6am - 2pm
  - 2pm - 10pm
  - 10pm - 6am
  - Swing shift
2. Other support staff will work at/around 8am to 5pm and on call as needed.
3. Food service staff will be scheduled to work to cover all meals.
4. Facility Administrator will provide an on call schedule for supervisory staff to insure administrative coverage during absences.

Shift Assignment

1. Staff may not transfer shifts while on probation.
2. Staff does not have the right to change shifts without management approval. However, management will try to accommodate when appropriate. To be eligible for a shift transfer, staff members submit their request in writing and turn it in to the Supervisors and the Facility Administrator or Designee. Written notice of approval or non-approval is given to the employee within a reasonable period of time, not to exceed 14 days when possible.
3. Tenure, operational needs, disciplinary actions, attendance, punctuality, and other relevant factors are considered before granting a shift transfer request. Problems in any of those areas may result in a transfer being denied.
4. Once approved, and unless otherwise specified by management, all shift transfers must take place as deemed appropriate to meet facility/operational needs.
5. Management may reassign a staff member to another shift for any of the following reasons. Whenever possible, notice of reassignment will be given at least five business days before the reassignment.
  - a. tenure
  - b. to meet operational needs
  - c. disciplinary actions
  - d. attendance
  - e. punctuality
  - f. any other relevant factors

Early Reporting

1. The four employees whose names are at the top of the "stay over" list on the next shift scheduled for duty are given the opportunity to come in early for coverage on the current shift. If an employee who is not in the top four of list would like to come in early they can call after the top four employees have had the first opportunity to come in early.
2. The top four employees must call supervision within 30 minutes of the start of the shift during which they are requesting to come in early. (Example: If they work in 6-2 shift, their name is on the top four, and they would like to come in early on 10-6 shift, they must call before 10:30 p.m.)
3. After the 30 minute time limit any staff member can call supervision and request to come in early, on a first come, first served basis.
4. An employee must normally work on the shift which is scheduled to work next if they request to come in early. (Example: if they would like to request to come in early to get their name removed from the top of the "stay over" list and they work on 2p-10p shift they can only come in early on 6a-2p shift.) If they have been approved time off

they cannot come in that day and work another shift in order to have their name removed from the top of the “stay over” list, nor can they work on their shift that day and have their name go the bottom of the list.

5. An employee must speak with the supervisor who is on duty during the time they are requesting to work. (Example: If they request to come in early on the 6a-2p shift at 10:00a.m. they must speak with a 6a-2p supervisor.) A supervisor from another shift cannot give permission to come in early on a shift that they do not work unless that supervisor will work both shifts. All requests must be approved by supervision.

#### “Stay-over” List

1. Juvenile supervision officers and Support Staff may be required to work beyond their normal shift to ensure the mandated youth to staff ratio . This may include any amount of time needed up to an additional eight hours.
2. Applicable staff on each shift must be placed on the appropriate “stay-over” list. Newly hired staff members, as well as staff transferring from another shift, are placed at the bottom of the “stay-over” list. Juvenile Supervision Officers and Support Staff are not authorized to make changes to the list.
3. Failure or refusal to stay-over as required may be viewed as Job Abandonment.

#### Inclement Weather

Essential and Non-essential staff for Medlock Center:

1. Essential
  - a. JSO I, II, III, P/T
  - b. JSO Supervisors
  - c. Casework Supervisor
  - d. Juvenile Probation Officers
  - e. Detention Manager
  - f. Assistant Facility Administrator
  - g. Facility Administrator
  - h. Food service staff
2. Non-Essential
  - a. Senior Secretary
  - b. Clerk/Receptionist
  - c. Assistant Business Manager
  - d. Psychology staff
  - e. Teachers & Educational Staff
  - f. Volunteers/Interns

Essential employee procedures:

Employees in essential, emergency, residential and/or detention (EERD) operations are required to work as scheduled to meet the needs of the operation and/or emergency condition. These departments include, but are not limited to: building security, facilities management, road and bridge operations, fire marshal, juvenile residential operations, sheriff detention and patrol services. Individual expectations or duties during emergency conditions are communicated to employees during their departmental orientation

Essential employees' compensation during emergency conditions or during periods that general government operations are closed is the same as during non-emergency conditions. Essential employees, who do not report to work as scheduled during emergency conditions, will have their compensation determined by the elected official/department head.

The Director of Juvenile Services may allow payment during this period not worked as approved time off with pay, compensatory time, vacation, or may dock the employees' pay.

Normal “call in” procedures for tardiness or absence apply during inclement weather conditions, except as noted below. Employees who fail to call in a tardy or absence, and who fail to produce documentation justifying the failure to call in, receives LWOP and disciplinary action up to and including termination. Acceptable documentation includes, but is not limited to: doctor's note, tow truck receipt, accident report.

Employees arriving to work over two hours (121 minutes or more) late who followed "call in" procedures may receive an excuse from the Facility Administrator or designee on an individual basis, depending on relevant factors such as distance traveled, severity of weather and road conditions, or specific traffic/vehicle problems encountered during travel to the worksite.

The Facility Administrator or designee may require documentation related to the cause for delay or absence. Acceptable documentation includes, but is not limited to: doctor's note, tow truck receipt, or accident report.

Employees who report to work more than two hours late or fail to report altogether and produce no reasonable justification or documentation for the delay or absence, receive LWOP for the time missed.

Non-essential employee procedures:

With the approval of the Commissioner's Court, regular employees of general government operations may be allowed approved time off with pay for those scheduled hours they would have worked had the County been in operation.

If an employee is not aware that the County is closed and reports for work, he/she is not authorized additional pay or compensatory time for hours worked during this period. Approved time off with pay is not considered time worked, and such time off must not be used to determine eligibility for overtime.

All employees remain "on-call" and may be directed to report to work at any time at the discretion of the Facility Administrator or designee.

All employees must call the supervisor or manager on duty no later than two hours before the start of their shift to ascertain the need for their presence, and follow the manager's/supervisor's instructions for availability for the remainder of the shift.

Any employee directed by management to report to work is considered an essential employee for the shift in question

All employees:

The decision to close or delay openings is announced between 6:00 a.m. and 7:00 a.m. on the following media stations. If weather conditions allow an earlier decision, media contacts are made earlier.

#### 1. Radio stations

- (a) KRLD 1080 AM
- (b) KLIF 1190 AM
- (c) KVIL 1150 AM and 103.7 FM
- (d) KCMZ 1480 AM and 107.5 FM
- (e) WBAP 820 AM
- (f) KKDA 730 AM and 104.5 FM
- (g) KESS 1270 AM

#### 2. Television stations:

- (h) KDFW Channel 4
- (i) KXAS Channel 5
- (j) WFAA Channel 8

Immediately after the decision has been made by Commissioners Court, the information is released to department heads and the news media. Employees should not place phone calls to the fire marshal's office and the sheriff's office as such calls tie up emergency phone lines.

Employees must keep on file at all times, one or more phone numbers where management may reach them. Employees seeking temporary housing away from their regular residence during inclement weather conditions must provide to a supervisor on duty the phone number(s) where they may be reached.

Employees scheduled to attend training only, in-house or elsewhere, and not scheduled to perform their usual duties on an inclement weather day, need to call a supervisor on duty to inquire whether to report to work instead. Essential employees scheduled to work before and/or after scheduled training must report to work as scheduled.

### Dress Code

The Medlock Treatment Center's employee dress code is consistent with Dallas County Juvenile Department Personnel/Employment rules, Section 8.00. Each employee's personal appearance and conduct represents the Dallas County Juvenile Department to the public and to other County employees. It is thus important that each employee try to make the best possible impression at all times by setting high standards in appearance and conduct. A dress code may be imposed on a unit or divisional basis.

Institutional Services employees are expected to maintain professional dress and practice good hygiene. The Institutional Services Division encourages staff to maintain high standards of dress.

All on duty employees shall not dress in a fashion that:

1. Is provocative, suggestive, or inappropriate;
2. Causes disruption of, interference with, disturbance to, or distraction from any institutional activities;
3. Creates a health or safety hazard to self, residents or others; or
4. Contradicts or violates Juvenile Department or Dallas County standards.

The following dress could reasonably lead Institutional Services management to believe that such clothing, dress, grooming, or appearance will cause disruption, interference with, disturbance to or distraction from regular programming:

1. Tight pants or skirts;
2. Short skirts;
3. Blouses, shirts, pants, skirts, or anything that exposes undergarments, chest area, abdominal area, or back area. Splits in skirts must be low enough to conceal the thigh area at all times;
4. Sleeveless dresses, blouses, shirts, or anything that exposes lingerie, bra, slips, and undershirts. No tank tops allowed;
5. See through shirts, blouses, dresses, or pants;
6. Sagging pants below the waistline;
7. Clothing that is torn or has holes;
8. Spandex materials;
9. Fleece shirts or pants; and

Employees shall wear clothes and shoes that are neat, clean, and in good repair.

Employees shall wear their hair in a fashion that is clean, neat, and does not bring undue attention to the individual.

Office, management and staff who appear in court will follow guidelines set by the Juvenile Department for those positions. These individuals may observe a relaxed dress code when reporting to the unit outside of their regular work hours to work on a special project that does not require contact with the general staff body or the public.

Employees whose duties require the use of a uniform shall observe any other applicable guidelines, such as jewelry, shoes, grooming, neatness, etc.

Direct care staff will follow these standards:

1. Long pants --- no shorts, skirts, dresses. Khaki or Black (non-cargo style) pants. Jeans may be worn on Fridays..
2. Coach style shorts may be worn by staff that engages in athletic/recreational/outdoor activities the majority of their shift.
3. Shoes --- closed-toe/closed-heel. Black, White, or Navy in color.
4. Collar --- all shirts and blouses must have a collar and be solid Black, Navy, or Hunter Green.



## 5. Logos

- a. Inappropriate logos/writing include but are not limited to: beer, liquor, tobacco, profanity, rudeness, discriminatory, commercial, political, Greek associations
- b. Appropriate logos/writing includes, but is not limited to: Dallas County Juvenile Department and/or unit logo, professional associations (TJDA, TPA, ACA, NJDA, etc.), educational institutions, city/state/region.

6. Jewelry must be of reasonable size and location, and not present a safety/security hazard

7. The following are not allowed:

- a. Caps/hats --- may be worn outdoors only
- b. Loose/dangling jewelry
- c. Sandals, thongs, high-heeled shoes, sling back shoes, slides, open toe
- d. Clothes with tears/holes
- e. Patches, unless they contain an appropriate logo

The Juvenile Department adopts an informal summer dress code, in recognition of the hot summer weather, with the intention of improving the comfort and morale of employees while continuing to show respect for the public and presenting a professional image. Whenever the Juvenile Department adopts an informal summer schedule, non-direct care staff will follow the summer dress code guidelines.

Violations of this policy will constitute grounds for discipline and possible termination. The Facility Administrator and designee(s) will determine what constitutes a violation to this policy.

Facility management may send an employee home to change into appropriate attire, at the employee's expense, if the attire in question is deemed inappropriate for an institutional services setting.

Disciplinary action for failure to observe the dress code follows this progression:

- 1st violation: verbal warning;
- 2nd violation: counseling form;
- 3rd violation: Statement of Corrective Action;
- 4th violation: one-day suspension;
- 5th violation: Three-day suspension;
- 6th violation: five-day suspension; and
- 7th violation: review for termination

Facility management may deviate from this progression of discipline depending on severity and frequency of the violation.

### Cell Phone Policy

Cell phones are strictly prohibited in all Department operated facilities with the exception of approved supervision personnel and other identified pertinent staff during power outages or for extenuating circumstances with prior approval from the Facility Administrator or Assistant Facility Administrator.

Disciplinary action for failure to follow the cell phone policy is as follows:

- 1<sup>st</sup> violation – 5 day suspension; and
- 2<sup>nd</sup> violation – termination of employment

### Staff Participation in Sports Activities with Residents

When directly supervising residents, Medlock Center staff must not participate in any sports activities with residents (i.e. basketball, volleyball, soccer, football, etc.)

1. When a sports tournament involving staff is scheduled on special occasions, the following applies:
  - a. Permission from the Deputy Director of Institution Services must be obtained before any tournament involving staff is held;
  - b. If permission is granted for tournament, all staff participating in tournament must sign a waiver relieving Dallas County of any liability for injuries incurred during tournament.

- c. If permission is not received to have a tournament, any injuries incurred during tournament will not be covered under Worker's Compensation and actions of staff may result in termination.
2. Any staffs who are off duty must not participate in sports activities unless he/she is scheduled to participate in the approved activity.

## II. Definitions:

Certified Officer: is defined as a juvenile probation officer or juvenile supervision officer who has met the minimum certification requirements and is currently certified by TJJD.

Continuing Education: is defined as courses, programs, or organized learning experiences required to maintain certification and to enhance personal or professional growth.

Inactive Certification Status: is defined as the status in which the certification application has been found to have a defect or flaw, the officer fails to meet reporting requirements, or is no longer employed by a juvenile probation department

Juvenile Probation Officer: is defined as an individual whose primary responsibility and essential job function is to provide juvenile probation services and supervision duties authorized under statutory and agency administrative law that can only be performed by an active certified juvenile probation officer in good standing with TJJD.

Provisional Certification Status: is defined as the status in which an individual whose educational credentials require evaluation or verification is issued a provisional certification by TJJD for a period not to exceed 180 days. During the provisional certification period, the officer may perform the duties of a certified officer. In the event that the education validation is denied or is not validated within the 180 calendar day period, the individual is no longer eligible to perform the duties of a juvenile probation officer or juvenile supervision officer.

Revoked Certification Status: is defined as the status in which an officer has had a certification revoked by lawful authority of TJJD, is no longer eligible for employment or certification as a juvenile probation officer or juvenile supervision officer.

Suspended Certification Status: is defined as the status in which an officer is currently under an order of suspension, is not eligible for certification by TJJD, and shall not perform the duties of a certified officer. A suspension order shall be in effect until the date determined in the disciplinary hearing held by TJJD. In the event of suspension for failure to pay child support under 232.003 of the Texas Family Code, the suspension shall remain in effect until TJJD receives an order staying or vacating the suspension.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures 2015 Revision	
Chapter 1: General Administration and Management	
Section 7: Code of Ethics	Related Standards: 345, 349

## I. Policy:

The People of Texas, the Texas Juvenile Justice Department (TJJD), the Dallas County Juvenile Department and the Dallas County Juvenile Board expect professionals working within the Juvenile Department to exhibit honesty and respect for the dignity and individuality of human beings and display a commitment to professional and compassionate service. Toward this end, the Dallas County Juvenile Department and the Dallas County Juvenile Board have adopted and subscribe to the same Code of Ethics established by TJJD as outlined in the Chapter 345 for juvenile justice professionals.

To ensure the safety, protection, and welfare of the juveniles and families served by the juvenile justice system, juvenile justice professionals shall adhere to the Code of Ethics set forth in Chapter 345. Juvenile justice professionals shall report to the appropriate authorities and/or entities any unethical behavior or violations of the Code of Ethics.

As described by TAC 344.810 and 349.307, TJJD may take disciplinary action against the certification or deny certification of a juvenile justice professional who is found by TJJD to have violated the code of ethics

All Department employees, volunteers, interns, and contract employees shall adhere to the following the TJJD Code of Ethics. Failure to do so may result in disciplinary action up to and including termination. All employees, volunteers, interns, and contract employees shall receive training on the TJJD Code of Ethics.

The Code of Ethics is as follows:

- (1) All employees, volunteers, interns, and contractors shall:
  - a. abide by all federal laws, guidelines and rules, state laws, and TJJD administrative rules;
  - b. respect the authority and follow the directives of the juvenile court and governing juvenile board;
  - c. respect and protect the legal rights of all children and their parents and/or guardians;
  - d. serve each child with concern for the child's welfare and with no expectation of personal gain;
  - e. respect the significance of all elements of the justice and human services systems and cultivate a professional cooperation with each segment;
  - f. respect and consider the right of the public to be safeguarded from juvenile delinquency;
  - g. be diligent in their responsibility to record and make available for review any and all information that could contribute to sound decisions affecting a child or the public safety;
  - h. report without reservation any corrupt or unethical behavior that could affect a juvenile or the integrity of the juvenile justice system;
  - i. maintain the integrity and confidentiality of juvenile information and not seek more information than needed to perform their duties, nor reveal information to any person who does not have authorized access to the information for a proper professional use; and
  - j. treat all juveniles and their families with courtesy, consideration, and dignity.
- (2) All employees, volunteers, interns, and contractors shall not:
  - a. use their official position to secure privileges or advantages;
  - b. permit personal interest to impair the objectivity that must be maintained to impartially execute their official duties;
  - c. accept gifts, presents, favors, or other advantages that could give the appearance of impropriety or impair the impartial and objective exercise of professional responsibilities;
  - d. maintain or give the appearance of maintaining an inappropriate relationship with a juvenile, including, but not limited to, bribery or solicitation or acceptance of gifts, favors, or services from juveniles or their families;
  - e. discriminate against any employee, juvenile, parent or guardian on the basis of race, ethnicity, gender, disability, national origin, religion, sexual orientation, political belief or socioeconomic status;

- f. misuse government property or resources or use personal property or funds belonging to a juvenile;
- g. be designated as a perpetrator in a TJJD abuse, neglect, or exploitation investigation conducted under the authority of the Texas Family Code, Section 261 and TAC Chapter 350;
- h. interfere with or hinder any abuse, neglect, or exploitation investigation, including a criminal investigation conducted by law enforcement or an investigation conducted under TAC Chapter 350 and Chapter 358 or Texas Family Code Chapter 261;
- i. deliver into or remove from the grounds of a juvenile facility, program or department any item of contraband or possess or control any item of contraband beyond the time period required to immediately report and deliver such item to the proper authority within the facility, program or department;
- j. use violence or unnecessary force and must use only the amount and type of force reasonably necessary and appropriate when justified to ensure the security of juveniles or of the facility, program, or department; or
- k. falsify or make material omissions entries to governmental records.

Each employee shall be provided a copy of the Code of Ethics at the time of hiring and the Code of Ethics shall be discussed during the Juvenile Probation Officer and Juvenile Supervision Officer Academy. Each staff member is expected to sign a copy of the Code of Ethics, which will be maintained in the staff member's personnel file.

Volunteers and interns shall receive a copy of the Code of Ethics during Volunteer/Intern General Orientation training. A signed copy of the Code of Ethics will be maintained in the volunteer's or intern's files.

## **II. Definitions:**

Juvenile Justice Professionals: is defined as a person who is certified as a juvenile probation officer, youth activities supervisor, or juvenile supervision officer and employed by a juvenile probation department, juvenile justice program, or a juvenile justice facility as a juvenile probation officer, youth activities supervisor, or juvenile supervision officer.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 8: Training and Staff Development	Related Standards: 343, 344

## I. Policy:

The Medlock Treatment Center provides training based upon TJJD's approved curriculum for certified juvenile probation officers and juvenile supervision officers. The Medlock Treatment Center provides training based upon the TJJD's approved curriculum for certified juvenile probation officers and juvenile supervision officers, Medlock Treatment Center policy and procedures, and operational strategies that promote safety and security of residents, staff, and visitors.

The Detention Manager along with the facility's designated training coordinator shall be primarily responsible for planning, developing and coordinating all training programs to conform to applicable requirements with input from the Facility Administrator and approval by the TJJD. The Program Manager plans meetings with a team of selected staff at least annually to review the training curriculum for staff development. The Detention Manager may refer to other outside resources such as colleges, universities, or federal agencies for guidance and assistance in developing and conducting the training program.

Other Detention Manager duties include, but are not limited to:

- (1) Schedule training on a cycle developed annually;
- (2) Determine training needs for juvenile supervision and juvenile probation officers assigned to the Medlock Treatment Center;
- (3) Keep training records for each staff member to include:
  - a. staff members' name
  - b. job assignment category
  - c. hire date
  - d. annual training hours required
  - e. an up-to-date chronological list of training completed by the staff member including date and expiration of all skilled trainings (First Aid, CPR, Handle with Care).
- (4) Review each staff member's training record monthly; and
- (5) Certify the completion of the following training curriculum: CPR, First Aid, Emergency Procedures, and Handle with Care.

The Detention Manager shall ensure that all training provided complies with the TJJD standards and other applicable guidelines. The Detention Manager works along with the Juvenile Department's certification coordinator to ensure proper training is received, documented, and maintained.

An applicant for certification as a juvenile probation officer or juvenile supervision officer shall receive a minimum of 80 hours of training including training in mandatory topics discussed in TAC 344.620 prior to certification. Duties that may be performed by a juvenile supervision officers or juvenile probation officers prior to their certification are described in applicable chapters under Title 37 of the Texas Administrative Code (TAC).

Training must be relevant to the knowledge and skills required in the performance of the officer's job duties to be considered for certification or continuing education credit. Training in the mandatory topics shall be conducted by training providers who have received specialized training in the curriculum from TJJD or from the Juvenile Department. The standardized curriculum provided by TJJD shall be used in the provision of training on the mandatory topics.

The TJJD reserves the right to refuse to approve or grant credit for training hours that do not comply with Chapter 344 of the Texas Administrative Code (TAC).

Required Training for Certification

Successful completion of a competency exam based upon the following topics is required prior to performing the duties of a certified officer and for certification:

- (1) Juvenile Probation Officer:
  - a. role of the probation officer;
  - b. case planning and management;
  - c. recognizing and supervising youth with mental health issues;
  - d. officer safety and mechanical restraints;
  - e. Texas Family Code and related laws;
  - f. legal liabilities;
  - g. courtroom proceedings and presentation;
  - h. Code of Ethics, disciplinary and revocation hearing procedures;
  - i. identifying and reporting abuse, neglect, and exploitation;
  - j. Prison Rape Elimination Act; and
  - k. suicide prevention and intervention.
- (2) Juvenile Supervision Officer:
  - a. juvenile rights;
  - b. Texas Family Code and related laws;
  - c. identifying and reporting abuse, neglect, and exploitation;
  - d. Prison Rape Elimination Act;
  - e. suicide prevention and intervention;
  - f. legal liabilities;
  - g. recognizing and supervising youth with mental health issues;
  - h. adolescent and physical development and exercise related health risks;
  - i. HIV/AIDS and other communicable diseases; and
  - j. Code of Ethics, disciplinary and revocation procedures.
- (3) Additional requirements for Juvenile Supervision Officer certification:
  - a. prior to providing resident supervision, all juvenile supervision officers shall receive training and maintain current certification in:
    1. Cardiopulmonary Resuscitation (CPR);
    2. First Aid; and
    3. a Personal Restraint Technique approved by TJJD (The Department utilizes Handle With Care).
  - b. Juvenile supervision officers working in juvenile justice facilities shall receive training in the following additional topics for certification:
    1. behavior observation and recording;
    2. behavior management;
    3. risk management, safety and security;
    4. medical and health services;
    5. departmental security, emergency and evacuation procedures;
    6. facility's suicide prevention plan;
    7. department procedures for reporting abuse, neglect, and exploitation;
    8. recognizing and responding to medical and mental health needs of residents;
    9. supervising residents in seclusion;
    10. facility's fire drill procedures;
    11. grievance procedures;
    12. confidentiality of information;
    13. cultural diversity;
    14. use of restraints; and
    15. transportation

On the Job Training

The START and RDT Programs may implement a structured on-the-job-training program for use in meeting certification and continuing education requirements as described in TAC 344.620. The training program shall utilize

the format developed by TJJJ or an equivalent format developed by the Department to document the provision of on the job training. The Facility Administrator or designee shall select staff, based on experience, qualifications, and/or education to provide on the job training. A maximum of 40 hours of on the job training provided in accordance with TAC 344.630 may be used to meet the certification or continuing education requirement in a given reporting period.

#### Continuing Education Requirements for Maintaining Certification

A juvenile probation officer or juvenile supervision officer shall complete a minimum of 80 hours training every 24 months in topics related to the officer's job duties and responsibilities in order to maintain active certification.

For juvenile supervision officers, this training shall include the facility's suicide prevention plan and requirements necessary to maintain certification in CPR, First Aid and personal restraint technique approved by TJJJ (The Department utilizes Handle With Care).

For the Facility Administrator, this training shall include a minimum of 20 hours of management topics. A maximum of 20 hours of training credit that exceeds the minimum requirement in a specific reporting period may be applied to the next reporting period.

Documentation of the required continuing education shall be submitted to TJJJ through TJJJ's every 24 months thereafter based on the officer's birth month.

#### Non-Compliance with Training and Continuing Education Requirements

Failure to comply with TAC 344.640 shall result in the following:

- (1) The officer's certification shall be placed on inactive status;
- (2) The officer shall be restricted from performing the duties of a certified officer; and
- (3) The officer shall be ineligible for salary adjustment funding from TJJJ.

The officer's certification will be returned to active status upon receipt of receipt of documentation that the required continuing education has been completed.

#### Approval and Review of Training Topics

All certification and continuing education training shall be approved by TJJJ. Training that is applicable to the duties of a certified officer shall not be applied to the individual's certification or continuing education hours.

The Department may request a review of TJJJ's decision not to approve a topic for certification credit. In support of the request, the Department shall describe how the topic relates to the job duties and responsibilities of the officer. TJJJ may request additional documentation to evaluate the appropriateness of the topic.

#### Training Methods and Limitations

Credit shall not be allowed for training that is duplicative in nature unless the training is required to maintain certification, such as CPR or First Aid, or is required to maintain an understanding of the officer's job duties and responsibilities. Topics listed in TAC 344.620 are exempt from this limitation.

Credit for policy and procedure review shall be allowed when documentation reflects that the review was a part of a structured training event.

Training on employment related benefits and plans shall not be accepted for certification purposes unless the officer is a supervisor and the training relates to supervisory duties or the training provided is being provided as a part of a formal leadership development plan.

The limitations in TAC 344.670 apply to continuing education credits earned in a given 24 month period. A maximum of 40 hours may be earned for the successful completion of correspondence courses provided by recognized juvenile justice organizations or accredited colleges or universities. Correspondence courses may not be used to meet the requirement for training in the mandatory training topics.

Credit for a combined total of 40 hours of video conferencing and web-based training methods may be applied toward certification and continuing education requirements.

A maximum of 20 hours of video training that is part of a structured training program may be applied to certification or continuing education requirements.

A maximum of 10 hours of credit in a given continuing education period may be allowed for the development of training curriculum.

Training providers may claim actual training time up to a maximum of 10 hours for the provision of training. The credit is allowed only for the provision of training in topics listed in TAC 344.620.

Meetings shall not be considered for training activity unless supporting documentation indicates that all or part of the meeting was designed solely for the purpose of training.

Up to 40 hours of continuing education credit may be applied for successful completion of a three hour college course in a topic relevant to the officer's job duties and that is provided by a college or university accredited by an organization recognized by the Texas Higher Education Coordinating Board and approved by TJJD.

#### Documentation

Documentation of all training received shall be maintained in the Department nor START and RDT Programs' files for monitoring purposes. Documentation may include sign-in sheets, agendas, certificates of completion, correspondence from the instructor, registration receipts, and/or exam results. The Director of Juvenile Services or designee shall, upon request, submit training records to a juvenile probation department in which an officer has obtained subsequent employment.

#### Competency Examination Requirement (Date to Be Determined by TJJD)

A juvenile probation officer or juvenile supervision officer shall pass the competency exam prescribed by TJJD in order to be eligible for certification. A juvenile probation officer or juvenile supervision officer shall complete the mandatory training required in TAC 344.620(a) (1) or (2) prior to attempting the competency exam. TJJD shall establish a plan for the administration of the examination, including any required fees. TJJD shall determine the satisfactory level of performance. Scores shall be sent electronically or by other means established by TJJD to the examinee and the Director of Juvenile Services or designee upon completion of the exam. TJJD shall maintain a record of the competency results.

The requirements of TAC 344.700 apply to applicants for positions requiring certification who begin employment as a juvenile probation officer on or after September 1, 2011; or a juvenile supervision officer on or after September 1, 2012.

**II. Definitions:** None

#### **III. Procedure:**

- A. The Detention Manager documents all officers' training and submits it to the Juvenile Department's certification coordinator who is responsible for submitting the training documentation to the TJJD as required. This documentation includes date, subject, and length of training, trainer's name, title and qualifications. The Detention Manager along with the facility's training coordinator keeps a copy of all training records in the training files located in the facility.
- B. The Detention Manager submits required training information and supporting documentation to the Juvenile Department's Training Unit who is responsible for entering the training information into the TJJD data base as required by TJJD. The Detention Manager will keep a copy of training records on all staff.
- C. Supervision personnel responsibilities are to ensure staff are scheduled for their shift training in order to meet required training as specified in this Policy and Procedures Manual and to provide on- the- job training for new



employees after their 40 hours of new employee orientation.

- D. Training is delivered by the Facility Administrator, Assistant Facility Administrator, Detention Manager, supervisors, other Departmental staff, and other qualified providers.
- E. The Detention Manager will select and provide a suitable location in which to conduct training for staff.
- F. Equipment and supplies are made available as needed.
- G. Training days are considered normal work days, not time off. New staff must work when no training is scheduled or when it is canceled.
- H. Staff must receive prior approval from management before attending training other than what is regularly scheduled. Staff who attend training during off duty hours are reimbursed for their time with prior approval.
- I. Trainees who disrupt training activities may be dismissed from class, and face possible disciplinary action up to and including termination. Authority to dismiss trainees rests with the trainer.
- J. If approved, designated employees may attend job related workshops, conferences and/or seminars conducted by other agencies, professional organizations or external consultants. The Facility Administrator must approve attendance at any non-agency sponsored training in advance. The employee is responsible for sending certificates of training completion to the Detention Manager for documentation in their training record.
- K. Non-direct care staff including clerical and support staff who have minimal juvenile contact shall receive training during new employee orientation.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter I: General Administration and Management	
Section 9: Requests for Information and Tours	

**I. Policy:**

All staff will follow the Dallas County Guidelines for the dissemination of information to the news media. The Public Information Officer for the Juvenile Department is the Director of Juvenile Services or designee.

Visits from the news media are permitted but shall be handled directly through the Director of Juvenile Services. Once approved, the Facility Administrator or designee shall:

- (1) Allow media access to all program areas of the facility;
- (2) Preserve the resident's individual right of privacy and portray a factual picture of the facility; and
- (3) Ensure that representatives of the news media are aware of security restrictions.

News statements on legislation or government policy affecting Medlock Treatment Center purposes or function in the community are the responsibility of the Juvenile Board and/or the Director of Juvenile Services.

All public statements shall agree with policies approved by the Juvenile Board and be confined to areas of direct responsibility.

Residents may not be interviewed or photographed for news coverage connected with their delinquency charges. Residents may be interviewed or photographed for news coverage of the facility programs with the signed consent of the Director of Juvenile Services, the resident, his/her parent or guardian and their attorney.

No information on residents, or their charges, may be given to the media by any staff member without prior approval from the Director of Juvenile Services.

Individual Medlock staff members receiving requests for official information concerning the Medlock Treatment Center shall forward all such requests to the Facility Administrator. The Facility Administrator shall inform the Juvenile Department Administration of such requests and respond as directed.

All official information and press releases referring to parent agency, facility policy, programming, or conditions, is issued only by the Juvenile Board or the Director of Juvenile Services.

Facility staff may participate in informational programs for the general public to improve the community's understanding of the mission, goals, and programs of the Medlock Treatment center. Further, the informational programs may provide a channel for community input, recruiting volunteers, and developing community support.

Requests for facility staff to participate in speaking engagements with community organizations shall be approved by the Facility Administrator. An outline of the presentation shall be submitted to the Facility Administrator, and the Facility Administrator shall forward this information to the Deputy Director of Institutional Services.

Staff contact with the public is expected to be conducted with professionalism. All facility staff shall relate courteous and correct responses to inquiries.

All Medlock Treatment Center tours shall be cleared through the Facility Administrator or designee prior to the tour.

**II. Definitions: None**

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 1: General Administration and Management	
Section 10: Volunteers, Interns, and Mentors (VIM)	Related Standards: 343.386

### **I. Policy:**

The Dallas County Juvenile Department welcomes citizen involvement in our services and programs offered to juveniles. The use of volunteers, interns, and mentoring services is designed to enhance Dallas County Juvenile Department programs and services provided to youth and families. The Department encourages public involvement in the juvenile justice process and efforts with citizen involvement. Volunteers, interns, and mentors (VIM) will be accepted from cultural and socioeconomic segments of the community. VIM's involvement provides increased community contact for the juvenile and enhances direct services. VIM's cooperative endeavor broadens community resources for the Department's facilities, juvenile justice programs, and juvenile justice alternative education program. The Texas Juvenile Justice Department (TJJD) standards, states all volunteers, interns, and mentors shall be screened prior to the selection and provided training and supervision. The official registration and identification process of volunteers, interns, and mentors is maintained by the Department. The date, time, purpose, and description of services is documented and available on the premises of each facility and program. Volunteer, interns, and mentors shall perform professional services only when certified or licensed to do so and only with approved permission. Volunteers, interns, and mentors are encouraged to participate in the establishment of policy and procedures for the VIM programs and to attend training events made available by the Department.

### **II. Definitions:**

Volunteer: Any person who, of his/her own free will, provides voluntary services to the Department with no monetary or material gain. The term volunteer includes regular or occasional service. Volunteers are recruited to supplement and enrich, but not to substitute activities and functions by staff in the Department.

Intern: Any person who, of his/her own free will, provides voluntary and sometimes specialized services to the Department. The intern may receive course hour credit for their services and may receive financial support from the placing college or university, however, the Dallas County Juvenile Department does not provide financial payments or support. Intern assignments will be based on the students' needs for training, level of skill required in each of the Department's programs and contractual or other arrangement between the college/university and the Department.

Mentor: Any person who, of his/her own free will, provides voluntary services to the Department with no monetary or material gain. The term mentor includes regular or occasional service. Trained mentors give juveniles support and guidance with will encourage and promote positive change in the lives of youth.

### **III. Procedure:**

#### **A. Recruiting:**

- a. Recruiting of volunteers and mentors is a staff responsibility under the supervision of the designated volunteer coordinator in each facility, juvenile justice program, and education program.
- b. Each facility and all juvenile justice programs shall designate in writing to the applicable Division Deputy Director, including the Deputy Director of Administrative and Executive Services the name of the person responsible for recruiting volunteers/mentors.
- c. The volunteer coordinator will recruit applicants from the community through speaking engagements, media, newspaper, and personal references.
- d. Recruiting efforts shall include, among other resources, local churches, colleges/universities, and service organizations.

#### **B. Eligibility:**

- a. Any person who is of good character, at least twenty-one years of age and sufficiently mature to handle the

responsibility involved, is eligible to become a volunteer or mentor.

- b. Relatives of a juvenile may not serve as a volunteer/mentor to work with any juvenile to whom they are related while the juvenile is a resident in any facility, participating in any juvenile justice program under the jurisdiction of the Dallas County Juvenile Department.
  - c. Former employees of the Dallas County Juvenile Department may serve as volunteers and/or mentors.
  - d. Any person interested in volunteering with the Dallas County Juvenile Department shall not be eligible for volunteer/mentoring services if:
    - i. He/she has been convicted or placed on deferred adjudication for a felony against the laws of this state, another state, or the United States within the past ten (10) year, and/or is currently on felony probation or parole.
    - ii. He/she has been convicted or placed on deferred adjudication for a jailable misdemeanor against the laws of this state, another state, or the United States within the past five (5) years, and/or is currently on probation or parole.
    - iii. He/she is currently or ever been registered as a sex offender under Chapter 62, Texas Code of Criminal Procedures.
    - iv. If determined ineligible for any reason by the Dallas County Juvenile Department.
- C. Screening/Selection Process: All volunteers/mentors must:
- a. Complete a volunteer/mentor application.
  - b. Provide three (3) written references, reference letters must be maintained by the designated volunteer coordinator of the applicable Department Division.
  - c. Submit to a criminal background check through the FAST fingerprint pass for a national criminal history record check, including a sex offender registration check through the Texas Department of Public Safety.
  - d. Complete a personal one on one interview with the designated volunteer coordinator. Routine interviews include the applicant's motivation for wanting to volunteer/mentor and clear understanding of the applicant's and Department's needs.
  - e. Provide a valid driver's license or Texas identification card.
  - f. The volunteer/mentor shall agree in writing to adhere to the Department's policies and procedures before being accepted as a volunteer/mentor. The volunteer/mentor must sign and date a Dallas County Juvenile Department Volunteer/Mentor Agreement.
  - g. Attend and complete General Orientation Training and continue to attend any additional training as needed throughout participation in the program.
- D. Assigning Volunteers/Mentors:
- a. The assignment of volunteers and mentors to youth under the jurisdiction of the Dallas County Juvenile Department will be a collaborative and cooperative effort between the applicable volunteer coordinator and the Division Deputy Director.
  - b. Volunteers/Mentors shall be selected as those who are best suited to work with the youth, staff, and each program.
- E. Termination of Volunteers and Mentors:
- a. The services of a volunteer and/or mentor may be terminated at any time with or without notice. Volunteers/mentors serve at the sole discretion of the Dallas County Juvenile Department. Termination of a volunteer/mentor or volunteer/mentor organization may include, but are not limited to the following reasons:
    - i. Disqualification based on criminal history;
    - ii. Breach of confidentiality;
    - iii. Ethical, policy, or procedural violations;
    - iv. Physical or emotional illness;
    - v. Inability or refusal to cooperate with departmental staff;
    - vi. Engaging in activities which threaten the order or security of any office, program or the safety of the volunteer, juveniles, students, visitors, or staff.
    - vii. Erratic or unreliable attendance;
    - viii. Inappropriate conversation, attitude, behavior, or mannerisms toward any youth;
    - ix. If found to have abused, neglected, or exploited any child;
    - x. Under the supervision of the Texas Department of Family Protective Services;

xi. Unsatisfactory service.

F. Training of Volunteers/Mentors:

- a. Volunteers/mentors must complete 4.0 hours of training provided by the volunteer coordinator or Department Trainers;
- b. Volunteers/Mentors will be provided an overview of the Dallas County Juvenile Department.
- c. Training will include information concerning the reporting of abuse, neglect, and exploitation and the requirements under the Prison Rape Elimination Act of 2003 (PREA).
- d. The designated volunteer coordinator shall maintain documentation of training in the volunteer's file.
- e. All volunteer files are subject to audits.
- f. Applicable training offered to the Dallas County Juvenile Department staff may be made available to volunteers/mentors.

G. Volunteer/Mentor General Duties and Responsibilities:

- a. Volunteers/mentors will be issued an identification badge. Identification badges are to be worn at all times when in the Dallas County Juvenile Department programs, facilities, or schools.
- b. A volunteer/mentor sign-in time log will be kept on each volunteer to record their time spent in service. All volunteers/mentors shall sign in and out of each program and record on the sign-in log their activities while volunteering/mentoring to the youth.
- c. Volunteers/mentors will be allowed to provide professional services only when they are certified to do so and with prior approval from the assigned Deputy Director or designee.
- d. Volunteers/mentors may not give their telephone number, addresses or any personal information about him/herself or his/her family to any youth, youth's family or friends unless authorized by the volunteer coordinator. Some mentor programs may allow an exchange of phone numbers (to be determined by applicable Division Deputy Director). The volunteer coordinator will provide information on the exchange of personal phone numbers.
- e. Volunteers/mentors may not be left alone with youth without the consent of the volunteer coordinator. Coordination of the meeting between the youth and the volunteer/mentor is the responsibility of the volunteer coordinator.
- f. Volunteers/mentors may not take youth to their (volunteer/mentor) residence under any circumstances.
- g. Volunteers/mentors are required to report any concerns regarding observations of inappropriate actions or conversations involving youth under the jurisdiction of the Department. The volunteer or mentor may notify the volunteer coordinator either in writing or in person.
- h. It is mandatory that a volunteer /mentor maintain strict confidentiality regarding activities, names, and circumstances of the youth under the jurisdiction of the Dallas County Juvenile Department.**
- i. Volunteers/mentors are not allowed to have contact with youth or their families outside the perimeters of the volunteer/mentor's assigned Dallas County Juvenile Department Program.
- j. Volunteers/mentors must adhere to the Dallas County Juvenile Department's policy and procedures concerning the report and investigation of alleged child abuse, neglect, or exploitation.

H. Intern Programs:

- a. Intern programs under the direction of the Dallas County Juvenile Department are designed to provide for cooperation and/or consultation with college and universities in areas of mutual concern. Intern programs provide a learning experience for both the student and the Department, resulting in the student developing a greater understanding and appreciation for the Juvenile Department and the Juvenile Justice System.
- b. All interns shall be bound by the Dallas County Juvenile Department Policy and Procedures regarding the eligibility, processing, training, and termination of volunteers and mentors (see above policy # 3.05) and relevant standards concerning departmental staff, as well as the professional code of ethics toward which the intern is working or has been licensed.
- c. Undergraduate intern applications, processes, interviews, and training will be under the direction of the Deputy Director of Administrative Services Division. The Deputy Director of Administrative Services Division will coordinate the placement of all approved interns. Graduates seeking an internship will be reviewed by the Deputy Director of Administrative Services Division to determine if an appropriate program is available within the Department.
- d. All paperwork related to interns will be managed and maintained by the Deputy Director of Administrative Services Division or his/her designee.

Psychology Division Intern Programs:

The Dallas County Juvenile Department Clinical Services Division is comprised of six services components, each headed by a doctoral level psychologist. These units allow for a well-integrated Clinical Division that provides a comprehensive service delivery system to Dallas County youth and their families. Each intern accepted into the Graduate Student Program under the direction of the Psychology Division shall be placed under the direction of the Deputy Director of Psychology or designee.

Supervision of Interns (Clinical/Psychology Division):

Each intern will be assigned an assessment supervisor who will provide a minimum of one hour of individual supervision per week for psychological assessments and evaluation. A second supervisor will be assigned to each intern to meet one hour a week to discuss counseling cases.

- a. The assessment supervisor is the primary supervisor and all supervision needs should be discussed with this supervisor unless other arrangements have been made.
- b. Each intern will be provided with a Graduate Student Orientation Manual
- c. Each intern must attend the General Orientation/Training Program provided by a designated volunteer coordinator and/or Training Unit.
- d. Intern personnel files will be maintained in the Clinical/Psychology Division. The application, criminal background check information results will be maintained by the Administrative and Executive Services Division (a copy of the application may be maintained by the Psychology Division).
- e. Specific times for supervision are to be arranged by the supervisor and intern.
- f. The assigned supervisor must be made aware of changes in schedule, any difficulties with cases, and any impediments to completing assignment on time.
- g. Each intern is responsible for completing progress notes for each individual case and the notes should be turned in to the appropriate supervisor on a weekly basis or as agreed upon.
- h. The decision to terminate a graduate student's internship or any internship under the direction of the Clinical/Psychology Division of the Dallas County Juvenile Department will be at the discretion of the Clinical Services Deputy Director and/or the Director of the Dallas County Juvenile Department.

Dallas County Juvenile Department provides opportunities for undergraduate internships in cooperation with numerous colleges and universities. Interns not assigned to the Psychology Division are under the Direction of the Deputy Director of assigned area and are expected to follow program rules and procedures.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center: Policies and Procedures, 2015 Revision	
Chapter 2: Physical Plant	
Section 1: Building and Safety Codes	Related Standards: 343.222; 224; 226; 230; 232; 240; 642 - 652

- A.** The Medlock Treatment Center complies with applicable standards and all federal, state and local building zoning, health, waste disposal and fire codes.
1. Interior finishing materials in resident living areas, exit areas, and places of public assembly are maintained in accordance with recognized codes.
  2. A fire alarm and automatic fire detection is part of standard operations in all areas of the facility. The Dallas County Fire Marshal approves all a variances and exceptions to the automatic fire detection system.
  3. The Medlock Treatment Center adheres to all applicable health department guidelines.
  4. The Medlock Treatment Center adheres to all waste disposal guidelines, regulations and/or ordinances.
  5. The Medlock Treatment Center provides, maintains, and tests an alternate source of electrical power that provides for the simultaneous operation of life safety systems including [TAC 343.224]:
    - a. emergency lighting other than flashlights;
    - b. illuminated emergency exit lights and signs;
    - c. emergency audible communication systems and equipment;
    - d. fire detection and alarm systems;
    - e. ventilation and smoke management systems; and
    - f. all secure door locking mechanisms which operate on electric current.
  6. The alternate power source system (i.e., the alternate power source and the required life safety system) shall be tested once every 15 calendar days to ensure the system is in good working condition.
  7. The alternate power source system shall be inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. The inspection must be completed by a person with qualification established through work experience, relevant training, specialized licensure, or certification.
  8. Each test and inspection of the alternate power source system shall be documented and include the test date and test results. Facilities staff shall maintain a log to document all tests, inspections, and maintenance performed on the alternate power source which are readily accessible to the facility.
  9. If any system malfunctions or maintenance needs of the alternate power source system are identified during a test or at any other time and are no corrected immediately, a written maintenance request shall be immediately submitted to Facilities staff.
  10. Facilities staff shall be immediately notified of emergency situations and an incident report should be written documenting date and time of power interruption, and date and time normal power is restored and a summary of the event itself.
  11. The Medlock Treatment Center provides fully function heating and cooling systems as well as a fully functioning ventilation system adequate for the square footage of the facility. The facility maintains an alternate means of ventilation in the event that regular power is interrupted. The alternate means of ventilation ensures there is a mechanical means of brining fresh air into and exhausting stagnant air out of all resident-occupied housing areas [TAC 343.222].
  12. Documentation of any malfunctions or repairs made to the heating, cooling, and ventilations systems shall be maintained in the facility's maintenance log.
  13. Adequate lighting is provided to all areas of the facility [343.226]. In facilities that began operating as secure pre or post-adjudication facilities on or after September 1, 2003, all housing units, including specialized housing units, shall provide natural light from a source within the housing unit. If the housing unit contains individual resident sleeping quarters, each individual resident sleeping quarters shall have its own natural light source; and/or have a viewing window or wall that allows for a direct line of sight to the natural light.
- B.** The Medlock Treatment Center conforms to all applicable state and local fire codes and maintains documentation relating to fire or life safety inspections. The inspections described in this standard [TAC 343:240] shall be conducted:

1. Under at least one of the following fire/safety codes: the Life Safety Code; or the International Fire Code; and
  2. By the authorized governmental fire authority; or a person certified by the Texas Commission on Fire Protection.
  3. The facility shall obtain the following inspections:
    - a. a formal fire safety inspection before the facility admits its first resident; and
    - b. an annual fire/safety code inspection of all applicable fire codes no later than the last day of the calendar month of the previous year's inspection.
  4. Each fire safety inspection, including the annual inspection and any subsequent inspections, shall result in a written report that includes the following information:
    - a. identification of the specific code(s) used to complete the inspection.
    - b. name of the governmental entity that conducted the inspection, if applicable;
    - c. identification of any applicable code violations and the corresponding corrective action requirements;
    - d. name and title of the person conducting the inspection; and
    - e. date(s) of the inspection.
  5. Any violations and/or deficiencies noted in the inspection report shall be immediately addressed by the Facility Administrator or designee. The Facility Administrator shall develop and implement a corrective action plan for all violations and/or deficiencies that cannot be immediately fixed.
- C.** Facilities staff provides for emergency repairs, replacement of equipment in life-threatening situations, and preventive maintenance of equipment.
1. The Medlock Treatment Center follows Facilities preventive maintenance plan which is reviewed annually and updated if necessary.
  2. All maintenance requests shall be submitted to Facilities staff.
  3. Medlock staff shall be responsible for ensuring that radios and flashlights are always operational.
- D.** The Medlock Treatment Center's housing units comply with all applicable laws and standards. Only male residents are housed in facility. The housing units are multiple occupancy. A bed includes a bed frame or platform and a mattress. The bed frame or platform may be a permanent or portable fixture.
1. Multiple Occupancy Housing Units (MOHUs) shall be constructed to contain no more than 24 beds.
  2. Each MOHU shall have one bed above floor level for every resident assigned to the unit.
  3. Each MOHU shall contain only residents of the same sex.
  4. If bunk beds are used, they shall not exceed two levels.
  5. Each MOHU shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling.
  6. Each MOHU shall have a minimum of 35 square feet of unencumbered floor space per bed in the housing unit.
  7. Each MOHU shall:
    - a. Contain at least one operable shower for every 10 beds in the housing unit. The showers shall contain controls that produce hot and cold running water, or one control that produces warm running water.
    - b. Contain at least one operable toilet above floor level for every six beds in the housing unit in facilities in facilities constructed and operating on or after March 1, 1996. Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.
    - c. Contain an operable washbasin with controls that produce hot and cold running water, or one control that produces warm running water if the facility was constructed and in operation on or after September 1, 2003.
    - d. Contain a drinking fountain.
- E.** The Medlock Treatment Center complies with all standards regarding specialized housing.
1. Any room or cell used for disciplinary seclusion, protective isolation, or medical isolation during program hours shall be equipped with:
    - a. an operable toilet above floor level;



- b. a washbasin with hot and cold running water or a single control that produces warm water;
  - c. a bed above floor level; and
  - d. access to natural light as described in TAC 343.226.
2. Rooms or cells used for specialized housing shall meet the spatial requirements found in:
- a. TAC 343.452 and 343.644 if the room or cell is in a SOHU; or
  - b. TAC 343.474 and 343.656 if the room or cell is in a MOHU.
3. The mattress may be temporarily removed from a specialized housing room or cell if the resident:
- a. is actively damaging or destroying the mattress;
  - b. is using the mattress for an unintended purpose (i.e., obstructing a doorway or window, folding to use as a makeshift stepstool, etc.); or
  - c. has exhibited a documented pattern of disruptive behavior in an effort to be assigned to specialized housing in order to avoid educational instruction.
- F. All housing areas used by residents with physical disabilities shall be designed for their use and provide for their safety in accordance with state and federal law [TAC 343.232].

Dallas County Juvenile Department Lyle B. Medlock Treatment Center: Policies and Procedures, 2015 Revision	
Chapter 2: Physical Plant	
Section 2: Location and Operations; Population	Related Standards: 343.218; 220

- A. The Medlock Treatment Center is not located in the same building or on the same grounds of any type of adult corrections facility. It is situated near the Dallas County Youth Village which is a non-secure correctional facility; however, each facility operates separately [TAC 343.218].
- B. The Medlock Treatment Center's population shall not exceed the rated capacity of the facility which is 96 [TAC 343.220]. In the event that a great number of residents are admitted at one time, such as emergency evacuation from another Department facility to the facility, all efforts shall be made to prevent exceeding the rated capacity.
1. A daily population roster shall be maintained in chronological order by date and shall be made available for TJJD monitoring purposes. The population roster shall be current as of 5:00 a.m. daily.
  2. The population roster shall include:
    - a. the date and time the roster was compiled;
    - b. the names of all residents in the facility;
    - c. the sex of all residents in the facility;
    - d. the housing assignment location of all residents in the facility; and
    - e. the total resident population for each day.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center: Policies and Procedures, 2015 Revision	
Chapter 2: Physical Plant	
Section 3: Program and Service Areas	Related Standards: 343.228; 234; 666; 674

- A. The Medlock Treatment Center shall provide an area for indoor and outdoor exercise. Day rooms shall provide a minimum of 35 square feet of space for every resident using the day room at one time, excluding lavatories, showers, and toilets. Day rooms shall provide sufficient seating and writing surfaces for every resident using the day room at one time. [TAC 343.666].
1. Exercise may be performed in the following locations:
    - a. Outdoor recreation area
    - b. Multi-purpose room
  2. Common activity areas are areas to which residents have access and in which activities are conducted. These areas shall include:
    - a. Multi-purpose room which provides for dining, recreation, visitation, and religious services.
    - b. Educational classrooms and library
    - c. Outdoor recreation areas
    - d. Counseling rooms
    - e. Medical exam rooms
  3. Space is provided for residents for medical and treatment that ensures privacy and dignity for residents.
  4. Space is provided for resident's visitation with family, attorneys, clergy, and probation officers.
  5. Educational space is provided to ensure that the instructional requirements for each resident is met [TAC 343.674].
  6. Space is provided for religious services for the residents.
  7. Space is provided where counseling can occur with confidentiality.
  8. Dining space is provided at a minimum of 15 square feet of floor space per diner [TAC 343.228].

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 2: Physical Plant	
Section 4: Secure Storage Areas: Cleaning Supplies/Equipment; Restraint Devices and Security Equipment; & Personal Property Areas	Related Standards: 343.236

- A.** The area(s) used to store cleaning supplies and equipment shall be locked and not accessible to residents.
1. Cleaning supplies and equipment shall be kept in locked supply closets at all times.
- B.** Restraint devices and security related equipment shall be stored in a secure area when not in use. The equipment shall be readily accessible to authorized persons.
1. Storage of Restraining Devices and Related Security Equipment:
    - a. Restraining devices must be kept in Central Control and related security equipment must be kept secured in Central Control or the supervisor's office when not issued to authorized staff.
    - b. Security equipment consists of:
      1. All mechanical restraint devices
      2. Radios/batteries/chargers
      3. Flashlights
      4. Suicide intervention tools
    - c. Staff must keep all keys and radios on their person at all times. Residents are never allowed to handle such items. These items are never placed on a table, cart, floor, bed, desk, etc. They must be kept secured on the person at all times.
- C.** Space shall be provided for secure storage of resident's personal property.
1. All resident's property is inventoried and secured in the facility's property room.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 2: Physical Plant	
Section 5: Hazardous Materials	Related Standards:343.238

- A. The Medlock Treatment Center complies with all laws and applicable standards regarding hazardous materials. A hazardous material is defined as any substance which is explosive, flammable, combustible, poisonous, corrosive, irritating, or otherwise harmful and is likely to cause injury or death.
1. The Business Manager shall maintain a list of all hazardous materials used in the facility and Material Data Safety Sheet (MSDS) for each hazardous material. A MSDS is a document provided prepared by the supplier or manufacturer of a product clearly stating its hazardous nature , ingredients, precautions to follow, health effects, and safe handling/storage information.
  2. Hazardous materials shall not be stored in the housing area(s) of the facility.
  3. Except as noted in number 4 below, the facility shall prohibit the use of all hazardous material by residents.
  4. Residents may use cleaning agents and paint only if:
    - a. access and use of the paint and/or cleaning agents by residents is strictly controlled and supervised by a juvenile supervision officer;
    - b. the residents are instructed on the use of the hazardous material and the proper equipment as identified by the MSDS; and
    - c. the residents are provided the proper safety equipment identified by the MSDS; and
    - d. use of the hazardous material is part of a routine housekeeping or maintenance assignment.
  5. Storage of cleaning supplies and equipment shall be inaccessible to residents. Closet doors must remain shut and locked at all times when not in use. Residents may not enter storage closets [TAC 343.236].
  6. Any use of hazardous materials shall be according to the manufacturer's instructions.
  7. All staff whose responsibilities include the use of hazardous materials shall:
    - a. be made aware of the location of the MSDS; and
    - b. follow the prescribed guidelines in the MSDS.
  8. Staff shall not use hazardous materials other than cleaning agents used as part of routine housekeeping in their respective sections. Any other hazardous materials shall only be used by authorized support service staff and stored and used according to the MSDS. Authorized staff using these materials are responsible for the control and accountability of them at all times. Staff shall follow the proper course of action for spills that is contained in the MSDS for that material.
  9. Unused portions of hazardous materials are to be returned to the original container in the storage area or, if appropriate, stored in the storage area in a suitable, clearly labeled container.
  10. Poisonous materials shall be securely stored inside and inside locked rooms available only to employees as designated for a specific need.
  11. Ethyl alcohol, isopropyl alcohol, and other antiseptic products are stored and used only as directed by PHHS medical staff.
  12. The fire safety officer shall implement these procedures for the use and control of flammable, toxic, and caustic materials. Any deficiencies noted shall be reported to the Facility Administrator or designee.
  13. Any employee or resident injured or who becomes ill as a result of an exposure to a hazardous material shall be given immediate medical attention by calling 911 and notifying the Dallas County Sheriff's Dispatch at 214-749-8641 who will notify the Fire Marshal.
  14. If a hazardous material is ingested, do not induce vomiting. Get immediate medical attention. If inhaled, move to fresh air. If breathing stops administer first aid and get medical attention.
  15. If a hazardous material touches the skin, thoroughly wash the affected area with soap and water. Get medical attention if irritation persists. If a hazardous material gets in the eye, flush liberally with water, lifting eyelids occasionally. Consult a physician.
  16. For any uncertainty, the caller should have the chemical/container in hand with the ingredients/labels available and then contact North Texas Poison Control Center at 214-589-0911.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 2: Physical Plant	
Section 6: Building Security	Related Standards: 343.249, 250

#### A. External and Perimeter Security

The facility's perimeter shall be controlled by appropriate means to ensure that residents remain within the perimeter and the general public is denied access without proper authorization. Any outdoor area in which residents are permitted shall be enclosed by a permanently erected fence or wall. Perimeter security must be maintained at all times. All security perimeter entrances and designated doors must be locked except when used for admission or exit of staff, detained residents or visitors, and in emergencies.

1. Visitation Entrance: The administrative entrance and the intake entrance are the main entrance and exit points for the facility. Control Control/Security staff must:
  - a. Identify persons entering the facility by:
    - i. Identification card with picture, and/or;
    - ii. Written authorization by Dallas County Juvenile Department staff.
    - iii. Dallas County Juvenile Department staff may be identified by visual or audio means.
  - b. Record admission and departure information including:
    - i. A complete record of all people entering and leaving the facility, including:
      - (1) Purpose; and
      - (2) Name, nature of business, arrival and departure times.
2. Security door regulations: All Medlock Treatment Center staff must ensure that:
  - a. Security doors are kept locked at all times. Authorized persons entering or exiting through a security door must be sure it is locked when leaving.
  - b. Unoccupied areas and storage rooms are kept locked.
  - c. Only authorized persons are admitted through security doors. Authorized persons are:
    - i. Medlock employees;
    - ii. Juvenile department staff;
    - iii. Attorneys and approved visitors; and
    - iv. Law enforcement officers;
  - d. Staff must routinely check all "closed" doors as they walk past.
3. Outdoor recreation area:
  - a. Weather permitting; the outdoor recreation area will be used on a daily basis.
  - b. Residents will not intentionally touch or hang on the fence, nor will they converse with people outside the fence.
  - c. If a resident threatens to escape at any time, that resident will not be permitted use of the outside recreation area. A lengthened outside restriction is at the discretion of the Facility Administrator
4. Perimeter security:
  - a. During each shift, the supervisor or designee must make two perimeter security checks of the outdoor area including the fence and the ground along the fence, which should be checked for contraband.
  - b. At least once per day and prior to the residents' access to outdoor activities, the facilities perimeter must be checked for breeches of security.
  - c. When the residents are in the outside recreation area, staff shall ensure that the appropriate level of supervision is provided.

#### B. Key Control

The control and accountability of all keys is crucial to maintaining the security of the facility. All keys necessary to the daily operation of the facility must be issued from and maintained in the Control Center. The Facility Administrator must determine which doors must be kept locked except when in use and during emergencies.

1. Security Keys: are defined as any facility keys which, if lost or duplicated, would jeopardize the security of the facility or residents and/or directly facilitate an escape. Loss or duplication of security keys will require urgent security actions.
2. Non-Security keys: is defined as any facility key, which, if lost or duplicated, would not jeopardize the

security of the facility, residents, property, staff and visitors. Loss or duplication of non-security keys will not require urgent security actions.

3. Accountability: The key control system requires simple and efficient daily checks of all keys and locks within the facility. Keys must be recorded and stored for proper accountability. A current inventory of all keys and their assignments must be maintained.
4. Storage of duplicate keys: Duplicate keys will be stored in a locked key cabinet that provides space for the systematic storage of keys. This key cabinet is maintained by Central Control staff and additional keys are maintained by Dallas County Facilities who are sometimes outside the boundary of the facility. Access to this cabinet must be limited to the Facility Administrator and his/her designee.
5. Daily Issue Board: A daily board with permanently mounted key hooks sufficient to accommodate all keys and key rings currently used must be provided in Central Control. The keyboard has horizontal, numbered rows. Therefore, a key or key ring on the board would be identified for example as 1, 2, 3, etc. Keyboard hooks holds either:
  - a. A set of un-issued keys.
  - b. If keys have been issued to a staff member, the hook must hold that staff member's keys.
  - c. No staff member shall receive a set of facility keys without turning in his/her personal keys to be placed on the board.
  - d. Staff working Central Control must ensure that this procedure is followed at all times.
6. Inventory:
  - a. All keys on the keyboard must hang on key rings. Small tags indicating the hook number/ring and number of keys of each ring must be enclosed on key ring.
  - b. Any employee inadvertently carrying a key home will be contacted by the shift supervisor and required to return the key promptly.
  - c. Central Control will be responsible for taking a quarterly inventory of all keys no later than the 15th of March, June, September, and December.
7. Recording of keys: A system will be maintained on all keys in use and in storage. This reference documentation will be stored in the duplicate/master key cabinet. The cross-index key reference will include key number and location of the key access area.
8. Emergency keys: Emergency keys will be stored in locked metal boxes located in Central Control. The metal boxes are located on the walls and secured with combination locks. The combinations to the locks are given to the Facility Administrator, Assistant Facility Administrator, Detention Manager, Supervisors, and Central Control Staff.

### C. Medical Equipment, Kitchen Utensils, and Tools

Medlock Treatment Center provides a safe and secure place for the storage of all medical equipment and medication, kitchen utensils, and tools that may be hazardous or harmful to residents.

1. Medical Equipment:
  - a. PHHS medical staff shall maintain an accurate inventory of instruments and equipment. Any items not accounted for shall be immediately reported to the supervisor on duty. A facility and resident search shall be conducted and an incident report written.
  - b. All used items shall be disposed of in a safe manner designed to prevent resident access.
  - c. Residents may not have unaccompanied access to medical equipment and must be personally supervised by facility staff at all times when in and around medical equipment.
  - d. All medications must be kept secured at all times in the designated medication storage room. When passing out medications, PHHS medical staff must not leave medications unattended.
  - e. Juvenile supervision officers must assist nursing staff with passing out medications ensuring residents properly take prescribed medications.
2. Kitchen Utensils:
  - a. Kitchen utensils shall be kept in a secure, locked area of the kitchen and out of direct access to residents.
  - b. Residents are not allowed into the kitchen area without supervision. Food service staff shall maintain an accurate inventory of all culinary utensils on a daily basis.
  - c. A facility search shall be conducted immediately upon discovery of any missing item.

### 3. Dallas County Facilities Staff / Contract Repair and Maintenance Workers:

- a. No maintenance or repair worker shall place tools on the floor, ladder, or ledge during a job with direct access to residents.
- b. All maintenance and repair workers shall inspect their tool inventory upon entering and exiting the center.
- c. All work activities are confined to the actual authorized area where work is performed with proper security and safety.

### D. Firearms Prohibitions

The presence of firearms is strictly prohibited in all areas of the Medlock Treatment Center. The prohibition shall extend to all persons with the exception of law enforcement officially responding to an active criminal event

within the facility. Firearms must be secured in lock boxes located outside of the Central Control in the reception area.

### E. Facility Search

Staff shall conduct a general area search of all sections of the facility. This may be done as necessary with the knowledge and consent of supervision personnel. After the search, a report shall be provided to supervision personnel describing the scope of the search, the results and a list of all contraband found. Contraband is defined as any item that is not issued to employees for the performance of their duties and that employees have not obtained supervisory approval to possess. Contraband also includes any item that a resident is not allowed to possess or use that is given to a resident by an employee or other individual. Specific items of contraband include, but are not limited to: firearms; knives; ammunition; drugs; intoxicants; pornography; and any unauthorized written or electronic communication brought into or taken from a facility for a resident, former resident, associate of a resident, or family members of a resident.

1. All Dorm searches must be documented in the Dorm log book. Any contraband found during a Dorm search shall be documented on an Incident Report. Searches of Facility public area, visitation areas and Facility perimeter must be documented in the Central Control Log.
  - a. Dorm Searches: documented in Dorm log book and an Incident Report (if any contraband is found).
  - b. Staff must:
    - i. Be alert for the presence of contraband in the Facility;
    - ii. Respond to any behavior of residents which indicates the presence of contraband in the Facility; and
    - iii. Investigate and report any situation that indicates the presence of contraband in the Facility.
  - c. Dorm and Belongings Search – Searches must be scheduled to minimize disruption of regular Facility operations. Areas and belongings searched must be left the way they were found prior to the search, never in disorder. Staff conducting searches of resident belongings must:
    - i. Exercise extreme caution to avoid damage or destruction of property; and
    - ii. Return items as neatly as possible to the position and condition in which they were found.
2. Searches of Facility Public Areas: Searches of the Facility public areas, such as the day room, hallways, laundry areas, etc., must be conducted at least once per shift.
3. Searches of Visitation Area: The area used for visitation must be searched immediately before and immediately after visitation.
4. Perimeter Searches: Areas adjacent to the Facility must be searched for possible contraband intended for delivery to residents or concealed by residents. Perimeter searches must be conducted a minimum of once per shift.
5. Confiscation of Contraband – Upon the discovery of contraband, staff must:
  - i. Inventory and bag the contraband and place it in a secure area designated by the Facility Administrator. A copy of the Incident Report that lists the inventory should be placed in the bag with the contraband.
  - ii. Contact the Facility Administrator immediately if chemical analysis is indicated. The Facility Administrator must make the determination regarding chemical analysis.
  - iii. Enter the occurrence in the Dorm Log if applicable and complete an Incident Report prior to going off duty.
  - iv. Make every effort to maintain the chain of evidence and record each step of the chain in the Central



## Control Log.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 1: Incident Reports	Related Standards: 343.249

- A. Medlock Treatment Center staff prepares an incident report when there is reasonable belief that a resident has committed a major violation of facility rules, or other significant incident has happened.
1. An incident report is a legal document that describes an unusual, serious, or dangerous event.
  2. The responsibility for writing the incident report is the staff member who witnesses the behavior or who is directly supervising the resident(s) when the incident occurs must write an incident report.
  3. A copy shall be placed in the appropriate resident's folder.
  4. An incident report must be written when any of these happen:
    - a. Actions by resident
      1. Arrest
      2. Assaults/fights
      3. Attempted suicide
      4. Contraband or controlled substances are found
      5. Escape/escape attempt
      6. Hostage situation
      7. Physical altercation
      8. Property damage
      9. Riot
      10. Rule violation
      11. Suicide
      12. Self-abuse
      13. Sexual misconduct
      14. Verbal threats to harm self or others
      15. Youth on youth assaults (physical or sexual)
    - b. Disciplinary actions
      1. Any time staff have to place their hands on residents that results in a restraint
      2. Any use of physical force/mechanical restraints
      3. Excessive restricted activity plans
      4. Group shut-down
      5. Disciplinary seclusion for more than one shift
      6. Youth placed on special security
    - c. Medical
      1. Accidental death of resident or staff
      2. Illness of resident
      3. Injury to resident or staff
      4. Resident receives the wrong medication /dose
    - d. Actions by staff
      1. Allegation of abuse
      2. Allegation of neglect
    - e. Physical plant
      1. Any major disruption of services/programming
      2. Bomb threat
      3. Chemical spill
      4. Evacuation
      5. Fire
      6. Flooding of section

7. Natural disaster
  8. Power outage
- f. Any other circumstances which may result in departmental liability.
- g. The written incident report shall include, but not be limited to, the following information:
1. The time of incident.
  2. Place of the incident.
  3. Participants involved in and/or witnessing the incident.
  4. A narrative of the incident.
  5. A final summary detailing the results of the investigation.
- h. The following people shall be notified when incidents occur: Facility Administrator, Assistant Facility Administrator and Detention Manager. The Deputy Director of Institutional Services, Assistant Director of Juvenile Services and Director of Juvenile Services shall be notified of critical and emergency incidents or as requested.
- i. Copies of the incident reports shall be kept on file.
- j. Procedures for writing an incident report:
1. Staff must print legible with ink pen (pencils are not accepted.).
  2. White-out should never be used. Mistakes should be circled, corrected and initialed by the writer.
  3. Staff shall not offer their opinion, diagnose, or attribute a motive for the incident.
  4. Describe only what you physically observed and heard, as detailed and sequential as possible.
  5. The incident report must be completed before staff member is allowed to leave work
  6. Supervisors must read and approve report before it is accepted.
- k. Distribution of Incident Report is as follows:
1. Resident file (incidents involving residents, a copy shall be placed in the permanent file -section folder of the resident(s) involved in the incident.)
  2. Juvenile probation officer
  3. Shift Supervisor
  4. Detention Manager
  5. Assistant Facility Administrator
  6. Facility Administrator
  7. Deputy Director of Institutional Services (critical and emergency incidents)
  8. Court Judge
- B.** All special incidents including, but not limited to, riots, the taking of hostages, escapes, assaults, major disruptions of services such as power outages, communications malfunction, duress system malfunction, gas leaks, fires, bomb threats, natural disasters and other related events shall be reported in writing to the Facility Administrator. As is procedure with incident reports, a copy of the report for special incidents shall be placed in the file of any residents involved in the incident[TAC 343.249].

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 2: Central Control Log	Related Standards:

### I. Policy:

The Medlock Treatment Center facility must maintain a continuous Central Control Log of all daily events and population counts. Staff responsible for making entries into the Central Control Log must record relevant information legibly and as concisely as possible and must stay informed by reading recent entries.

### II. Definitions: None

### III. Procedure:

A. The procedures applying to the Central Control Log are as follows:

1. Log Entries:

- a. One staff member must be assigned to make log entries per shift.
- b. Routine log entries must be made in ink only. Yellow markers may be used to highlight important or emergency events.
- c. The staff member responsible on a shift for maintaining the log must be responsible for entering all data regarding resident movement on that shift and must initial each entry.
- d. Personal comments should be withheld from the log. The following types of information must be entered into the log:
  - i. Resident entry into or exit from the facility (in addition to other resident movement accounting procedures);
  - ii. Behavioral and factual descriptions of events, with particular emphasis on the WHO,WHAT,WHEN, WHERE, HOW, and WHY (if known) of the event;
  - iii. Serious incidents, visitor entry into facility, important messages;
  - iv. Population increases and decreases.
- e. The on-coming staff member assigned to make log entries must, at the beginning of their shift, denote the beginning of their entries in the Central Control Log by listing time, day and date of tour, all staff members printed names and duty assignments and shift. In addition each staff member will be assigned a radio, and the number of that radio will be placed in the Central Control Log, next to each staff member's name.
- f. The Facility Administrator, Assistant Facility Administrator and other administrative staff must make management notes and entries as appropriate.

2. Population Counts: The Central Control Log must contain a running count of the resident population using the below procedures:

- a. All new admissions and releases must be recorded in the Central Control Log. The population count must be adjusted accordingly.
- b. Counts must be scheduled so that they do not interfere with normal programs and/or activities.
- c. Formal Counts must be taken at least every two hours.
- d. The Formal Count must be recorded in the Central Control Log.
- e. Any discrepancies in the count must be cause for immediate recount. Residents may be required to stand for count as needed.
- f. A listing of all residents by name and program assignment must be retained and updated as needed.
- g. If, in the course of a formal count, a resident is unaccounted for, the facility Administrator must immediately be notified. The on-duty supervisor or reporting staff member must complete an incident report.
- h. The Facility Administrator or on-call Administrator must be advised as to whether Runaway/Escapee procedures must be initiated. The Facility Administrator must immediately be notified if the count clears, or if the resident's whereabouts are determined.

- i. In addition, the Shift Supervisor will sign for total number of residents assigned to them at each shift change. It is the responsibility of the Shift Supervisor to ensure that all residents assigned to them are accounted for before allowing the previous shift to end their tour of duty.
3. Management and Storage of Central Log:
    - a. The Shift Supervisor must be responsible for reviewing the Central Control Log and ensuring the accuracy of counts for their shift.
    - b. Only the Facility Administrator or his/her Designee is empowered to authorize an addition or deletion to the facility count.
    - c. Access to Central Control Log must be restricted to the Facility Administrator or Designee.
    - d. Completed Central Control Logs must be given to the Facility Administrator or Designee and must bear the beginning and end dates.
    - e. The Facility Administrator or Designee must securely store the completed logs for five years.
  4. All resident movement must be monitored by Central Control
    - a. A running list of all residents on the facility grounds and their location will be kept at Central Control. Additions and deletions will be made as appropriate.
    - b. In addition to a running list, all information listed in #1 will also be placed into the Central Control Log.
    - c. Any new resident's name and program assignment will be given to Central Control immediately upon his arrival at the facility. The Central Control Officer will place the name and program assignment of the new resident into the Central Control Log and add the new resident to the Facility Count.
    - d. When a resident leaves the facility permanently, he will out process through Central Control. The Central Control Officer will mark the departure in the Central Control Log and make the appropriate changes on the Facility Count.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 3: Restraints	Related Standards: 343.800 – 818

## I. Policy:

The Medlock Treatment Center shall comply with all applicable standards regarding restraints.

### Requirements [TAC 343.802]

1. Restraints shall be used only by juvenile supervision officers and juvenile probation officers.
2. Prior to participating in a restraint, juvenile supervision officers and juvenile probation officers shall be trained in the use of the facility's specific verbal de-escalation policies, procedures, and practices.
3. Restraints shall be used only to prevent imminent or active:
  - a. self-injury or injury to others;
  - b. serious property damage; or
  - c. escapes
4. Restraints shall be used only as a last resort.
5. Only the amount of force and type of restraint necessary to control the situation shall be used.
6. Restraints shall be implemented in such a way as to protect the health and safety of the resident and others.
7. Restraints shall be terminated as soon as the resident's behavior indicates that the imminent threat of self-injury, injury to others, or serious property damage, or the threat of escape has subsided.

### Restraint Prohibitions [TAC 343.804]

- A. Restraints that employ any of the following techniques listed below are prohibited:
1. Restraints used for punishment, discipline, retaliation, harassment, compliance, intimidation or as a substitute for a disciplinary seclusion;
  2. Restraints that deprive the resident of basic human necessities including restroom opportunities, water, food, and clothing;
  3. Restraints that are intended to inflict pain;
  4. Restraints that place a resident in a prone or supine position with sustained or excessive pressure on the back, chest, or torso;
  5. Restraints that place a resident in a prone or supine position with pressure on the neck or head;
  6. Restraints that obstruct the resident's airway, including a procedure that places anything in, on, or over the resident's mouth or nose;
  7. Restraints that interfere with the resident's ability to communicate;
  8. Restraints that obstruct the view of the resident's face;
  9. Any technique that does not require monitoring of the resident's respiration and other signs of physical distress during the restraint;
  10. Percussive or electrical shocking devices

### Restraint Documentation [TAC 343.806]

- A. Except for restraints described in TAC 355.818, all restraints shall be fully documented and the documentation shall be maintained. Documentation shall include an accurate description of the restraint event, including:
1. The name of resident;
  2. The name and title of each staff member who administered the restraint;
  3. A narrative description of the restraint event from each staff member who participated in the restraint;
  4. The date of the restraint;
  5. The duration of the each type of restraint (e.g., personal, mechanical), including notation of the time each type of restraint began and ended;
  6. The location of the restraint;
  7. The events and behavior that prompted the initial restraint and any continued restraint;
  8. De-escalation efforts and all restraint alternatives attempted;

9. The type of restraint(s) applied, including as applicable:
    - a. the specific type of personal restraint hold applied;
    - b. the type of mechanical restraint device(s) applied; and
    - c. the type of chemical restraints used; and
  10. Whether or not any injury occurred during the restraint and a description of any injuries.
- B. The Medlock Treatment Center shall maintain a restraint log. The log shall be organized chronologically by date and document the following information:
1. Name of the resident;
  2. Type of restraint applied;
  3. Name of staff member(s) who administered the restraint;
  4. Time and date the restraint began; and
  5. Time and date the restraint ended.

#### Personal Restraint [TAC 343.808]

1. A facility shall not use a personal restraint technique before it has been approved for use by TJJD.
2. Personal restraints shall be administered in a manner consistent with the approved personal restraint technique adopted by the Medlock Treatment Center.
3. Juvenile supervision officers and juvenile probation officers shall be re-trained in the approved personal restraint technique in accordance with the requirements of the technique or at least once every 365 calendar days, whichever time frame is shorter.

#### Mechanical Restraint [TAC 343.810]

##### A. Requirements:

1. Only TJJD approved mechanical restraint devices shall be used by the Medlock Treatment Center.
2. Mechanical restraint devices shall be used only in a manner consistent with their intended use.
3. All mechanical restraint devices shall be inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. The dates of the inspections shall be documented.
4. All faulty or malfunctioning devices shall be restricted from use until they are repaired or replaced. Any maintenance performed shall adhere to the manufacturer's guidelines.

##### B. Prohibitions:

1. Except as noted in A2 above, approved mechanical restraint devices shall not be altered from the manufacturer's design.
2. If a required repair will modify or alter a restraint bed, restraint chair, and/or accompanying soft restraints, the facility shall obtain written approval from the manufacturer prior to the repair. The restraint equipment shall meet the requirements of TAC 343 Subchapter E after the alteration or modification occurs.
3. A resident shall not be placed in a prone position while restrained in any mechanical restraint for a period of time longer than necessary to apply the restraint device.
4. A mechanical restraint shall not secure a resident in a prone, supine, or lateral position with the resident's arms and hands behind the resident's back and secured to the resident's legs.
5. Approved mechanical restraint devices shall not be secured so tightly as to interfere with circulation or so loosely as to cause chafing of the skin.
6. Approved mechanical restraint devices shall not be secured to a stationary object, except when complete immobilization is required by use of a four point restraint or restraint chair..
7. A resident in an approved mechanical restraint device shall not participate in any physical activity.
8. Plastic cuffs shall be used only in emergency situations.

#### Non-Ambulatory Mechanical Restraints [TAC 3438.12]

The Dallas County Juvenile Department and the Medlock Treatment Center do not authorize the use of non-ambulatory mechanical restraints (including restraint beds and restraint chairs).

Chemical Restraints [TAC 343.816]

The Dallas County Juvenile Department and the Medlock Treatment Center do not authorize the use of chemical restraints.

Preventive Mechanical Restraints [TAC 343.818]

- A. For resident, staff, and public safety purposes, a resident may be placed in ankle cuffs, handcuffs, wristlets, or a waist belt absent the imminent threat requirement in TAC 343.802(d). These types of preventive mechanical restraints are authorized under the following circumstances:
1. Mechanical restraints may be used when moving a resident from point to point within the premises of a secure facility. The mechanical restraint devices shall be removed upon completion of the resident's relocation.
  2. Mechanical restraints may be used when transporting a resident in a vehicle. However, a resident shall not be secured to:
    - a. any part of the vehicle; or
    - b. another resident;
  3. Mechanical restraints may be used when a resident is required to leave the secure confines of the facility.
  4. The routine preventive use of mechanical restraint application described in this section is exempt from the documentation requirements contained in TAC 343.806 except when:
    - a. the resident's cooperation is compelled through the use of a personal or chemical restraint;
    - b. the resident receives an injury in relation to the restraint event or restraint devices; or
    - c. the resident's behavior escalates to the imminent threat criteria listed in TAC 343.802(d)

**II. Definitions:**

Approved Mechanical Restraint Devices: is defined as a professionally manufactured and commercially available mechanical device designed to aid in the restriction of a person's bodily movement. TJJD approved mechanical restraint devices are limited to the following:

Ankle Cuffs – A metal band designed to be fastened around the ankle to restrain free movement of the legs;

Handcuffs - Metal devices designed to be fastened around the wrist to restrain free movement of the hands and arms;

Plastic Cuffs - Plastic devices designed to be fastened around the wrist or legs to restrain free movement of hands, arms, or legs. Plastic cuffs must be designed specifically for use in human restraint.

Restraint Bed – A professionally manufactured and commercially available bed or integrated bed attachments that are specifically designed to facilitate safe human restraint.

Restraint Chair – a professionally manufactured and commercially available restraint apparatus specifically designed for safe human restraint. The device restrains a subject in a upright, sitting position by restricting the subject's extremities, upper leg area, and torso with soft restraints. The apparatus may be fixed or wheeled for re-location.

Waist Belt - A cloth, leather, or metal band designed to be fastened around the waist used to secure the arms to the sides or front of the body.

Wristlets – a cloth or leather band designed to be fastened around the wrist that may be secured to a waist belt or used in a non-ambulatory mechanical restraint.

Approved Personal Restraint Technique: is defined as a professionally trained, curriculum-based, and competency-based restraint technique that uses a person's physical exertion to completely or partially constrain another person's body movement without the use of mechanical restraints.

Chemical Restraint: is defined as the application of a chemical agent on one or more residents:

Four-Point Restraint: is defined as the use of approved mechanical restraint devices on each of a resident's wrists and ankles to secure the resident in a supine position to a restraint bed.

Mechanical Restraint: is defined as the application of an approved mechanical restraint device.

Non-Ambulatory Mechanical Restraint: is defined as a method of prohibiting a resident's ability to stand upright and walk with the use of a combination of approved mechanical restraint devices, cuffing techniques, and the subject's body positioning. The four-point restraint and restraint chair are examples of acceptable non-ambulatory mechanical restraints.

Personal Restraint: is defined as the application of an approved personal restraint technique.

Physical Escort: is defined as touching or holding a resident with a minimum use of force for the purpose of directing the resident's movement from one place to another. A physical escort is not considered a personal restraint.

Protective Devices: are defined as professionally manufactured devices used for the protection of residents or staff that do not restrict the movement of a resident. Protective devices are not considered approved mechanical restraint devices. Protective devices can include, but are not limited to, protective mittens, helmets, spit guards, etc. What distinguishes these devices from mechanical restraint devices is that the resident's overall physical movement is not restricted or limited by their use.

Restraint: is defined as the application of an approved personal restraint technique, an approved mechanical restraint device, or a chemical agent to a resident so as to restrict the individual's freedom of movement.

Riot: is defined as a situation in which three or more persons in the facility intentionally participate in conduct that constitutes a clear and present danger to persons or property and substantially obstructs the performance of facility operations or a program therein. Rebellion is a form of riot.

Soft Restraints: are defined as non-metallic wristlets and anklets used as stand-alone restraint devices or in conjunction with a restraint bed or restraint chair. These devices are designed to reduce the incidence of skin, nerve, and muscle damage to the restrained subject's extremities.

### **III. Procedure:**

A. The following procedures apply for personal restraints:

1. The Department utilizes Handle with Care as its TJJD approved personal restraint technique. All juvenile supervision officers and juvenile probation officers assigned to the Medlock Treatment Center shall maintain their certification in Handle with Care every 365 calendar days as required.
2. Staff shall not participate in a personal restraint if he/she has not maintained certification in Handle with Care.
3. Staff shall not apply any personal restraint technique that deviates from that has been trained in Handle with Care.

B. The following procedures apply for personal restraints/mechanical restraints:

1. Staff shall not participate in a restraint prior to being trained in the use of the Medlock Treatment Center's verbal de-escalation policies, procedures, and tactics.
2. Staff shall not participate in a personal restraint prior to receiving training and demonstrating competency in Handle with Care and shall not participate in a mechanical restraint prior to receiving training and demonstrating competency on the application of the mechanical restraint devices used by the Medlock Treatment Center.
3. Staff shall apply restraints under the following instances only:
  - a. to prevent imminent or active self-injury or injury to others;
  - b. to prevent imminent or active serious property damage; or
  - c. to prevent imminent or active escape(s).
4. Restraints shall be used only as a last resort.



5. Only the amount of force and type of restraint necessary to control the situation shall be used.
  6. Restraints shall be implemented in such a way as to protect the health and safety of the resident and others.
  7. Restraints shall be terminated as soon as the resident's behavior indicates that imminent or active self-injury or injury to others, imminent or active serious property damage, or imminent or active escape has subsided, or upon completion of the resident's relocation.
  8. Staff shall strictly adhere to all restraint prohibitions listed in TAC 343.804.
  9. Any restraint that is applied shall be documented on an incident report and meet all or the requirements of TAC 343.806 unless it is a routine preventive mechanical restraint that meets the requirements of TAC 343.818.
  10. A resident that has been restrained shall be seen by medical staff upon termination of the restraint.
- C. The following procedures apply for mechanical restraints:
1. Only TJJD approved mechanical restraints in proper working order shall be used.
  2. Mechanical restraint devices shall be used only in a manner consistent with their intended use.
  3. Staff shall inspect mechanical restraint devices after each use to ensure that they are continuing to be in proper working order and may be applied safely for future use. Faulty or malfunctioning devices shall be immediately reported to supervision personnel and restricted from use until repaired.
  4. Staff shall strictly adhere to all mechanical restraint prohibitions listed in TAC 343.810(b).
  5. Please also refer Chapter 8 Transportation; Section 1 Transportation of Residents for procedures with regard to the use of preventive mechanical restraints when transporting residents.
  6. Application of mechanical restraints shall be approved by the supervisor on duty at the time of the incident. Proper handcuffing procedure, (i.e., hands behind the back with handcuffs double-locked), shall be followed.
  7. The application of mechanical restraints to assist a resident in regaining self-control is only considered after all other alternatives have been exhausted, and is only used when to prevent imminent or active self-injury or injury to others, imminent or active serious property damage, or imminent or active escape. In any situation, programming alternatives, counseling by staff, and personal restraint shall be used first in an attempt to control behavior.
    - a. Staff shall attempt to counsel with the resident, even during the use of restraint, to calm him/her so that further restraint is not necessary. The supervisor on duty may contact Psychology staff to provide further intervention and counseling. If these attempts are unsuccessful, staff shall explain to the residents that mechanical restraints may be used.
    - b. If it appears that mechanical restraints will become necessary, the supervisor's approval is required.
    - c. Any resident in mechanical restraints must have at least one staff member present maintaining visual observation at all times. This visual observation can be maintained from outside the room. Staff cannot be assigned to perform any other task.
    - d. The mechanical restraint device shall be immediately removed once the resident ceases to display the behaviors that prompted the restraint. If after two consecutive hours the resident continues to display behaviors the require continued mechanical restraint, Psychology staff may be consulted to assist in determining if the resident should be referred for immediate placement in a more appropriate facility or if the restraint should continue. All efforts shall be made to remove the resident from the mechanical restraint device.
    - e. All documentation discussed in this section shall be completed on the Mechanical Restraint Form. This form shall be completed by the staff involved in the incident, reviewed by the detention manager and forwarded to the Facility Administrator or designee. A copy of this form shall be placed in the resident's file.
    - f. The Facility Administrator or designee shall review each incident involving the use of mechanical restraints to ensure that appropriate procedures were followed. Any discrepancies shall be reviewed immediately with appropriate staff.
- D. The Mechanical Restraint Inspection and Inventory Form shall be completed annually as required.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 3: Resident Supervision and Searches	Related Standards: 343.249; 260; 622 - 640

- A.** Resident supervision shall be provided by staff currently certified as juvenile supervision officers or have been employed by the Medlock Treatment Center less than 180 calendar days; and have completed a minimum of 40 hours of training which shall include the mandatory topics as outlined in TAC Chapter 344 as well as certification in CPR, first aid, and a personal restraint technique approved by TJJD (the Department utilizes Handle With Care). A juvenile supervision officer who fails to meet these requirements above shall not be included in to juvenile supervision officer to resident ratios or perform any duties of a juvenile supervision officer listed in TAC Chapter 343.
1. Staff members must come to work ready to perform all of their required duties.
  2. Staff must always remain awake and alert, and must enforce all of the policies and procedures of the facility and the Department.
  3. Staff must maintain a safe and secure environment for residents at all times, free from abuse, neglect, coercion, or harassment of any nature.
  4. Staff must maintain a constant physical presence for the residents they are supervising. This means a juvenile supervision officer is physically present in the same room or same physical location with the residents and is responsible for the supervision of the residents. Constant physical presence does not include supervision from behind architectural barriers such as doors and observation windows and is prohibited.
  5. Staff must maintain constant visual contact of each resident they are supervising except when residents are being supervised by approved dental, nursing or physician professional staff in the medical/dental clinic exam/work rooms for examinations or for treatment. In such cases, up to three residents may be supervised by the medical/dental personnel as long as a juvenile supervision officer remains in close proximity in the waiting area of the clinic.
  6. Staff must pay special attention to the mood and behavior of each juvenile they are supervising, as well as any special precaution or needs each juvenile may present.
  7. Staff must closely supervise residents, and all activities involving the residents.
  8. Staff must know each resident's first and last name, behavioral level, special precautions, current behavior and concerns of each resident including their mood, and needs of the residents they are supervising. Staff must also know resident's age, referring offense, plan(s), medical/dental concerns, psychiatric concerns, special upcoming events (i.e. visits, phone calls, court dates), and assigned juvenile probation officer.
- B.** The Medlock Treatment Center shall maintain supervision requirements.
1. At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified [TAC 343.624].
  2. Residents of both genders are housed within the facility, therefore, juvenile supervision officers of both genders are always on duty and available to the residents for every shift. At least one male and one female officer shall be on-duty each shift [TAC 343.426].
  3. A juvenile supervision officer of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, strip searches, disrobing of residents (suicidal or not), or when personal hygiene practice requires the presence of a juvenile supervision officer of the same gender [TAC 343.626].
  4. Juvenile supervision officers of one gender shall always be the sole supervisor of a resident of the same gender during showers, strip searches, disrobing of suicidal youth or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender [TAC 343.626].
  5. When residents are participating in any programming or activity on the facility premises but not inside a Single Occupancy Housing Unit (SOHU) or Multiple Occupancy Housing Unit (MOHU) [TAC 343.629]:
    - a. residents shall be in the constant physical presence of a juvenile supervision officer;
    - b. there shall be at least one juvenile supervision officer for every 12 residents participating in the program or activity.

- C. The Medlock Treatment Center shall maintain supervision ratio requirements.
1. The facility-wide juvenile supervision officer to resident ratio shall not be less than [TAC 343.628]:
    - a. one juvenile supervision officer to every eight residents during **program** hours; and
    - b. one juvenile supervision officer to every 20 residents during **non-program** hours.
  2. For a juvenile supervision officer to be counted in the facility-wide ratio, the officer shall be present on the facility premises at all times.
  3. In a MOHU (all dorms), the juvenile supervision officer to resident ratio shall not be less than [343.630]:
    - a. one juvenile supervision officer to every twelve residents during **program** hours; and
    - b. one juvenile supervision officer to every 24 residents during **non-program** hours.
  4. Staff stationed in and assigned to Central Control shall not count toward meeting any ratios required by TAC Chapter 343 Subchapter C [TAC 343.640].
- D. The Medlock Treatment Center shall maintain level of supervision requirements.
1. While residents are located in a MOHU (all dorms) they shall be in the constant physical presence of a juvenile supervision officer during **program** and **non-program** hours [TAC 343.634]:
  2. Juvenile supervision officers shall document general observations of dorm activity at intervals not to exceed 30 minutes.
  3. Although Dorms 7 and 8 are MOHUs, the following shall occur:
    - a. During non-program hours, juvenile supervision officers shall observe each resident's behavior at random intervals not to exceed 10 minutes;
    - b. The officer's observations shall be documented on an observation sheet for each resident housed in Dorm 7 and 8 during non-program hours; and
    - c. During program hours, the level of supervision shall be in accordance with TAC 343.634.
  4. The Medlock Treatment Center was granted a permanent variance by TJJD in September 2011 with regard to the level of supervision during non-program hours in Dorms 7 and 8.
  5. Video and audio monitoring devices electronic equipment shall not substitute for required levels of supervision by a juvenile supervision officer [TAC 343.249].
- E. A resident shall be supervised by a juvenile supervision officer in accordance with the requirements of TAC Chapter 343 Subchapter C with the following exceptions [TAC 343.638]:
1. No more than three residents may be supervised by a professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training or education. For the purposes of this standard, the following persons are considered professionals for limited purposes:
    - a. teachers certified as educators by the State Board for Educator Certification including teachers certified by the State Board for Educator Certification with provisional or emergency certifications;
    - b. educational aides or paraprofessionals certified by the State Board for Educator Certification;
    - c. health care professionals licensed or certified by:
      - i. the Texas Board of Nursing;
      - ii. the Texas Medical Board;
      - iii. the Texas Physician Assistant Board;
      - iv. the Texas Department of State Health Services; or
      - v. the Texas State Board of Dental Examiners;
    - d. mental health providers;
    - e. qualified mental health professionals;
    - f. social workers licensed by the Texas Board of Social Worker Examiners;
    - g. juvenile probation officers certified by the Texas Juvenile Justice Department; and
    - h. commissioned law enforcement personnel.
  2. A juvenile supervision officer shall provide constant visual supervision of any therapeutic group between four and twelve residents when those residents are working with a qualified mental health professional or mental health provider.
  3. Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.

- F. Staff must be able to account for the approximate whereabouts of all residents on facility premises at all times. The below procedures must apply:
1. Movement into and out of the Facility:
    - a. Residents must be required to use the facility's resident entry and exit. All other exit doors must be used only for the purposes of security and sanitation, and emergency exit if necessary.
    - b. Staff must adhere to Policy 9-2 when residents enter or exit the facility.
  2. Indoor facility activities and monitoring – Staff must monitor movement within the facility, accounting for exact resident locations on a regular basis. The below regulations must apply to resident movement inside the facility:
    - a. Resident access to facility public areas provided for resident use must be unlimited during established schedule hours.
    - b. Resident access to Dorms of other resident(s) is restricted to permission from security staff.
    - c. Residents must be restricted from entering administrative and office areas unless prior permission is obtained from staff. A staff member must be present at all times when a resident is in administrative or office areas. A resident in the administrative or office area for any reason other than successful discharge or approved home visit must be in leg shackles for the duration.
    - d. During daytime and evening hours, staff must conduct a visual inspection of all areas of the facility for safety and security purposes.
    - e. After program hours and during sleeping hours, Staff must monitor and regulate resident movement as follows:
      - i. Staff must require all residents to be in their own sleeping areas after facility curfew.
      - ii. Outdoor facility activities: Resident activities outdoors must be conducted within the facility's perimeter and outside the perimeter only following Administrative approval.
      - iii. Resident off facility activities – All of the facility activities must be supervised by Staff. Staff escorting residents off the facility must:
        - 1) Check out through Central Control;
        - 2) Give destination;
        - 3) Names of resident(s) and staff leaving; and
        - 4) Any other pertinent information.
- G. The Medlock Treatment Center conducts resident searches in compliance with all applicable laws, rules, and professional standards including pat-down, strip search, and body cavity searches. All contraband found shall be removed and secured [TAC 343.260].
1. General conditions of searches:
    - a. Searches shall be conducted according to written policies limited to the following conditions. All staff and juveniles shall be informed of the START and RDT Programs policy concerning search and seizure of contraband.
    - b. Staff shall be provided regular training of the proper method and decorum while conducting searches.
    - c. Residents shall be required to surrender the remainder of their clothing and to shower upon admission.
    - d. Juvenile supervision officers of same gender shall be the sole supervisors of residents of the same gender during strip and pat down searches. Preferably, two juvenile supervision officers should conduct pat down searches, but one is acceptable. At least two staff members of the same gender as the resident must be present while conducting a strip search.
    - e. Residents may be required to submit to a pat down search as necessary for facility safety and security. A pat-down search is defined as a manual search in which the resident's outer clothing is patted down or searched.
    - f. A supervisor must be informed on any search in which it is thought contraband may be involved prior to the search. An incident report must be written for all strip searches involving contraband.
    - g. Residents may be required to submit to a strip search based on the belief that the resident is in possession of contraband or there is reasonable belief that the resident presents a threat to facility safety and security. A strip search is defined as a visual inspection of a resident's body in a state of full or partial undress.

- h. Residents may be required to submit to an oral cavity search to prevent concealment of contraband and to ensure the proper administration of medication. An oral cavity search is defined as the visual examination of a resident's open mouth. An anal or genital body cavity search may only be conducted if there is probable cause to believe the resident is concealing contraband. Probable cause shall be documented. An anal or genital body cavity search shall be conducted only by a physician.
  - i. Staff members conducting searches shall:
    - i. not touch the resident more than is necessary to conduct a comprehensive search;
    - ii. make every effort to prevent embarrassment or humiliation of the resident;
    - iii. refrain from excessively forceful touching, prodding, or probing that may cause pain or injury;
    - iv. refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks; and
    - v. conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Staff members' communications during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and efficient search and to provide for resident, staff, and facility safety.
2. Searches are conducted for the following purposes:
- a. To prevent the introduction of weapons, drugs, or other dangerous contraband into the facility;
  - b. To detect the manufacture of weapons, escape devices, etc. within the facility;
  - c. To discover and prevent the exchange of contraband between residents, staff, and residents and/or visitors and residents;
  - d. To discover hazards to resident or staff health or safety that may go undetected during a more routine search or inspection.
3. Pat-down search procedure:
- a. During intake, a pat-down search must be performed on all residents in the presence of law enforcement before allowing the resident to leave the Intake processing area.
  - b. Once a resident or group of residents leaves the section, pat-down searches must be conducted on each resident prior to re-entering the section.
  - c. The juvenile supervision officer(s) conducting the pat-down search shall be the same gender as the resident being searched
  - d. In conducting a pat-down search, the following procedure shall be used:
    - i. the resident shall be informed of the pat-down search;
    - ii. the resident shall not be touched more than necessary to conduct a comprehensive search;
    - iii. the juvenile supervision officer shall have the resident place his/her feet apart while facing the wall and instruct resident to lean forward and place the back of the his/her hands against the wall, feet spread far apart;
    - iv. the juvenile supervision officer shall check the resident's hair, ears, and nose, mouth and tongue areas;
    - v. the juvenile supervision officer shall check the collar, shoulder, and underarm of a male resident;
    - vi. the juvenile supervision officer shall check the collar, shoulder, underarm, bra band and under breast of a female resident;
    - vii. the juvenile supervision officer shall tuck his/her thumbs in the waist band, starting from the front mock zipper area and slide it all the way around the waist; and
    - viii. the juvenile supervision officer shall check the outside legs to ankle and inside legs to groin.
4. Strip search procedure:
- a. A strip search in which a resident is required to surrender his/her clothing may only be conducted if it is based on the reasonable belief that the resident is in possession of contraband or if there is a reasonable belief that the resident presents a threat to the facility's safety and security;
  - b. A strip search shall only be permitted by supervision personnel.
  - c. A strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident;
  - d. A strip search shall be performed in an area that ensures the privacy and dignity of the resident;

- e. The juvenile supervision officer(s) conducting the strip search shall be the same gender as the resident being searched;
  - f. The resident shall remove all clothing and move away from the articles of clothing while the juvenile supervision officer instructs the resident to run his/her hand through the hair on his/her head;
  - g. If there are bandages, they must be removed in the presence of licensed/registered medical staff;
  - h. The juvenile supervision officer shall carefully search all items of clothing 1 piece at a time for contraband. After search each item of clothing, the juvenile supervision officer shall return the resident's clothing as quickly as possible;
  - i. All incidents where reasonable belief has been determined and the strip search of a resident is necessary shall be documented on a "Resident Search" form and maintained in the resident's file. Documentation shall include the following:
    - i. the name of the resident searched;
    - ii. the date and time of the search;
    - iii. the name of the facility where the search was conducted;
    - iv. the location within the facility where the search was conducted;
    - v. the circumstances that support the reasonable belief that the strip search was necessary;
    - vi. the name of the staff person(s) that conducted the search and the name(s) of any staff that witnessed the search of the resident;
    - vii. the name of the supervisor that gave permission for the search; and
    - viii. a list of all contraband found, if applicable, as a result of the search.
5. Oral cavity search procedure:
- a. Residents may be required to submit to an oral cavity search for the following reasons:
    - i. To prevent concealment of contraband; and
    - ii. To ensure the proper administration of medication;
  - b. An oral cavity search may be conducted by a juvenile supervision officer, juvenile probation officer or any medical personnel.
6. Anal or genital body cavity search procedure:
- a. Residents may be required to undergo an anal or genital body cavity search only if there is probable cause to believe that they are concealing contraband;
  - b. The search must be authorized by the Facility Administrator or designee and performed only by the facility or emergency room physician at Parkland/Children's Hospital.
  - c. The search shall be conducted only by a physician;
  - d. The physician shall be of the same gender if available;
  - e. All anal or body cavity searches shall be conducted in an office or room designated for medical procedures; and
  - f. All anal or body cavity searches shall be documented with the documentation being maintained in the resident's file including:
    - i. the name of the resident searched;
    - ii. the date and time of the search;
    - iii. probable cause justifying the search;
    - iv. the name and title of physician conducting the search; and
    - v. a list of contraband found, if applicable, as a result of the search.

**H.** In cases of escape or attempted escapes within the facility, staff shall immediately notify Central Control of the incident via hand held radio or call for assistance.

1. All caution shall be exercised in preventing an escape from the Medlock Treatment Center.
2. Central Control personnel shall notify the Facility Administrator or designee and the supervisor on duty. The supervisor shall:
  - a. Initiate facility shut down until search is completed.
  - b. Allocate staff to disturbance area. Immediate arrangements shall be made to secure any portion of the building which may, as a result of an escape be non-secure (i.e. perimeter and exits.)
  - c. Physically account for each resident.
  - d. Notify law enforcement immediately if an escape has occurred.

- e. TJJD shall be notified within 24 hours of knowledge of the escape or attempted escape.
  - f. When the resident is apprehended, he may be unsuccessfully discharged.
3. In cases of escape or attempted escapes outside the facility, staff shall notify Central Control of the incident for assistance.
- a. Central Control personnel shall notify the supervisor on duty and Facility Administrator or designee immediately. The supervisor shall:
    - 1. Contact local law enforcement immediately and notify Facility Administrator or designee immediately.
    - 2. Physically account for each resident.
    - 3. Ensure that an incident report is written and forwarded to Facility Administrator or designee.
    - 4. TJJD shall be notified within 24 hours of knowledge of the escape or attempted escape.
  - b. A resident who fails to return home from an authorized home visit shall be reported and treated as an escape if he does not return to the facility at his instructed time.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 5: Fire and Emergency Procedures	Related Standards: 343.240, 242, 244, 246, 249

- A. The Medlock Treatment Center has written plans and procedures which promote the health and safety of residents, staff, and visitors during a fire or other emergencies.
- B. The Medlock Treatment Center have a written fire safety plan and a fire safety officer who ensures that emergency plans provide for the safety of residents, staff, and visitors. Safety policies are reviewed annually by a qualified fire safety officer. The detention manager serves as the fire safety officer for the facility. The Fire Safety Plan shall include the following [TAC 343.242, 244; 246]
1. The Business Manager shall coordinate with the Dallas County Fire Marshal to ensure that the fire safety plan is reviewed and an annual fire safety inspection is completed. The Dallas County Fire Marshal provides assistance to staff to conduct fire drills on all shifts and to implement written emergency procedures.
  2. The Medlock Treatment Center maintains and has in effect a written fire safety plan that shall [TAC 343.242]:
    - a. be available to all supervisory personnel;
    - b. provide for the protection of all persons in the event of a fire by evacuation to areas of refuge and evacuation from the building when necessary;
    - c. be coordinated with and reviewed by the fire authority legally committed to serve the facility (Dallas County Fire Marshal). The coordination and review efforts required in this standard shall be validated by documentation prepared or attested to by a representative of the applicable fire authority;
    - d. include the following:
      - 1) residents are prohibited from keeping any combustible materials in their dorm area with the exception of their currently issued clothing and bedding. Resident's personal property such as letters, photographs, books, and other papers shall be kept in their storage locker located at the bottom of their assigned bunk bed.
      - 2) all combustible refuse shall be disposed in the appropriately marked containers.
        - i. trash receptacles are located throughout the facility, and must be carefully supervised to reduce the possibility of fire and must: be constructed of fireproof material; be readily accessible at all times; and be emptied and cleaned at least daily.
      - 3) space heaters are strictly prohibited within the secure perimeter of the facility.
      - 4) all staff members assigned to the Medlock Treatment Center shall receive instruction and be drilled regarding his/her duties in the event of a fire as well as the location and use of life safety and/or fire suppression equipment. This instruction and drilling shall occur during new employee orientation and at least once every 365 days.
        - i. Fire safety officer duties: (see #3 below)
        - ii. Shift supervisor duties:
          - (1) Immediately assess the degree of severity of the situation.
          - (2) Authorize the evacuation of the facility to the evacuation area in the rear of the building.
          - (3) Ensure that appropriate county and Juvenile Department representatives are notified.
          - (4) Assign an officer to meet and guide the Fire Department.
          - (5) Notify PPHS medical staff of any needed medical assistance.
          - (6) Assign additional staff, as needed, to assist in security and control.
          - (7) Maintain accountability of all staff and residents.
        - iii. Central Control duties:
          - (1) Notify Fire Department via 911.
          - (2) Open the gates for access by the Fire Department.
          - (3) Ensure that shift supervisor is properly notified.



- (4) Maintain an accurate record in the Central Control Log of notification and times pertaining to events during the emergency.

iv. Juvenile supervision officer duties:

- (1) Maintain supervision of residents during evacuation.
- (2) Use clear and precise instructions.
- (3) Communicate a sense of calm while maintaining control of situation.
- (4) Ensure that an accurate count is maintained by all residents that have been moved.
- (5) Maintain communication with Central Control or Shift Supervisor via radio.
- (6) Remain alert to unauthorized activities such as escape attempts, disturbances, etc.

v. Other facility staff (probation officers, administrative staff, teachers) duties:

- (1) Evacuate the facility as directed.
- (2) Assist JSOs as needed to evacuate residents
- (3) Complete any tasks as assigned by shift supervisor.

5) procedures for the use and control of flammable, toxic, and caustic materials are found in Chapter 2 Physical Plant Section 5 Hazardous Materials.

3. The Detention Manager is designated, assigned, and trained as the facility's fire safety officer and shall [TAC 343.244]:
  - a. ensure a log for fire drills is maintained;
  - b. ensure fire drills are conducted as required by TAC 343.246;
  - c. ensure the posting of emergency evacuation plans as required by the applicable fire code for the facility;
  - d. implement procedures for limitations on the number of books, clothing, and other combustible personal property allowed in sleeping rooms and the proper disposal of combustible refuse;
  - e. implement procedures for the use and control of flammable, toxic, and caustic materials;
  - f. implement procedures to ensure that:
    - 1) the facility exits are clear of obstructions;
    - 2) the capacity of an exit route does not decrease in the direction of the exit; and
    - 3) exit doors are properly marked for evacuation in the event of a fire or other emergency; and
  - g. ensure staff members are trained on the fire safety plan.
4. The facility shall conduct fire drills as required [TAC 343.246]:
  - a. fire drills shall be conducted by the fire safety officer or designee on each shift at least once every 90 calendar days.
  - b. all staff on duty in the facility shall participate in the fire drills.
  - c. each staff member assigned to the facility shall be instructed and drilled regarding his/her duties in the event of a fire to include the location and use of life safety and/or fire suppression equipment. This instruction and drilling shall occur during new employee orientation and at least once every 365 days.
  - d. the facility shall maintain a fire drill log that contains the date and time of each fire drill and the names of staff members conducting each fire drill.
  - e. The shift supervisors and the fire safety officer must monitor drill operations and effectiveness.
5. Fire Prevention: Employees must be constantly on alert to fire hazards, such as altered electrical outlets, and overloaded electrical units, inoperable fire extinguisher(s) and improper trash storage. Employees must make daily fire prevention inspections and report fire hazards to their supervisor on an Incident Report Form.
6. Fire alarm: The facility's fire alarm system automatically alerts staff and residents of any fire threat.
7. Fire suppression equipment: Fire extinguishers are located throughout the hallways of the facility and in all dorm sub-controls. At regular intervals, at least once each year or earlier whenever the need is specifically indicated by inspection, all extinguishers must be examined thoroughly. Inoperable fire extinguisher(s) must be immediately replaced and/or sent for repair. Every extinguisher must have a durable tag securely attached showing last maintenance or recharge date and initials or signature of person who performed service.
8. Emergency Fire Procedures and General Instructions:
  - a. The person first noticing the fire must call the Central Control by telephone or radio to report the emergency by exact description of the situation including.

- 1) fueling agent and size.
- 2) location and rate of speed.
- 3) smoke color:
  - i. YELLOW: Indicative of toxic gases, EVACUATE IMMEDIATELY. DO NOT ATTEMPT TO EXTINGUISH.
  - ii. GREY BROWN WISPS: Indicative of flashover. STAY CLEAR, EVACUATE IMMEDIATELY.
  - iii. GREY/BLACK: Indicative of primary stage fire. Extinguish, if possible, after immediate area is evacuated. DO NOT ATTEMPT TO EXTINGUISH IN THICK SMOKE.
- b. If emergency-extinguishing equipment is used, short bursts must be used at the flame base. Do not disturb the extinguisher powder by prodding or fanning. Additional, extinguishing powders may be used, if necessary.
- c. Turn off all electrical switches, if possible.
- d. Close-off windows and doors, if possible.
- e. DO NOT DISTURB THE FIRE SITE AFTER IT IS EXTINGUISHED. It is to be considered a crime scene and must be protected until an investigation can be conducted. The Facility Administrator must request the fire authority investigate the origin and cause of fire.

C. The Medlock Treatment Center has a non-fire emergency preparedness plan that includes, but is not limited to severe weather, natural disasters, disturbances or riots, national security issues, and medical emergencies. The plan addresses [TAC 343.248]:

1. Identification of key personnel and their specific responsibilities during an emergency or disaster situation;
2. Procedures for:
  - a. alerting, notifying, and deploying employees;
  - b. identifying mission-essential functions;
  - c. establishing alternative sites for the evacuation of residents; and
  - d. identifying staff members with authority and knowledge of functions.
3. Agreements with other agencies or departments; and
4. Transportation to pre-determined evacuation sites.

D. Reasons to evacuate or consider evacuation are:

1. Structure fire
2. Long term disruption of utility services
3. Structure damage due to tornado, earthquake, other natural disaster, or explosion
4. Facility rendered inhabitable by residents' disruption
5. Hazardous chemical spill

E. The Facility Administrator or designee determines whether a need for evacuation is immediate or can wait for approval from a higher authority. This determination takes in consideration the existence of immediate threat to the safety of residents, staff and visitors. If there is an immediate threat such that postponing evacuation even for five minutes would result in injury, the Facility Administrator or designee can start evacuation procedures. If there is no immediate threat, the designated staff member will defer the decision to the appropriate authority. The safety of residents, staff, and visitors should always be first priority.

F. Destination of Evacuation:

1. Within property: Evacuation yards
2. Outside locations:
  - a. Dallas County Youth Village Gymnasium
  - b. Dr. Jerome McNeil Jr. Detention Center
3. All residents and essential staff shall be transported to the pre-determined evacuation site(s) in two buses provided by Dallas County Road and Bridge District 3 and the facility fifteen passenger van. The buses and van are routinely serviced and fueled in the event that evacuation is required from the facility. The buses are located

within a mile of the facility.

**G. Evacuation Process:**

1. Evacuate the area affected or closest to the emergency site first.
2. Staff will evacuate all residents out the facility using the primary or alternate evacuation route according to the shift supervisor's directive. Once outside, staff will take a headcount to account for all residents and remain in this area until given further instructions.

**H. The order of telephone calls when an immediate threat takes place is:**

1. Call 911
2. Transportation to evacuate (Order of phone calls):
  - a. Contact the Dallas County Fire Marshal's Office at 214-653-7970.
  - b. If the Fire Marshal cannot be reached, contact the Dallas County Sheriff dispatch at 214-749-8641 and the Dallas County Security at 214-653-7000. Ask them to notify the Fire Marshal or Emergency Management Director of the need evacuate. Upon contact with the Fire Marshal or Emergency Management Director, proceed as follows:
    - 1) Advise of the need to transport due to fire/emergency.
    - 2) Give the location from which to evacuate, the destination of the transport, the number of people to evacuate and the name of the Medlock staff who will be responsible for 'on-site' coordination if needed.
    - 3) Assemble residents and staff at the Medlock staging location as designated by the Facility Administrator or designee and wait for transportation.
    - 4) Facility Administrator or designee will start notification up the chain of command including the Juvenile Board Chair.
    - 5) During the evacuation, the shift supervisor on duty or designee shall ensure that the resident files are secured in a safe area.
    - 6) After evacuation, all exit doors shall be closed but not locked in an effort to keep air from feeding the fire.
    - 7) Should the situation require that the residents be moved to another facility for a prolonged period of time or overnight, the Facility Administrator will collaborate with the Director of Juvenile Services, Deputy Director of Institutional Services, and Facility Administrators of the other Department operated facilities to determine the best location for temporary housing.

**I. If there is no immediate threat, the order of telephone calls is:**

1. Call 911
2. Contact the Dallas County Fire Marshal at 214-653-7970 or through the Sheriff's Office Communications Section at 214-749-8641 and Dallas County Security at 214-653-7000. The Fire Marshal may authorize evacuation during the phone call, or may wait until arriving at the scene.
3. If given authorization to evacuate, follow steps 1) – 7) above.

**J. Emergency Communications:**

1. Central Control is responsible for communications and will be manned at all times during an emergency. If the emergency is a facility fire, Central Control will be manned until the evacuation is completed, count is cleared, fire department's arrival, or otherwise directed by the appropriate official in charge.
2. The Shift Supervisor must assign portable radios to essential personnel.
3. If a communication post cannot be established at the Facility, it must be located at an appropriate location as designated by the Facility Administrator.

**K. Personnel Assignments During an Emergency:**

1. During the emergency, staff member's regular duties, hours and responsibilities may change based upon the needs of the situation.

**L. In the case of an earthquake, the Facility Administrator or designee shall consult with the Dallas County Fire Marshal and Facilities staff to determine if there is any damage to the structural integrity of the facility or if there are any other factors such as a gas leak, water main break, faulty electricity, etc. that would pose a**

danger to the safety of the residents and staff.

- M.** If a chemical accident involving tanks, trucks, or rail tank cars occurs near the facility and endangers the residents and staff, the individual receiving this information shall notify the shift supervisor.
1. The shift supervisor shall immediately call 911, contact the Dallas County Fire Marshal and notify the Facility Administrator.
  2. Shift supervisor shall prepare for evacuation.
  3. A full report shall be submitted to the Facility Administrator as soon as possible.
- N.** The facility's response and procedure to following in cases of tornados will depend on the following types of alert:
1. Tornado watch - Yellow Alert:
    - a. The decision to go on a Yellow Alert shall be made by the highest ranking administrator on duty. This information is usually received via the media.
    - b. The shift supervisor or designee shall notify all personnel of Yellow Alert in person and/or radio.
    - c. The supervisor or designee shall check to ensure all areas are provided with an operational flashlight.
    - d. Staff shall ensure that dorms are quiet and orderly enough that a warning announcement can readily be heard without delay. Gym activities shall not be conducted during this time.
    - e. Staff shall ensure that all residents know what to do in the event of a Red Alert (tornado sighted).
    - f. Staff shall be aware of time delays involved in getting residents to the appropriate areas (e.g. residents in showers or being disruptive).
  2. Tornado warning - Red Alert:
    - a. The radio shall be used to inform all staff and residents to proceed as directed by supervision personnel.
    - b. Shift supervisor will direct staff to evacuate to safest interior area of the facility.
    - c. Residents will be on quiet time until alert has ended.
    - d. Residents shall be seated facing the wall with their heads between their legs and their hands covering their heads.
    - e. The shift supervisor or designee shall ensure that staff is aware of the appropriate alert and placement / positioning.
    - f. The facility will correct any deficiencies and notify Dallas County Fire Marshal.
- O.** In the case of escape, riot, rebellion:
1. The shift supervisor requiring assistance from city, county or state law enforcement agencies, shall immediately notify the Dallas County Sheriff Department and notify the Facility Administrator.
  2. All management and supervisory staff will report to work and the Facility Administrator will assign duties and coordinate all activities.
  3. All programmatic activities are suspended until the dangerous situation is under control.
  4. If a Medlock staff member, resident or visitor is taken hostage, any demands shall be complied with to the extent that the least amount of harm occurs to the individual(s).
- P.** In the event of a work stoppage, these procedures must be followed [TAC 343.249]:
1. The Facility Administrator must assess the staff needs and make a determination of how many positions need to be filled.
  2. All staff who is not participating in the work stoppage must be allowed to work. The administrative staff must attempt to ensure the safety and well-being of employees.
  3. With the aid of the Assistant Facility Administrator, the Facility Administrator must recruit the following personnel to ensure adequate coverage:
    - a. Administrative staff;
    - b. Part-time staff;
    - c. Probation staff;
    - d. Support staff; or
    - e. Other county employees.
  4. Immediate recruitment of new staff must be initiated.



Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 6: Resident Discipline Plan	Related Standards: 343.274; 276; 278; 280; 282; 284; 285; 286; 288

- A. The Medlock Treatment Center Resident Discipline Plan will provide for the fair and consistent application of resident rules and sanctions. The Discipline Plan delineates specific consequences to inappropriate behavior and residents shall conform and follow the rules set forth in the Discipline Plan [TAC 343.274]:
1. The Discipline Plan will be explained to each resident in a language he can understand within 12 hours of admission during orientation. Other communication needs will be addressed on a case by case basis.
  2. Resident rule violations are categorized into minor infractions and major violations as well as the corresponding sanctions available to staff.
  3. Minor infractions shall be limited to those rules which do not represent serious behavior against persons or property and behavior that does not pose a serious threat to institutional order and safety.
  4. Major violations shall be limited to those rules which constitute serious behavior against persons or property and behavior that poses a serious threat to institutional order and safety.
  5. The Discipline Plan includes provisions to ensure that rule infractions or resident behaviors which constitute probable cause for an offense of a class B misdemeanor or above shall be referred to the law enforcement agency with applicable jurisdiction for possible investigation and /or prosecution.
  6. The Discipline Plan includes a list of prohibited sanctions including:
    - a. corporal punishment;
    - b. humiliating punishment including verbal harassment of a sexual nature or that relates to a resident's sexual orientation or gender identity;
    - c. allowing or directing one resident to sanction another;
    - d. group punishment for the acts of individuals;
    - e. deprivation or modification of required meals and snacks;
    - f. deprivation of clean and appropriate clothing;
    - g. deprivation or intentional disruption of scheduled sleeping opportunities;
    - h. deprivation or intentional delay of medical and mental health services; and
    - i. physical exercises imposed for the purposes of compliance, intimidation, or discipline with the exception of practices allowed as part of post adjudication secured correctional facility program.
  7. The resident shall be provided written notice of the alleged major rule violation against him via the Notice of Major Rule Violation within 24 hours after the violation.
  8. Detailed documentation of facility rule violations and the action taken by staff as a result of the violation shall be placed in the resident's file. Minor rule infractions and major rule violations and corresponding staff actions shall be recorded on the resident's point sheet. The documentation shall include:
    - a. the resident's name;
    - b. the rule violation;
    - c. the date the rule violation occurred;
    - d. the sanction imposed as a result of the rule violation; and
    - e. any formal disciplinary reviews that are applicable.
  9. The Discipline Plan does not provide for an informal process for residents to resolve conflict with rule infractions and the corresponding sanctions and appeal process as the informal process is no longer utilized by the Department's operated facilities since April 2011.
  10. The Discipline Plan provides for disciplinary reviews for major rule violations and the rules for initiating the formal disciplinary review and the process for any ensuing appeals.
  11. The Facility Administrator or designee shall review and close any unresolved formal disciplinary reviews that are not disposed of prior to the resident's discharge from the facility
  12. Residents shall sign the Orientation Checklist and Medlock Treatment Center Resident Handbook receipt which both indicate that the resident has been provided an explanation of the Discipline Plan:

- a. At Orientation, the resident shall be explained the program rules with corresponding and maximum disciplinary sanctions which includes an explanation of the Discipline Plan. This shall be provided to the resident in his primary language.
  - b. Signed copies of the Orientation Checklist and Medlock Treatment Center Resident Handbook receipt shall be maintained in the resident's file.
13. All staff shall be trained on the appropriate use of the Discipline Plan.
  14. The Discipline Plan shall be reviewed at least annually for necessary changes.
  15. The Discipline Plan is included in the Resident Handbook and copies are also posted in each housing unit accessible to residents.

**B. Formal Disciplinary Reviews for Major Rule Violations [TAC 343.276]:**

1. Residents that receive a major rule violation or sanction are eligible to request a formal disciplinary review.
2. If a resident requests a formal disciplinary review, the review shall be conducted within 10 calendar days of the request.
3. If the sanction included disciplinary seclusion, the requirements found in TAC 343.278 shall be met.
4. The facility shall maintain a log or other documentation that shows the names of the residents who have requested or received formal disciplinary reviews [TAC 343.284].

**C. Disciplinary Reviews for Residents in Disciplinary Seclusion [TAC 343.278]:**

1. Residents in disciplinary seclusion shall receive the following due process reviews during the period of their seclusion:
  - a. If a resident is secluded for at least 24 hours, then the resident shall receive a formal disciplinary review (the Department has not utilized the informal review process since April 2011). If the 24<sup>th</sup> hour of seclusion occurs during non-program hours, then the formal review shall be conducted no later than two hours after the start of ensuing day's program hour schedule.
  - b. A resident assigned to an extended period of seclusion beyond 24 hours shall have a formal disciplinary review no later than his 72<sup>nd</sup> hour of seclusion per TAC 343.280. If the 72<sup>nd</sup> of seclusion occurs during non-program hours, then the formal disciplinary review shall be conducted no later than two hours after the start of the ensuing day's program hour schedule.
2. A resident may choose to waive the right to a disciplinary review provided proper notification is given prior to the signing of the Notice of Major rule Violation. The waiver shall include the applicable rule violation and sanction plan.
3. The disciplinary reviews listed in a and b above shall meet the following:
  - a. The reviews shall be conducted face to face between a supervisory level staff and the resident.
  - b. The supervisory level staff conducting the disciplinary review shall not have been involved in either the allegation of the rule violation against the resident or the imposition of the corresponding sanction on the resident as a result of the rule violation.
4. If a resident is in seclusion for less than 24 hours, then the facility is not required to conduct the disciplinary review.
5. If a resident is released from seclusion prior to the 72<sup>nd</sup> hour, the formal disciplinary review is not required; however, this does not preclude the resident from requesting a formal disciplinary review as allowed in TAC 343.276.
6. If a resident has received an explanation of an informal or formal disciplinary review (formal disciplinary review only in the case of the Department's operated facilities since April 2011) and chooses to waive the right to a disciplinary review, the facility shall obtain the resident's signature on the Notice of Major Rule Violation. The waiver shall indicate the rule violation for which the resident received disciplinary seclusion and shall be maintained in the resident's file.
7. The disciplinary review shall be documented on the Formal Disciplinary Review Report which includes the name and title of the person who conducted the review, the date of the review, and the results of the review. The report shall be maintained in the resident's file.
8. The facility shall maintain a log or documentation that shows the names of the residents who have requested a formal disciplinary review [TAC 343.284].

**D. Formal Disciplinary Review Process [343.280]:**

1. The facility shall provide a formal disciplinary review for resident who received a major rule violation or sanction and have requested a formal disciplinary review.
2. Residents who have been in disciplinary seclusion also have the right to a formal disciplinary review as detailed in section C above.
3. The formal disciplinary review shall follow the time requirements detailed in sections B and C above and set forth in TAC 343.276 and 343.278.
4. Disciplinary reviews must be before a neutral and impartial person or board that shall not include a staff member directly involved in either the alleged rule violation or the imposed sanction.
5. Provisions shall be made for the disclosure of the evidence against the resident accused with a rule violation on his behalf. The facility shall disclose the evidence against the resident accused of the major rule violation.
6. A resident shall have the opportunity to be heard in person and to present evidence on his behalf.
7. A resident shall have the opportunity to request relevant witnesses on his behalf.
8. A resident shall have the opportunity to secure the aid of a staff member if the resident is illiterate, disabled, or otherwise unable to understand the nature of the proceedings.
9. If the disciplinary review determines that the resident did not commit a rule violation or that the corresponding sanction was inappropriate, facility staff shall restore or reinstate any denied or modified resident privileges.
10. At the conclusion of a formal disciplinary review, a written statement by the individual who conducted the disciplinary review or disciplinary board shall be prepared indicating the evidence relied upon and justification for the disposition. The statement shall be made available to the resident for review and a copy shall be maintained in the resident file. Documentation of the resident's acknowledgement of the disposition shall also be maintained in the resident's file. The Department utilizes the Formal Disciplinary Review Report to meet this standard.
11. The facility shall maintain a log or other documentation that shows the names of the residents who have requested a formal disciplinary review [TAC 343.284].

**E. Resident Appeals [TAC 343.282]:**

1. A resident may appeal the findings of a disciplinary review. The facility's resident discipline plan shall minimally include:
  - a. provisions for a documented appeals process before a neutral and impartial person or persons not a member of the disciplinary board. The appeals process shall afford each of the following due processes:
    - (1) provisions shall be made for the disclosure of the evidence against the resident accused with a rule violation on his behalf. The facility shall disclose the evidence against the resident accused of the major rule violation;
    - (2) a resident shall have the opportunity to be heard in person and to present evidence on his behalf;
    - (3) a resident shall have the opportunity to request relevant witnesses on his behalf;
    - (4) a resident shall have the opportunity to secure the aid of a staff member if the resident is illiterate, disabled, or otherwise unable to understand the nature of the proceedings;
    - (5) if the disciplinary review determines that the resident did not commit a rule violation or that the corresponding sanction was inappropriate, facility staff shall restore or reinstate any denied or modified resident privileges; and
    - (6) at the conclusion of a formal disciplinary review, a written statement by the individual who conducted the disciplinary review or disciplinary board shall be prepared indicating the evidence relied upon and justification for the disposition. The statement shall be made available to the resident for review and a copy shall be maintained in the resident file. Documentation of the resident's acknowledgement of the disposition shall also be maintained in the resident's file. The Department utilizes the Formal Disciplinary Review Report to meet this standard.
  - b. provisions that require the resident to submit the request for an appeal no later than seven calendar days after a disposition is rendered in the disciplinary review. The seven calendar days begin after the resident has received notification of the disposition. The resident is notified via the Formal Disciplinary Review Report and may indicate his desire to appeal no later than seven calendar days from the time of receiving the notification;
  - c. provisions that require the resident's appeal to be heard within 30 calendar days of resident's request; and



d. provisions for a written statement by the appeals officer or appellate board at the conclusion of the review indicating the evidence relied upon and the justification for the disposition. The statement shall be made available to the resident for review and a copy shall be maintained in the resident's file.

Documentation of the resident's acknowledgement of the disposition shall also be maintained in the resident's file. The Department utilizes the Formal Disciplinary Review Report to meet this standard.

e. the facility shall maintain a log or other documentation that shows the names of the residents who have requested an appeal for the formal disciplinary review [TAC 343.284].

**F. Room Restriction [TAC 343.286]:**

1. Room restriction may be used in increments of up to 90 minutes for minor rule infractions, major rule violations, imminent physical threat or preventative behavior modifications. Room restriction may be authorized as a consequence for a minor rule infraction or major rule violation as identified in the facility's resident Discipline Plan. For the purposes of this standard and policy, the practice of room restriction is defined as the separation of a resident from other residents for behavior modification and the placement of a resident alone in an area from which egress is prevented for 90 minutes or less.
2. During room restriction, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.
3. When a resident is classified as a high or moderate risk for suicidal behavior and placed on room restriction, the facility shall adhere to the respective supervision requirements found in TAC 343.348 (requires residents to be under constant supervision of a juvenile supervision officer who shall document the resident's behavior at intervals not to exceed 30 minutes) at 343.350 (requires juvenile supervision officer observations to occur at random intervals not to exceed 10 minutes while residents are in their individual sleeping quarters).
4. If a juvenile supervision officer assigns a resident to room restriction for a major rule violation, regardless of the length of restriction, the resident shall be entitled to pursue all the applicable disciplinary review requirements as described in this policy and in compliance with TAC 343.274, 343.276, 343.280, and 343.282. This includes the right to request a formal disciplinary review and all applicable appeals.
5. A resident may be placed in room restriction if he/she is exhibiting behavior that poses an imminent physical threat to self or others.
6. Absent a minor rule infraction or major rule violation, or behavior that constitutes an imminent physical threat, room restriction may be authorized in order to allow the resident an opportunity to self-correct potentially disruptive behavior rather than allowing an opportunity to escalate his behavior and agitate other residents or disrupt resident programming activities.
7. Room restriction may be authorized based on a request from a resident who, for whatever reason, recognizes that he or she is becoming upset or volatile and may be incapable of self-regulating his behavior. If the room restriction assignment is based on preventative behavior modification, it will not be considered a sanction resulting from an actual rule infraction or rule violation and, therefore, is not considered a sanction for a rule violation. The facility is exempt from the requirements relating to the rule violations and the corresponding sanctions, disciplinary reviews, and appeals.
8. Room restriction assignments shall be limited to standards compliant individual resident sleeping quarters and can include rooms designated for disciplinary seclusion, medical isolation, and protective isolation. Because of the 90 minutes time limitation, rooms used for room restriction need not be equipped with a toilet or washbasin.
9. Supervision personnel must approve in advance all room restrictions.
10. If the resident refuses to serve the room restriction, the floor worker should be called for assistance and the supervisor notified, if necessary.
11. Additional consequences necessary due to the resident's negative response to the original room restriction should be assessed at the end of the room restriction. This will give the resident an opportunity to calm down, reflect on the incident, and better accept responsibility for his actions and the consequences that followed. This is consistent with the philosophy of reflective time for residents during room restriction.
12. All room restrictions shall be documented in the facility's room restriction log book and in the Dorm log book. The facility's room restriction log book is separate from the facility's disciplinary seclusion log book. The log book must include the following information [TAC 343.285]:

- a. resident's name;
- b. time and date room restriction began; and
- c. time and date room restriction ended.

**G. Disciplinary Seclusion [TAC 343.288]:**

1. Disciplinary seclusion may be used when a resident commits a major rule violation or poses an imminent physical threat to self or others or commits two or more minor rule infractions as described in this policy and the Discipline Plan.
2. A resident may be placed in disciplinary seclusion by a juvenile supervision officer for up to 24 hours if the resident commits a major rule violations or poses an imminent threat to himself or others.
3. The resident shall be provided written notice of the alleged major rule violation against him via the Notice of Major Rule Violation within 24 hours after the violation.
4. The juvenile supervision officer shall complete an Incident Report for submission to the Facility Administrator that describes the resident's precipitating behavior and identifies the staff's response and the staff action taken in response to the major rule violation promptly but no later than the end of the shift on which the seclusion occurs.
5. Seclusion in excess of 24 hours shall be approved in writing by the Facility Administrator via the Disciplinary Seclusion FA Approval Form and re-authorized in writing by the Facility Administrator or Designee, if necessary, on that form every subsequent 24 hour extension.
6. The seclusion of a resident with a known diagnosis of a serious mental illness requires a consultation with a mental health provider prior to the authorization of any seclusion beyond a 24-hour period. If the seclusion occurs on a holiday or weekend and no mental health provider is available, the Facility Administrator or designee shall make a referral to a mental health provider and notify the mental health provider of the seclusion. The Facility Administrator shall consult with the mental health provider as soon as possible after the referral. The consultation and approval for extended seclusion must be documented on the Disciplinary Seclusion for Youth with Serious Mental Health Diagnosis Form by the mental health provider and the Facility Administrator.
7. During disciplinary seclusion, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.
8. When a resident is classified as a high or moderate risk for suicidal behavior and placed on disciplinary seclusion, the facility shall adhere to the respective supervision requirements found in TAC 343.348 (requires residents to be under constant supervision of a juvenile supervision officer who shall document the resident's behavior at intervals not to exceed 30 minutes) at 343.350 (requires juvenile supervision officer observations to occur at random intervals not to exceed 10 minutes while residents are in their individual sleeping quarters).
9. In addition to the requirements for disciplinary seclusion listed above, the facility shall provide the disciplinary review mechanisms detailed in section C and set forth in TAC 343.278:
  - a. If a resident is secluded for at least 24 hours, then the resident shall receive a formal disciplinary review (the Department has not utilized the informal review process since April 2011). If the 24<sup>th</sup> hour of seclusion occurs during non-program hours, then the formal review shall be conducted no later than two hours after the start of ensuing day's program hour schedule.
  - b. A resident assigned to an extended period of seclusion beyond 24 hours shall have a formal disciplinary review no later than his 72<sup>nd</sup> hour of seclusion per TAC 343.280. If the 72<sup>nd</sup> hour of seclusion occurs during non-program hours, then the formal disciplinary review shall be conducted no later than two hours after the start of the ensuing day's program hour schedule.
  - c. a resident may choose to waive the right to a disciplinary review provided proper notification is given prior to the signing of the Notice of Major rule violation. The waiver shall include the applicable rule violation and sanction plan.
  - d. the disciplinary reviews listed in a and b above shall meet the following:
    - (1) the reviews shall be conducted face to face between a supervisory level staff and the resident.
    - (2) the supervisory level staff conducting the disciplinary review shall not have been involved in either the allegation of the rule violation against the resident or the imposition of the corresponding sanction on the resident as a result of the rule violation.
  - e. if a resident is in seclusion for less than 24 hours, then the facility is not required to conduct the disciplinary

- review.
- f. if a resident is released from seclusion prior to the 72<sup>nd</sup> hour, the formal disciplinary review is not required; however, this does not preclude the resident from requesting a formal disciplinary review as allowed in TAC 343.276.
  - g. if a resident has received an explanation of an informal or formal disciplinary review (formal disciplinary review only in the case of the Department's operated facilities since April 2011) and chooses to waive the right to a disciplinary review, the facility shall obtain the resident's signature on the Notice of Major Rule Violation. The waiver shall indicate the rule violation for which the resident received disciplinary seclusion and shall be maintained in the resident's file.
  - h. the disciplinary review shall be documented on the Formal Disciplinary Review Report which includes the name and title of the person who conducted the review, the date of the review, and the results of the review. The report shall be maintained in the resident's file.
  - i. The facility shall maintain a log or documentation that shows the names of the residents who have requested a formal disciplinary review [TAC 343.284].
10. Disciplinary seclusion rooms must be equipped with a toilet, wash basin with running water, and a bed.
  11. Supervision personnel must approve in advance all disciplinary seclusions.
  12. If a resident is angry, distraught, or aggressive, his room should be safety-proofed before placing the resident in it for disciplinary seclusion. Safety-proofing the room includes, but is not limited to taking out blankets, sheets, mattress, toilet paper, books, and inspecting the room for any safety hazard, or contraband that may be used to harm self or destroy/debase property.
  13. The facility shall maintain a log of each resident placed in disciplinary seclusion. The log book must include the following information [TAC 343.285]:
    - a. resident's name;
    - b. time and date the seclusion began; and
    - c. time and date the seclusion ended.

### MEDLOCK TREATMENT CENTER RESIDENT DISCIPLINE PLAN

<b>I. INAPPROPRIATE PHYSICAL ACTS</b>	
<b>BEHAVIOR</b>	<b>CONSEQUENCES</b>
<p>A. Assaulting staff or threat of assault of Staff or other residents such as hitting, biting, pushing, kicking, spitting etc.</p> <p style="text-align: center;"><b>MAJOR RULE VIOLATION</b></p>	<p>Counseling and consideration for room restriction or disciplinary seclusion with supervisor approval. Review for unsuccessful discharge from the program and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law Enforcement.</p>
<p>B. Physical or sexual assault of other residents (youth on youth sexual or physical assault)</p> <p style="text-align: center;"><b>MAJOR RULE VIOLATION</b></p>	<p>Counseling and consideration for room restriction or disciplinary seclusion with supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law Enforcement</p>
<p>C. Inappropriate sexual behavior with others (masturbating, fondling, intercourse, flashing, sexual gestures, touching etc.).</p> <p style="text-align: center;"><b>MAJOR RULE VIOLATION</b></p>	<p>Counseling, loss of points, and consideration for room restriction or disciplinary seclusion with supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion.</p> <p>Refer to Law enforcement if applicable</p>
<p>D. Non-physical or non-verbal threats (clenched fists in a threatening posture, finger in face, threatening with an object, posting-up process that includes taking the shirt off, kicking off shoes etc.)</p> <p style="text-align: center;"><b>MAJOR RULE VIOLATION</b></p>	<p>Counseling, loss of points, room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.</p>
<p>E. Inappropriate touching/gestures of a Non-sexual nature (slap-boxing, wrestling, horseplay etc.)</p> <p style="text-align: center;"><b>MAJOR RULE VIOLATION</b></p>	<p>Counseling, loss of points, and consideration for room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.</p>
<p>F. Inappropriate Conduct (kicking, running, throwing, banging on furnishings such as doors,</p>	<p>Counseling, loss of points, and consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay</p>

walls, or fixtures) <b>MINOR RULE INFRACTION</b>	or demotion.
G. Excessive playfulness (high-five, shadow boxing) <b>MINOR RULE INFRACTION</b>	Counseling, loss of points and consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
H. Gambling (any activity that involves a wager or betting of any kind) <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points. Consideration for room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
I. Resident stepping out of line <b>MINOR RULE VIOLATION</b>	Counseling and loss of points. Consideration for room restriction with supervisor approval.
J. Trading or giving away food <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points, room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion
K. Throwing gang signs/gestures or displaying gang signs/symbols on furnishings, clothing, or on any written materials such as letters, books or school work. <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points. Consideration for room restriction or disciplinary seclusion with supervisor approval and loss of earned privileges (if applicable) Refer to the Treatment Team for possible level delay or demotion.
<b>II. INAPPROPRIATE VERBAL/NONVERBAL ACTS</b>	
A. Verbal or written threat staff or peers <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points, room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion
B. Arguing with staff or peers <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
C. Teasing peers, loud talking or noises <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval
D. Excessive use of profanity or demeaning or derogatory language, comments of a discriminatory nature, bullying, or taking food <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Refer to the Treatment Team for possible level delay or demotion.
E. Passing notes or unauthorized written communications <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable).
F. Dishonesty or lying <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable).
<b>III. POSSESSION/USE OF CONTRABAND</b>	
A. Weapons/drugs (including items that may be used as a weapon such as pencils, pens, paperclips, staples etc.) <b>MAJOR RULE VIOLATION</b>	Counseling and consideration for room restriction or disciplinary seclusion with supervisor approval. Review for unsuccessful discharge from the program and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law Enforcement if applicable.
B. Tobacco products, matches, lighter, money, electronic devices, gambling paraphernalia/materials <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
C. Unauthorized clothing in room, locker, or on resident's person <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
D. Magazines, personal possessions (hygiene bags, food, gum, candy, inappropriate letters, inappropriate pictures/photos etc.). <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
<b>IV. DESTRUCTION/MISUSE OF PROPERTY</b>	
A. Substantial damage-Cost to replace or repair is more than \$50.00 <b>MAJOR RULE VIOLATION</b>	Counseling and consideration for room restriction or disciplinary seclusion with supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law Enforcement
B. Mid-range damage-cost to replace or repair is less than \$50.00	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the

<b>MINOR RULE INFRACTION</b>	Treatment Team for possible level delay or demotion.
C. Minor damage (magazines, books, pictures, posters etc.) <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
D. Defacing walls/paint <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
E. Inappropriate use of County furnishings and/or supplies <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
F. Accessing social media and/or inappropriate content on facility computers <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Review for possible level delay or demotion
<b>V. ESCAPE</b>	
A. Attempted/Planning Escape  <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points, and consideration for room restriction or disciplinary seclusion with supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law enforcement if applicable.
B. Knowledge of escape attempt/plan without reporting to staff. <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
C. Misuse of intercom. Presence in unauthorized areas of facility or facility grounds. <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points. Consideration for room restriction or disciplinary seclusion with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
<b>VI. FACILITY/PERSONAL HYGEINE AND CLEANLINESS</b>	
A. Smearing and/or throwing feces, urine, or other bodily fluids on person, staff, furnishings, etc.  <b>MAJOR RULE VIOLATION</b>	Resident may be required to clean up the feces, urine, and/or bodily fluids. Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law enforcement if applicable.
B. Neglect personal hygiene  <b>MINOR RULE INFRACTION</b>	1 <sup>st</sup> Incident-Counseling; 2 <sup>nd</sup> Incident-Referral to Psychology Unit and/or Medical staff; 3 <sup>rd</sup> Incident-Loss of points
C. Dirty Dorm/area (spit balls, toilets not flushed, beds unmade etc.) <b>MINOR RULE INFRACTION</b>	Counseling, loss of points and loss of earned privilege if applicable.
<b>VII. VISITATION</b>	
A. Possession of illegal contraband (drugs, alcohol, weapons, tobacco products, money)  <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law enforcement if applicable. Family consultation and modification of visitation (to be determined by Facility Administrator or designee).
B. Fighting/aggressive behavior  <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law enforcement if applicable. Family consultation and modification of visitation (to be determined by Facility Administrator or designee).
C. Accepting unauthorized candy/food/beverage from visitor  <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Family consultation and modification of visitation (to be determined by Facility Administrator or designee).
D. Accepting photographs, mail or any	Consideration for room restriction or disciplinary seclusion upon supervisor

correspondence from a visitor  <b>MAJOR RULE VIOLATION</b>	approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Family consultation and modification of visitation (to be determined by Facility Administrator or designee).
<b>VIII. DISRUPTION OF PROGRAM</b>	
A. Setting off fire alarm  <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion. Refer to Law enforcement if applicable.
B. Unauthorized touching or making contact with door knobs within or outside of the facility or facility properties. <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion.
C. Pushing/touching or making physical contact with the intercom, alarms, radios or any other emergency or communications devices. <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion.
D. Not following instructions/Non-compliant with rules and direction. <b>MINOR RULE INFRACTION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.
E. Refusal to "move", participate in program components (go to Education area, complete shower, go to dining area etc.) <b>MAJOR RULE VIOLATION</b>	Consideration for room restriction or disciplinary seclusion upon supervisor approval. Review for unsuccessful discharge from the program, and referral to Detention Intake Screening Unit for review by the Courts. Refer to the Treatment Team for possible level delay or demotion.
<b>IX. TWO OR MORE MINOR RULE INFRACTIONS (Added November 2013)</b>	
A. Two or more minor rule infractions committed within the same shift. <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points. Consideration for room restriction or disciplinary seclusion with supervisor approval and loss of earned privileges (if applicable) Refer to the Treatment Team for possible level delay or demotion
B. Two or more minor rule infractions committed within a 24 hour period. <b>MAJOR RULE VIOLATION</b>	Counseling, loss of points; loss of earned privilege (if applicable). Consideration for room restriction with supervisor approval. Refer to the Treatment Team for possible level delay or demotion.

The Medlock Facility program includes rewards for positive behavior of individual residents.

1. The Facility Administrator or designee will approve appropriate privileges.
2. Residents will be appear before the Treatment Team regularly and be assessed for level promotion/retention/delay/demotion.
3. Residents will be rewarded for their progress and positive behavior by earning the use of privileges deemed appropriate.
4. Special awards and ceremonies will be held during a resident's stay for meeting certain academic and/or program achievements.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 7: Abuse, Neglect, Exploitation, Death, and Serious Incidents	Related Standards: 358

## I. Policy:

Texas Family Code 261.101 requires that if a professional, employee, or contractor has cause to believe that a child has been abused, neglected, exploited, or may be abused or neglected, or that a child is a victim of an offense under Section 21.11, Penal Code, and the professional has cause to believe that the child has been abused as defined by Section 261.001 or 261.401, the professional shall make a report no later than the 48th hour after the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely upon another person to make the report.

The requirement to report applies without exception to an individual, whose personal communications may be otherwise privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health provider, and an employee of a clinic or health care facility that provides reproductive services.

Unless waived in writing by the person making the report, the identity of the individual making a report under Chapter 261 of the Family Code is confidential and may be disclosed only: as provided by Texas Family Code 261.021; or to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

A report shall be made to:

1. Appropriate local or state law enforcement agency;
2. The Texas Department of Families and Protective Services if the alleged or suspected abuse involves a person not affiliated with the Dallas County Juvenile Department who is responsible for the care, custody, or welfare of the child;
3. The state agency that operates, licenses, certifies or registers the facility in which the alleged abuse or neglect occurred; or
4. The agency designated by the court to be responsible for the protection of children.

The person making a report shall identify, if known:

1. The name and address of the child;
2. The name and address of the person responsible for the care, custody, or welfare of the child; and
3. Any other pertinent information concerning the alleged or suspected abuse or neglect.

A person commits an offense if the person has cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect and knowingly fails to report as provided by Chapter 261 of the Texas Family Code. An offense under this section is a Class A misdemeanor.

Additionally, TJJD requires any employee, volunteer or intern of a juvenile justice program or facility to report any allegations of abuse, neglect or exploitation to TJJD and local law enforcement within 24 hours.

Unless otherwise noted, standards for TAC Chapter 358 apply to all allegations of abuse, neglect; and exploitation, death and serious incidents, involving a juvenile and an employee, intern, volunteer, contractor, or service provider in a juvenile probation department, juvenile justice program, or juvenile justice facility regardless of the location of the alleged abuse, neglect, exploitation death, or serious incident.

The Dallas County Juvenile Department has policies and procedures for reporting serious incidents to the TJJD and for reporting deaths, serious incidents and alleged abuse, neglect, and exploitation to local law enforcement, TJJD, and other appropriate governmental units.

Data Collection

Juvenile probation departments, juvenile justice programs, and juvenile justice facilities shall fully and promptly provide requested data pertinent to alleged abuse, neglect, exploitation, death, and serious incidents to TJJD.

The data shall be submitted in the electronic format requested or supplied by TJJD.

The data shall include:

1. Alleged victim's name;
2. Alleged victim's personal identification number (PID);
3. Name of subject(s) of investigation;
4. Date of birth and driver's license or state issued identification number of subject(s) of investigation;
5. Date of alleged incident;
6. Time of alleged incident;
7. Date the alleged incident was reported to TJJD;
8. Type of alleged incident (i.e., abuse, neglect, or exploitation (ANE), death or serious incident(SI));
9. Type of injury if applicable;
10. Restraint related, if so, what type (i.e., personal, mechanical, or chemical);
11. Disposition of internal investigation (i.e., founded, unfounded, inconclusive); and
12. County generated case identification number.

The data shall be supplied at least annually or as required by TJJD.

Serious Incidents

Any person who witnesses, learns of, receives an oral or written statement from a juvenile or other person with knowledge of or who has a reasonable belief as to the occurrence of a serious incident involving a juvenile shall report to TJJD.

A report of a serious incident shall be made within 24 hours from the time a person gains knowledge of or suspects the serious incident occurred.

The report shall be made by phone (877-786-7263) or by faxing (512-424-6716) or e-mailing a completed Incident Report form to TJJD. If the report is made by phone, a completed Incident Report Form shall be subsequently submitted to TJJD within 24 hours of the phone report.

A treatment discharge form or other medical documentation that contains evidence of medical treatment pertinent to the reported incident shall be submitted to TJJD within 24 hours of receipt.

Abuse, Neglect, and Exploitation

Any person who witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of or who has reasonable belief as to the occurrence of an alleged abuse, neglect, or exploitation involving a juvenile shall report to TJJD and local law enforcement.

In accordance with Texas Family Code 261.101, the duty to report cannot be delegated to another person.

A report of alleged abuse, neglect, or exploitation, other than death and allegations involving serious physical abuse or sexual abuse, shall be made within 24 hours from the time a person gains knowledge of or suspects the alleged abuse, neglect, or exploitation.

The report shall be made by phone (877-786-7263) or by faxing (512-424-6716) or e-mailing a completed Incident Report form to TJJD. If the report is made by phone, a completed Incident Report Form shall be subsequently submitted to TJJD within 24 hours of the phone report.



Allegations Occurring Outside of the Juvenile System

Any person who witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of or who has reasonable belief as to the occurrence of an alleged abuse, neglect, or exploitation involving a juvenile, but that is not alleged to involve an employee, intern, volunteer, contractor, or service provider of a juvenile probation department, juvenile justice program, or juvenile justice facility, shall be reported to law enforcement or the appropriate governmental unit as required in Texas Family Code Chapter 261.

Reporting to the Texas Department of Family and Protective Services may be made by calling the toll free number (800-252-5400) or online at [www.txabusehotline.org](http://www.txabusehotline.org).

Reporting to the Texas Department of State Health Services may be made by calling the toll free number (800-832-9623).

Reporting of Allegations by Juveniles

Juveniles in a facility have the right to report to TJJD alleged abuse, neglect, and exploitation, including death. Juveniles shall be advised in writing during orientation into the facility of their right to report allegations of abuse, neglect, and exploitation and of TJJD's toll free number (877-786-7263) available for reporting the allegations.

The Dallas County Juvenile Department shall ensure that juveniles have reasonable, free, and confidential access to TJJD for reporting allegations of abuse, neglect, and exploitation. Upon request of a juvenile, staff shall facilitate the juvenile's unimpeded access to TJJD to report allegations of abuse, neglect, and exploitation.

Parental Notification

Notification, or diligent efforts to notify, shall be made to the parents, guardians, custodians of a juvenile who has died or who is the alleged victim of alleged abuse, neglect, or exploitation. The notification, or the diligent efforts to make the notification shall be made as soon as possible, but no later than 24 hours from the time a person gains knowledge of or suspects the alleged abuse, neglect, exploitation, or death occurred.

The notification shall be made by phone, in writing, or in person by the administrator or designee. The notification, or the diligent efforts to make the notification, shall be documented on the TJJD Incident Report Form or in the internal investigation report.

Serious Physical Abuse and Sexual Abuse

Any person who witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of or who has reasonable belief as to the occurrence of alleged serious physical abuse or sexual abuse involving a juvenile shall report to TJJD and local law enforcement.

A report of alleged serious physical abuse or sexual abuse shall be made to local law enforcement immediately, but no later than one hour from the time a person gains knowledge of or suspects the alleged serious physical abuse or sexual abuse; and a report of serious physical abuse or sexual abuse shall be made to TJJD immediately, but no later than four hours from the time a person gains knowledge of or suspects the alleged serious physical abuse or sexual abuse.

The initial report shall be made by phone to law enforcement. The initial report shall be made by phone to TJJD using the toll free number (877-786-7263) as designated by TJJD; and within 24 hours of the report by phone of alleged serious physical abuse or sexual abuse, the completed Incident Report Form shall be submitted to TJJD by fax (512-424-6716) or e-mail.

Death

The administrator or designee shall report to TJJD and local law enforcement the death of a juvenile that: occurs on the premises of a juvenile probation department, juvenile justice program, or juvenile justice facility; or emanates from an illness, incident, or injury that occurred, was discovered, or reported on the premises of a juvenile probation department, juvenile justice program, or juvenile justice facility; or occurs while in the presence of a juvenile probation

department, juvenile justice program, or juvenile justice facility employee, intern, volunteer, contractor, or service provider, regardless of the location.

A report of a death shall be made to local law enforcement immediately, but no later than one hour of the discovery or notification of the death; and a report of death shall be made to TJJD immediately, but no later than four hours from the discovery or notification of the death.

The initial report shall be made by phone to law enforcement. The initial report shall be made by phone to TJJD using the toll free number (877-786-7263) as designated by TJJD; and within 24 hours of the death of a juvenile, the completed Incident Report Form shall be submitted to TJJD by fax (512-424-6716) or e-mail.

#### Custodial Death Investigation in a Facility

Upon the death of a juvenile residing in a juvenile justice facility, the administrator shall: in accordance with Texas Code of Criminal Procedure Article 49.18(b) conduct an investigation of the death; and the investigation shall be conducted in accordance with TAC 358.700.

#### Custodial Death Investigation Report

Upon the conclusion of the internal investigation of the custodial death of a juvenile in a facility, the administrator shall: in accordance with Texas Code of Criminal Procedure Article 49.18(b), file a written report of the cause of death with the state Attorney General no later than 30 days after the juvenile's death; submit a copy of the death investigation report to the TJJD within 10 calendar days of completion; and complete an internal investigation report in accordance with TAC 358.800.

#### Internal Investigation

An internal investigation shall be conducted by a person qualified by experience or training to conduct a comprehensive investigation in case in which abuse, neglect, exploitation, or death is alleged to have occurred.

The Dallas County Juvenile Department shall ensure that internal investigations are completed as required by applicable laws and professional standards. The internal investigation shall be conducted in accordance with the policies and procedures of the Dallas County Juvenile Department and the Medlock Treatment Center.

The internal investigation shall be initiated immediately upon the administrator or designee gaining knowledge of the alleged abuse, neglect, exploitation, or death. However, the initiation of the internal investigation shall be postponed if: directed by law enforcement; requested by TJJD; or initiating the internal investigation compromises the integrity of a potential crime scene.

The internal investigation shall be completed within 30 days of the initial report to TJJD. TJJD may extend this timeframe upon request. If an extension is granted, TJJD may request submission of all information compiled to date or a statement of the status of the investigation.

#### Reassignment or Administrative Leave During the Internal Investigation

Upon gaining knowledge of alleged abuse, neglect, or exploitation, and until the finding of the internal investigation is determined, the administrator or designee shall immediately place any person alleged to have abused, neglected, or exploited a juvenile on administrative leave or reassign the person to a position having no contact with the alleged victim or other juveniles.

If during the internal investigation, the person(s) alleged to have abused, neglected, or exploited a juvenile resigns or is terminated from employment, TJJD shall be notified no later than the second business day after the resignation or termination.

If an individual who has resigned or was terminated obtains employment in another jurisdiction prior to the finding of the internal investigation being determined, the persons(s) under investigation shall not be placed in a position having

any contact with any juveniles until the disposition of the internal investigation is finalized in the county of previous employment.

#### Written and Electronically Recorded Statements

During the internal investigation, diligent efforts shall be made to obtain written or electronically recorded oral statements from all persons with direct knowledge of the alleged incident.

#### Juvenile Board Responsibilities

If the administrator (in the case of the Medlock Treatment Center, the Facility Administrator) is the person alleged to have abused, neglected, or exploited a juvenile and the administrator is the highest ranking member of the juvenile probation department, juvenile justice program, or juvenile justice facility, the juvenile board shall: conduct the internal investigation in accordance with TAC 358.700; or appoint an individual to conduct the internal investigation in accordance with TAC 358.700 who is not one of the following: the person alleged to have abused, neglected, or exploited a juvenile; a subordinate of the person alleged to have abused, neglected, or exploited a juvenile; or a law enforcement officer currently acting in the capacity as a criminal investigator for the alleged abuse, neglect, exploitation, or death of a juvenile.

#### Corrective Measures

At the conclusion of an internal investigation, the governing board, the juvenile board, administrator, or designee shall take appropriate corrective measures, if warranted, that may include, but are not limited to: a review of the policies and procedures pertinent to the alleged incident; revision or modification of any policies or procedures as needed; administrative disciplinary action or appropriate personnel actions against all persons found to have abused, neglected, or exploited a juvenile; and the provision of additional training for all appropriate persons to ensure the safety of the juveniles, employees, interns, volunteers, contractors, and service providers.

#### Internal Investigation Report

An internal investigation report shall be completed at the conclusion of all internal investigations resulting from alleged abuse, neglect, exploitation, or death of a juvenile.

#### Internal Investigation Report Components

The internal investigation report shall include:

1. The date the internal investigation was initiated;
2. The date the internal investigation was completed;
3. The date the alleged victim's parent, guardian, or custodian was notified of the allegation, or documentation of diligent efforts to provide the notification were made;
4. A summary of the internal investigation;
5. Relevant policies and procedures related to the incident;
6. A summary or listing of the steps taken during the internal investigation;
7. A written summary of the content of all oral interviews conducted;
8. A listing of all evidence collected during the internal investigation, including all audio and/or video recordings, polygraph examinations, etc.;
9. Relevant findings of the investigation that support the disposition;
10. The assigned disposition of the internal investigation: founded; unfounded; or inconclusive;
11. The administrative disciplinary action or corrective measures taken to date, if applicable (e.g. termination, suspension, retrained, returned to duty, or none, etc.);
12. The date the internal investigation report was completed;
13. The names of all persons who participated in conducting the investigation; and
14. The name and signature of the person who submitted the internal investigation report.

A copy of the internal investigation report shall be submitted to TJJD within five calendar days following its completion.

The following documentation collected during the internal investigation shall be submitted to TJJD with the internal investigation report: written statements; relevant medical documentation, if the release is authorized by law; training records, if applicable; and any other documentation used to reach the disposition of the internal investigation.

#### Cooperation with TJJD Investigation

The juvenile board, administrator or designee shall fully and promptly cooperate with a TJJD investigation of alleged abuse, neglect, exploitation, or death of a juvenile by providing all evidence requested by TJJD in the format requested.

All persons shall fully cooperate with any investigation of alleged abuse, neglect, exploitation, or death of a juvenile.

The juvenile board, administrator, or designee shall make a diligent effort to identify and make available for questioning all persons with knowledge of alleged abuse, neglect, exploitation, or death which is the subject of a TJJD investigation.

#### Medical Treatment for Victims of Sexual Abuse [TAC 343.330]:

Testing for sexually transmitted diseases including HIV-AIDS, shall be made available to a resident who, at the conclusion of an internal investigation or TJJD investigation of abuse, neglect or exploitation, is found to have been abused, neglected or exploited in a manner by which any physical injury may have occurred or any sexually transmitted disease may have been contracted. The cost of the testing service and any subsequent medical treatment shall not be assessed to the resident or the resident's family.

#### Behavioral Health Care Services for Sexual Abuse Victims [TAC 343.332]:

A mental health provider shall assess any resident who, at the conclusion of an internal investigation or TJJD investigation of abuse, neglect or exploitation that occurred in the facility, is found to have been the victim of a sexual assault. The mental health provider shall assess the need for crisis intervention counseling and any subsequent long-term, follow-up or counseling services. The cost of the assessment and any subsequent counseling services shall not be assessed to the resident or the resident's family.

## **II. Definitions:**

Abuse, Neglect, or Exploitation: is defined as having the meaning ascribed under the Texas Family Code 261.001 and 261.401. For the purposes of TAC Chapter 358, "abuse" includes serious physical abuse and sexual as defined in this section.

Abuse - means an intentional, knowing or reckless act or omission by an employee, volunteer, or other individual working under the auspices of a facility or program that causes or may cause emotional harm or physical injury to, or the death of a child served by the facility or program.

Neglect - means a negligent act or omission by an employee, volunteer, or other individual working under the auspices of a facility or program, including failure to comply with an individualized treatment plan, plan of care, individualized service plan, that causes or may cause substantial emotional harm or physical injury to, or the death of, a child serviced by the facility or program.

Exploitation – means the illegal or improper use of a child or of the resources of a child for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working under the auspices of a facility or program.

Alleged Victim: is defined as a juvenile under the jurisdiction of the juvenile court or participating in a program operated under the authority of the governing board or juvenile board who is alleged to be a victim of abuse, neglect, or exploitation.

Attempted Suicide: is defined as any voluntary and intentional action that could reasonable result in taking one's own life.

Emotional Abuse: is defined as mental or emotional injury to a juvenile that results in an observable and material impairment in the juvenile's growth, development, or psychological functioning; causing or permitting a juvenile to be in a situation that causes mental or emotional injury; and is generally verbal in nature.

Escape: is defined as the voluntary, unauthorized departure, or attempt to depart, by an individual who is in custody; or failure to return to custody following an authorized temporary leave for a specific purpose or limited period.

Founded: is defined as the finding assigned to an internal investigation when the evidence indicates that the conduct, which formed the basis of an allegation of abuse, neglect, or exploitation, occurred.

Incident Report Form: is defined as the required form used to report to TJJD allegations of abuse, neglect, exploitation, death, and serious incidents.

Inconclusive: is defined as the finding assigned to an internal investigation when the evidence does not clearly indicate whether or not the conduct, which formed the basis of an allegation of abuse, neglect, or exploitation, occurred.

Internal Investigation: is defined as a formalized and systematic inquiry conducted by the administrator or designee of a juvenile probation department, juvenile justice program, or juvenile justice facility in response to an allegation of abuse, neglect, or exploitation, or death.

Internal Investigation Report: is defined as the written report submitted to TJJD that summarizes the steps taken and evidence collected during an internal investigation of alleged abuse, neglect, exploitation, or death.

Juvenile: is defined a person who is under the jurisdiction of the juvenile court, confined in a juvenile justice facility, or participating in a juvenile justice program.

Medical Neglect: is defined as failure to seek, obtain, or follow through with medical care for a juvenile.

Medical Treatment: is defined a medical care, processes, and procedures that are performed by a physician, physician assistant, licensed nurse practitioner, emergency medical technician(EMT), paramedic, or dentist. Diagnostic procedures are excluded unless further intervention beyond basic first aid is required.

Physical Abuse: is defined as physical injury that results in substantial harm and for the purposes of this section includes the following acts or omissions: physical injury that results in substantial harm or the threat of substantial harm; failure to prevent an action by another that causes physical injury; and causing , permitting, or encouraging a child to use a controlled substance.

Professional: is defined by the Texas Family Code 261.101 (b) as an individual who is licensed or certified by the state or who is an employee of a facility licensed , certified, or operated by the state and who in the normal course of official duties or duties for which a license or certification is required has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile supervision officers.

Reasonable Belief: is defined as a belief that would be held by an ordinary and prudent person in the same circumstance as the reporter.

Report: is defined as formal notification to TJJD of an alleged abuse, neglect, exploitation or death, or of serious incident.

Reportable Injury: is defined as any injury sustained accidentally, intentionally, or recklessly or otherwise that: Requires medical treatment as defined in this section; or Results from a personal, mechanical, or chemical restraint as defined in this section.

Serious Incident: is defined as attempted escape, attempted suicide, escape, reportable injury, youth on youth physical assault or youth sexual conduct as defined in this section.

Serious Physical Abuse: is defined as bodily harm or condition that resulted directly or indirectly from the conduct that formed the basis of an allegation of abuse, neglect, or exploitation, if the bodily harm or condition requires medical treatment as defined in this section.

Sexual Abuse: is defined as conduct committed by any person against a juvenile that includes sexual abuse by contact or sexual abuse by non-contact. A juvenile may not affirmatively or impliedly consent to sexual abuse by contact or sexual abuse by non-contact. Sexual abuse includes sexual conduct with a juvenile; failure to prevent sexual conduct; and compelling or encouraging sexual conduct.

Sexual Abuse by Contact: is defined as any physical contact with a juvenile that includes intentional touching of the genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse, intimidate, hurt, humiliate, harass, arouse, or gratify sexual desire. These behaviors include deviate sexual intercourse, sexual contact, sexual intercourse, and sexual performance.

Deviate Sexual Intercourse - means any contact between any parts of the genitals of one person and the mouth or anus of another person; or the penetration of the genitals or anus of another person with a hand, finger, or other object.

Sexual Contact - means the following acts, if committed with the intent to arouse or gratify the sexual desire of any person: any touching by a person, including touching through clothing, of the anus, breast, or any part of the genitals of a person; or any touching of any part of the body of a person, including touching through clothing, with the anus, breast, or any part of the genitals of a person.

Sexual Intercourse – means any penetration of the female sex organ by the male sex organ.

Sexual Performance – means acts of a sexual or suggestive nature performed in front of one or more persons including simulated or actual sexual intercourse, deviate sexual intercourse, bestiality, masturbation, sado-masochistic abuse or lewd exhibition of the genitals, the anus, or any portion of the female breast below the top of the areola.

Sexual Abuse by Non-Contact: is defined as any sexual behavior, conduct, harassment or actions other than those defined by sexual abuse by contact, which are exhibited, performed, or simulated: in the presence of a juvenile or with reckless disregard for the presence of a juvenile; with the intent to arouse or gratify the sexual desire of any person; with the intent to intimidate, hurt, humiliate, or harass any person; including repeated verbal statements or comments of a sexual nature; and including demeaning references to gender, derogatory comments about body or clothing, or profane or obscene language or gestures. These behaviors include indecent exposure, voyeurism, distribution or exhibition of pornographic or sexually explicit material or sexual performance.

Subject of Investigation: is defined as a person alleged as being responsible for the abuse, neglect, or exploitation of a juvenile through the person's own actions or failure to act.

Substantial Injury: is defined as an injury that is significant in size, degree, or severity.

Supervisory Neglect: is defined as failure to provide juvenile with food, shelter, or clothing; failure to conduct timely room checks,; and failing to remove a juvenile from a situation where he/she would be exposed to harm committed by another juvenile.

Unfounded: is defined as the finding assigned to an internal investigation when the evidence indicates the conduct, which formed the basis of the allegation of abuse, neglect, or exploitation, did not occur.

Youth on Youth Physical Assault: is defined as a physical altercation between two or more juveniles that results in any of the involved parties sustaining an injury that requires medical treatment as defined in this section.

Youth Sexual Conduct: is defined as two or more juveniles, regardless of age, who engage in deviate sexual intercourse, sexual contact, sexual intercourse, sexual performance as defined in this section, conduct or actions which are exhibited, performed, or simulated. A juvenile may not consent to sexual abuse by contact or sexual abuse by non-contact as defined in this section under any circumstances. Consent may not be implied regardless of the age of the juvenile.

### III. Procedure:

A. Any staff member, volunteer, intern, or contract service provider who witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of or who has reasonable belief as to the occurrence of an alleged abuse, neglect, or exploitation involving a juvenile that is alleged to involve an employee, intern, volunteer, contractor, or service provider of the Dallas County Juvenile Department shall immediately notify his/her immediate supervisor and write an incident report.

1. Supervision personnel shall:

- a. ensure that the report of alleged abuse, neglect, or exploitation, other than death and allegations involving serious physical abuse or sexual abuse, is made within 24 hours from the time a person gains knowledge of or suspects the alleged abuse, neglect, or exploitation; and
- b. make the report by phone (877-786-7263) or by faxing (512-424-6716) or e-mailing a completed Incident Report Form to TJJD;
- c. if the report is made by phone, complete an Incident Report Form and subsequently submit to TJJD within 24 hours of the phone report;
- d. initiate and complete an internal investigation within 30 business days of the initial report to TJJD in the manner required by TAC 358.700;
- e. re-assign the person(s) alleged to have abused, neglected, or exploited where he/she has no contact with the alleged victim, relatives of the alleged victim, or other juveniles until the finding of the internal investigation is determined (it is the Department's practice to re-assign a person alleged to have abused, neglected, or exploited a juvenile whenever possible rather than place him/her on administrative leave); and
- f. Complete and submit to TJJD an internal investigation report within five calendar days of its completion as required by TAC 358.800 by using TJJD's ANE Internal Investigation Report Form. Copies of the Internal Investigation Report Form shall be submitted to the Facility Administrator, Deputy Director of Institutional Services, and Quality Assurance Administrator.

2. Supervision personnel shall:

- a. ensure that a report of alleged serious physical abuse or sexual abuse shall be made to local law enforcement immediately, but no later than one hour from the time a person gains knowledge of or suspects the alleged serious physical abuse or sexual abuse;
- b. make a report of serious physical abuse or sexual abuse to TJJD immediately, but no later than four hours from the time a person gains knowledge of or suspects the alleged serious physical abuse or sexual abuse;
- c. make the initial report of alleged serious physical abuse or sexual abuse by phone to law enforcement;
- d. make the initial report by phone to TJJD using the toll free number (877-786-7263) as designated by TJJD;
- e. within 24 hours of the report by phone of alleged serious physical abuse or sexual abuse, the completed Incident Report Form shall be submitted to TJJD by fax (512-424-6716) or e-mail;
- f. initiate and complete an internal investigation within 30 business days of the initial report to TJJD in the manner required by TAC 358.700;
- g. re-assign the person(s) alleged to have abused, neglected, or exploited where he/she has no contact

with the alleged victim, relatives of the alleged victim, or other juveniles until the finding of the internal investigation is determined (it is the Department's practice to re-assign a person alleged to have abused, neglected, or exploited a juvenile whenever possible rather than place him/her on administrative leave);

- h. Complete and submit to TJJD an internal investigation report within five calendar days of its completion as required by TAC 358.800 by using TJJD's ANE Internal Investigation Report Form. Copies of the Internal Investigation Report Form shall be submitted to the Facility Administrator, Deputy Director of Institutional Services, and Quality Assurance Administrator.
3. The Facility Administrator shall:
- a. make a report of a death shall to local law enforcement immediately, but no later than one hour of the discovery or notification of the death;
  - b. make a report of death shall be made to TJJD immediately, but no later than four hours from the discovery or notification of the death;
  - c. make the initial report by phone to law enforcement;
  - d. make the initial report by phone to TJJD using the toll free number (877-786-7263) as designated by TJJD; and within 24 hours of the death of a juvenile, the completed Incident Report Form shall be submitted to TJJD by fax (512-424-6716) or e-mail;
  - e. in accordance with Texas Code of Criminal Procedure Article 49.18(b) conduct an investigation of the death;
  - f. conduct the investigation in accordance with TAC 358.700; and
  - g. upon the conclusion of the internal investigation of the custodial death of a juvenile in a facility, the Facility Administrator shall:
    - (1) in accordance with Texas Code of Criminal Procedure Article 49.18(b), file a written report of the cause of death with the state Attorney General no later than 30 days after the juvenile's death;
    - (2) submit a copy of the death investigation report to the TJJD within 10 calendar days of completion; and
    - (3) complete an internal investigation report in accordance with TAC 358.800.
- B. Any staff member, volunteer, intern, or contract service provider who witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of or who has reasonable belief as to the occurrence of an alleged abuse, neglect, or exploitation involving a juvenile, but that is not alleged to involve an employee, intern, volunteer, contractor, or service provider of the Dallas County Juvenile Department shall be reported to law enforcement or the appropriate governmental unit as required in the Texas Family Code Chapter 261.
- C. Any staff member, volunteer, intern, or contract service provider who witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of or who has reasonable belief as to the occurrence of an alleged abuse, neglect, or exploitation involving a juvenile in a program or facility operated, licensed, certified, or registered by the Texas Department of Protective and Family Services or Texas Department of State Health Services shall immediately notify his/her immediate supervisor and write an incident report. Reporting those agencies shall be completed as required.



Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 8: Prison Rape Elimination Act	Related Standards: § 115.311 –§ 115.389

### **I. Policy:**

The Prison Rape Elimination Act of 2003(PREA) is a federal law that supports the elimination, reduction, and prevention of sexual abuse in adult and juvenile facilities as well as community correction programs.

Pursuant to PREA, the National Standards to Prevent, Detect, and Respond to Prison Rape: Final Rule were posted to the Federal Register on June 20, 2012 and became law on August 20, 2012.

The standards apply to all facilities operated by the Juvenile Department, and any facility that contracts with the Department shall be obligated to adopt and comply with the PREA standards [§ 115.312].

The Medlock Treatment Center is required to comply with PREA and TJJD standards.

### **Prevention Planning**

#### Zero Tolerance: PREA Coordinator [§ 115.311]:

The Dallas County Juvenile Department mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The safety and well-being of all referred juveniles is paramount, and the Department shall extend all efforts to prevent, detect, and respond to such conduct.

The Department shall designate a PREA coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA standards in all of its facilities. Further, PREA compliance managers shall be designated for each Department operated facility with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

#### Supervision and Monitoring [§ 115.313]:

The Department shall ensure that all of the facilities it operates develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The following shall be taken into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

Each secure facility shall maintain staff ratios of a minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff (juvenile supervision officers) shall be included in these ratios. Each facility shall have until October 1, 2017 to achieve compliance with the staffing ratios set forth in this paragraph.

The current supervision ratios per TAC 343.630 are 1:12 during program hours and 1:24 during non-program hours. The current facility-wide ratios per TAC 343.628 are 1:8 during program hours and 1:20 during non-program hours.

Whenever necessary, but no less frequently than one year, each Department operated facility shall, in consultation with the PREA coordinator, assess, determine, and document whether adjustments are needed to the staffing plan; prevailing staffing patterns; the facility's deployment of video monitoring systems and other technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.

Each secure facility shall ensure that supervisory staff conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

Limits to Cross-Gender Viewing and Searches [§ 115.315]:

Cross gender pat-down searches and strip searches of any resident is prohibited in all Department operated facilities. Anal or genital body cavity searches shall only be performed by a medical practitioner per TAC 343.260.

All Department facilities shall require that a staff member of the opposite gender announce his or her presence when entering a resident housing unit.

Residents with Disabilities and Residents who are Limited English Proficient [§ 115.316]:

The Department shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Department shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The Department shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.

Hiring and Promotion Decisions [§ 115.317]:

The Department shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in number 2 above.

The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Before hiring new employees who may have contact with residents, the Department shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Department shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The Department shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in the first paragraph of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

A criminal history search through the Texas Department of Public Safety (DPS) Fingerprint Applicant Services of Texas (FAST) shall be conducted on all prospective employees, volunteers, interns, and contractors in accordance with TAC 344 prior to employment and/or access to juveniles in the Department. The Department prohibits direct unsupervised access to juveniles in the Department by any person with a disqualifying criminal history as described in TAC 344.400 (Disqualifying Criminal History). Further, The Department shall submit, within 24 months of the initial certification date, and every 24 months thereafter based on the officer's birth month, documentation that the criminal history search requirements in TAC 344.300 (Criminal History Searches for Positions Requiring Certification) have been met.

#### Upgrades to Facilities and Technologies [§ 115.318]:

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect residents from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Per TAC 343.249 (Internal Security), video and audio monitoring devices may be utilized for security purposes but shall not substitute for required level of supervision by a juvenile supervision officer.

### **Responsive Planning**

#### Evidence Protocol and Forensic Medical Examinations [§ 115.321]:

To the extent the Department is responsible for investigating allegations of sexual abuse, the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The Department shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault-Forensic Examiners (SAFEs) or Sexual Assault-Nurse Examiners (SANEs)

where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department shall document its efforts to provide SAFEs or SANEs.

The Department shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the Department shall make available to provide these services a qualified staff member from a community-based organization or a qualified Department staff member. The Department shall document efforts to secure services from rape crisis centers.

For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The Department may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

To the extent the Department itself is not responsible for investigating allegations of sexual abuse, the Department shall request that the investigating agency follow the requirements of paragraphs of this section listed above.

The requirements of paragraphs this section listed above of shall also apply to:

- (1) Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

For the purposes of this standard, a qualified Department staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

#### Policies to Ensure Referrals of Allegations for Investigations [§ 115.322]:

The Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Department shall ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

The Dallas County Sheriff's Office is the designated law enforcement agency to conduct investigations of any potentially criminal behavior that stems from a sexual abuse or sexual harassment allegation that occurs in any Department operated facility.

Additionally, the Texas Juvenile Justice Department may also conduct an investigation of any sexual abuse or sexual harassment allegation that occurs in a Department operated facility in accordance with TAC Chapter 350.

### **Training and Education**

#### Employee Training [§ 115.331]:

The Department shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Relevant laws regarding the applicable age of consent.

Such training shall be tailored to the unique needs and attributes of the residents of the Department's operated facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards (August 20, 2013), and the Department shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures.

In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies.

The Department shall document, through employee signature or electronic verification, that employees understand the training they have received.

TAC 344 requires that all juvenile supervision officers and juvenile probation officers employed by the Department receive training on PREA prior to performing the duties of a certified officer and for certification.

#### Volunteer and Contractor Training [§ 115.332]:

The Department shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The Department shall maintain documentation confirming that volunteers and contractors understand the training they have received.

TAC 343.386 (Volunteers and Interns) requires that facilities having a volunteer or internship program shall have written policies and procedures that contain the orientation and training requirements, including training on recognizing and reporting abuse, neglect, and exploitation.

Resident Education [§ 115.333]:

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Department policies and procedures for responding to such incidents.

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

The Department shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The Department shall maintain documentation of resident participation in these education sessions.

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

TAC 343.412 and 343.606 (Orientation) require that all residents receive information regarding PREA within 12 hours of admission to the facility.

Specialized Training: Investigations [§ 115.334]:

In addition to the general training provided to all employees pursuant to § 115.331, the Department shall ensure that, to the extent the Department itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Specialized Training: Medical and Mental Health Care [§ 115.335]:

The Department shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

If medical staff employed by the Department conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The Department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status with the agency.

All medical practitioners that provide services in Department operated facilities are employees of Parkland Hospital and are contractors with the Department.

### **Screening for Risk of Sexual Victimization and Abusiveness**

#### Obtaining Information from Residents [§ 115.341]:

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the Department shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Such assessments shall be conducted using an objective screening instrument.

At a minimum, the Department shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

TAC 343.414 and 343.608 (Behavior Screening) require the residents be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior and housing assignments made accordingly.

#### Placement of Residents in Housing, Bed, Program, Education, and Work Assignments [§ 115.342]:

The Department shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

If a resident is isolated pursuant to paragraph two of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Every 30 days, the facility shall afford each resident described in paragraph above a review to determine whether there is a continuing need for separation from the general population.

TAC 343.290 (Protective Isolation) states that protective isolation may be ordered when a resident is physically threatened by a resident or group of residents. This must be approved in writing by the Facility Administrator or designee. If the period of protective isolation exceeds 72 hours, then the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available.

TAC 343.368 (Illegal Discrimination) requires that residents shall not be subjected to discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or disability.

## **Reporting**

### Resident Reporting [§ 115.351]:

The Department shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Department shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The facility shall provide residents with access to tools necessary to make a written report.

The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.



TAC 358.440 (Reporting of Allegations by Juveniles) requires that juveniles in a facility shall have the right to report to the Texas Juvenile Justice Department alleged abuse, neglect, and exploitation, including death. Juveniles shall be advised in writing during orientation into the facility of their right to report allegations and of TJJD's toll-free number (877-786-7263) available for reporting allegations.

Exhaustion of Administrative Remedies [§ 115.352]:

The Department shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

Any allegations regarding sexual abuse would not be treated as a grievance by the Department. Rather, it would be reported to the appropriate oversight agency and law enforcement.

Resident Access to Outside Support Services and Legal Representation [§ 115.353]:

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The Department shall maintain or attempt to enter into a memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

TAC 343.356 (Access to Attorney) requires that residents shall be permitted reasonable confidential contact with the resident's attorney and their designated representatives through telephone, uncensored letters, and personal visits. Additionally, TAC 343.352(a)-(b) (Visitation) and 343.358 (Telephone) provide for the residents' rights to receive visits by their parents or legal guardians as well as to complete telephone calls.

Third-Party Reporting [§ 115.354]:

The Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

All Department staff, volunteers, and interns are trained on how to report any allegations of abuse, neglect, and exploitation involving a juvenile. Further, required postings and brochures are located throughout all public and housing areas of the Department's operated facilities containing information on how to report any alleged abuse, neglect, or exploitation.

**Official Response Following a Resident Report**

Staff and Agency Reporting Duties [§ 115.361]:

The Department shall require all staff to report immediately and according to Department policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the Department; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The Department shall also require all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph one of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

TAC Chapter 358 also includes standards for staff and Department reporting duties of abuse, neglect, and exploitation.

Agency Protection Duties [§ 115.362]:

When the Department learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Reporting to Other Confinement Facilities [§ 115.363]:

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The Department shall document that it has provided such notification.

The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Staff First Responder Duties [§ 115.364]:

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing,

brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Coordinated Response [§ 115.365]:

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Preservation of Ability to Protect Residents from Contact with Abusers [§ 115.366]

Neither the Department nor any other governmental entity responsible for collective bargaining on the Department's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

- (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or
- (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Agency Protection Against Retaliation [§ 115.367]:

The Department shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

The Department shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In the case of residents, such monitoring shall also include periodic status checks.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation.

The Department's obligation to monitor shall terminate if the Department determines that the allegation is unfounded.

TAC 358.720 (Reassignment or Administrative Leave during the Internal Investigation) requires that upon gaining knowledge of alleged abuse, neglect or exploitation, and until the finding of the internal investigation is determined, the administrator or designee shall immediately place any person alleged to have abused, neglected or exploited a juvenile on administrative leave or reassign the person to a position having no contact with the alleged victim, relatives of the alleged victim, or other juveniles.

TAC 345.310 (Code of Ethics) requires that all juvenile justice professionals shall not interfere with or hinder any abuse, exploitation and neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted pursuant to Texas Family Code Chapter 261 or Chapter 350 and Chapter 358 of this title. The Department prohibits any form of retaliation directed at a person who reports an allegation of abuse, neglect, or exploitation whether that person is a resident, resident's parent, staff member, contractor, volunteer, intern, or member of the public. Further, the Department requires that all staff shall be vigilant in monitoring any form of retaliation and alert supervisory personnel immediately in accordance with TAC 345.310 (H) which requires that juvenile justice professionals shall report without reservation any corrupt or unethical behavior that could affect a juvenile or the integrity of the juvenile justice system.

Post-Allegation Protective Custody [§ 115.368]:

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

The requirements of TAC 343.290 (Protective Isolation) would also have to be met.

## **Investigations**

Criminal and Administrative Agency Investigations [§ 115.371]:

When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, the Department shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Department shall not terminate an investigation solely because the source of the allegation recants the allegation.

When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The Department shall retain all written reports referenced in paragraphs of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

TAC 358.700 (Internal Investigation), TAC 358.800 (Internal Investigation Report), and TAC 358.820 (Internal Investigation Report Components) contain internal investigation requirements including conducting the internal investigation, initiation of the investigation, timeframe for internal investigation, and components of the internal investigation report.

Evidentiary Standard for Administrative Investigations [§ 115.372]:

The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Reporting to Residents [§ 115.373]:

Following an investigation into a resident's allegation of sexual abuse suffered in a Department operated facility, the Department shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Department shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that he or she has been sexually abused by another resident, the Department shall subsequently inform the alleged victim whenever:

- (1) The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented.

The Department's obligation to report under this standard shall terminate if the resident is released from the Department's custody.

## **Discipline**

Disciplinary Sanctions for Staff [§ 115.376]:

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

TAC 345.310(F) (Code of Ethics) requires that juvenile justice professionals shall not be designated as a perpetrator in a TJJD abuse, exploitation, and neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted pursuant to Texas Family Code Chapter 261 or Chapter 350 and Chapter 358 of this title. In accordance with TAC 345.310(a), juvenile justice professionals found to be in violation of this subsection shall be subject to disciplinary action, including, but not limited to suspension, revocation, or denial of the professional certification issued under the authority of TJJD.

Corrective Action for Contractors and Volunteers [§ 115.377]:

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Department holds all contractors, interns, and volunteers to the TJJD Code of Ethics, and any breach of those ethics or other infractions may result in termination of his or her services with the Department.

Interventions and Disciplinary Sanctions for Residents [§ 115.378]:

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The Department may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives, but not as a condition to access to general programming or education.

The Department may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Department prohibits all forms of youth on youth sexual conduct between residents. Youth sexual conduct is defined as two or more juveniles, regardless of age, who engage in deviate sexual intercourse, sexual contact, sexual intercourse or sexual performance as defined as sexual abuse by contact or sexual behavior, conduct, or actions which are exhibited, performed, or simulated as those terms defined as sexual abuse by non-contact in TAC Chapter 358. A juvenile may not legally consent to sexual conduct with another resident in a facility. Consent may not be implied regardless of the age of the juvenile.

## **Medical and Mental Care**

### Medical and Mental Health Screenings: History of Sexual Abuse [§ 115.381]:

If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

### Access to Emergency Medical and Mental Health Services [§ 115.382]:

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

### Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers [§ 115.383]:

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from conduct specified in the above paragraph of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health.

TAC 343.330 (Medical Treatment for Victims of Sexual Abuse) requires that testing for sexually transmitted diseases, including HIV-AIDS shall be made available to a resident who, at the conclusion of an internal investigation or TJJJ investigation of abuse, neglect, or exploitation, is found to have been abused, neglected or exploited in a manner by which any physical injuries may have occurred or any sexually transmitted disease may have been contracted. The cost of the testing services and any subsequent medical treatment services shall not be assessed to the resident or resident's family.

TAC 343.332 (Behavioral Health Care Services for Sexual Abuse Victims) requires that a mental health provider shall assess any resident who, at the conclusion of an internal investigation or TJJJ investigation of abuse, neglect or exploitation that occurred in the facility, is found to have been the victim of a sexual assault. The mental health provider shall assess the need for crisis intervention counseling and any subsequent long-term, follow-up or counseling services. The cost of the assessment and any subsequent counseling services shall not be assessed to the resident or resident's family.

## **Data Collection and Review**

### Sexual Abuse Incident Reviews [§ 115.386]:

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to numbers 1



through 5 of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Data Collection [§ 115.387]:

The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The agency shall aggregate the incident-based sexual abuse data at least annually.

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The Department also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Data Review for Corrective Action [§ 115.388]:

The Department shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The Department's report shall be approved by the Department head and made readily available to the public through its Web site or, if it does not have one, through other means.

The Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Data Storage, Publication, and Destruction [§ 115.389]:

The Department shall ensure that data collected pursuant to § 115.387 are securely retained.

The Department shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its Web site or, if it does not have one, through other means.

Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.

The Department shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

## II. Definitions:

Agency: means the unit of a State, local, corporate, or non-profit authority or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or resident, including the implementation of policy as set by the governing, corporate, or nonprofit authority. For the purposes of this chapter, the term agency is synonymous with the Dallas County Juvenile Department or Department.

Contractor: means a person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Direct staff supervision: means that security staff are in the same room with, and within reasonable hearing distance, of the resident.

Employee: means a person who works directly for the agency or facility.

Exigent circumstances: means a set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility: means a place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or a set of buildings) that is used by an agency for the confinement of individuals.

Facility head: means the principal official of a facility.

Full compliance: means compliance with all material requirements of each standard except for *de minimis* violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender nonconforming: means a person whose appearance or manner does not conform to traditional societal gender expectations.

Intersex: means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to disorders of sex development.

Juvenile: means any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

Juvenile facility: means a facility that is primarily used to confine juveniles pursuant to the juvenile justice system or criminal justice system.

Medical practitioner: means a health professional, who by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner: means a mental health professional, who by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search: means a running of the hands over the clothed body of a resident by an employee to determine whether the individual possesses contraband.

Resident: means any person confined or detained in a juvenile facility.

Secure juvenile facility: means a juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows residents access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

Security staff: means employees primarily responsible for the supervision and control of residents in housing units, recreational areas, dining areas, and other program areas of the facility.

Sexual abuse: includes sexual abuse of a resident by another resident; and sexual abuse of a resident by a staff member, contractor, or volunteer.

Sexual abuse by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however, slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

Sexual abuse by a staff member, contractor, or volunteer includes:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional touching, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks that is unrelated to official duties or where the staff member contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt threat, or request by a staff member, contractor or volunteer to engage in the activities described in numbers (1) – (5) directly above;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident; and
- (8) Voyeurism by a staff member contractor, or volunteer.

Sexual harassment: includes repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Staff: means employees.

Strip search: means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Substantiated allegation: means an allegation that was investigated and determined to have occurred.

Transgender: means a person whose gender identity (internal sense of feeling male or female) is different from the person's assigned sex at birth.

Unfounded allegation: means an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation: means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Volunteer: means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Voyeurism by a staff member, contractor, or volunteer: means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using the toilet in his or her cell to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body, or of a resident performing bodily functions.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center	
Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 9: Suicide Prevention Plan	Related Standards: 343.340, 342, 346, 348, 350; 351

## I. Policy:

The Medlock Treatment Center shall implement a written suicide prevention plan developed in consultation with a mental health provider. Consultation with the mental health provider shall be verified on documentation containing:

1. the date;
2. the provider's name, title, and professional credentials/licensing designation; and
3. the provider's signature or other means of verifying the provider's identity.

The suicide prevention plan shall include:

1. definitions of moderate and high risk for suicidal behavior;
2. a listing of facility specific criteria with each of the two risk classifications and the identification of staff with the authority and responsibility for assigning or determining a resident's risk classification.
3. identification of the suicide screening instrument to be used and the personnel responsible for conducting the screening.
4. policies and procedures for suicide screening, including:
  - a. conducting screening within two hours after a resident's admission into a facility;
  - b. conducting suicide screenings upon any indication a resident previously screened may now be at moderate or high risk for suicidal behavior or at other times during a resident's stay;
  - c. assessing risk when a resident refuses or is unable to cooperate with the screening process; and
  - d. using information from the screening to determine a resident's risk for suicidal behavior.
5. policies and procedures for written and/or verbal communication among facility staff, mental health providers, the resident's juvenile probation officer, the resident, and the resident's parent, legal guardian, or custodian, including:
  - a. communication about staff concerns that a resident previously screened may now be at moderate or high risk for suicidal behavior;
  - b. communication about a resident's past or current classification as moderate or high risk for suicidal behavior;
  - c. procedures for referring residents classified a moderate or high risk for suicidal behavior to a mental health provider as required by TAC 343.346; and
  - d. identification of which types of information must be communicated, who is responsible to initiate the communication, who is required to receive the information, and how the information is communicated;
6. level of supervision for residents assigned to moderate or high risk for suicidal behavior
7. policies and procedures for intervening in suicide attempts including:
  - a. staff responsibilities for administering first aid, contacting outside emergency medical services, and notifying other staff for assistance;
  - b. the process by which emergency medical services personnel will gain access to the facility and how they will be guided to the resident;
  - c. identification and location of life-saving and emergency equipment that is available for staff to use; and
  - d. identification of personnel responsible for maintaining, issuing, and using the life-saving equipment;
8. reporting of resident suicides and attempted suicides, in accordance with any applicable state law, administrative rule, or local policy or ordinance including:
  - a. reporting a resident's death to law enforcement and TJJJ as required by TAC 358.600;
  - b. reporting the death of an incarcerated resident to the Texas Attorney General's Office as required by TAC 358.640 and Texas Code of Criminal Procedure Article 49.18(b); and
  - c. reporting a resident's attempted suicide to TJJJ as required by TAC 358.300;
9. policies and procedures for training all juvenile supervision officers on the contents and the implementation of the suicide prevention plan, including:
  - a. identification of training topics and curriculum; and

- b. a timeline for the initial training and any follow-up training;
- 10. housing of residents classified as moderate or high risk for suicidal behavior, including the removal of any dangerous objects such as clothing and bedding items from the resident;
- 11. policies and procedures for conducting mortality reviews for suicides, including:
  - a. identification of the person or position that is responsible for leading the mortality review and identification of any other review team members.
  - b. identification of how the findings and recommendations will be recorded and relayed to the facility's governing board; and
  - c. a requirement that the mortality review shall be:
    - i. designed to review the specific circumstances that occurred before, during, and after the suicide to determine if there is a need for modification to policies, procedures, or the physical plant; and
    - ii. separate and distinct from any and all formal investigations such as investigations conducted by the facility, law enforcement, or TJJD.

The suicide prevention plan shall be reviewed in consultation with a mental health provider at least once each year, no later than the last day of the calendar month of the previous year's review. Consultation with the mental health provider shall be verified on documentation that includes:

1. the date;
2. the provider's name, title, and professional credentials/licensing designation; and
3. the provider's signature or other means of verifying the provider's identity.

The suicide prevention plan shall be made available to all facility staff involved in implementing the plan.

## II. Definitions:

High risk for suicidal behavior: is defined as a resident that has made a reasonable suicide attempt within the past seven days. This is also referred to as W-2 status. The continuum/description of high risk for suicidal behavior is as follows:

1. Suicide Attempt (W-2): A voluntary behavior observed or reported where the resident makes a reasonable attempt to harm or kill him/herself. Examples of high risk for suicidal behavior include: tying a ligature (sheet, shirt, etc.) around the neck so that the airway is restricted; ingesting toxic substances (bleach, cleaner, etc.); overdosing on medications; and inflicting deep cuts on the body that result in significant blood loss.

Moderate risk for suicidal behavior: is defined as a resident who has indicators of suicidal ideation, has attempted self-harming behaviors, or endorses thoughts of self-harm within the past seven days. This is also referred to as W-1 status. The continuum/description of moderate risk for suicidal behavior is as follows:

1. Suicidal Ideation (W-1): Resident makes a voluntary statement, (verbal, written, drawing, or otherwise), indicating he/she wants to harm him/herself, or concerns as a result of the resident's responses to the Medical Checklist for Intra-Jurisdictional Custodial Transfer
2. Self-Harm or Injury (W-1): A voluntary behavior observed or reported by a person where the resident's intent is to inflict self-harm that may or may not be meant to lead to death - at least not in the immediate future. (Example: Self-mutilation or purposefully banging head on wall).
3. Suicidal Gesture (W-1): A voluntary behavior observed by a staff member in which the resident attempted to inflict self-harm or get attention but the gesture is calculated for rescue by someone else, or resident rescues her/himself (i.e., Tie shirt around neck in presence of staff member).
4. A resident who refuses or is unable to cooperate with the screening process shall qualify pending an assessment by a mental health provider from the Juvenile Department's Psychology Division.

### III. Procedure:

#### A. Staff Training:

1. All staff who work in the Medlock Treatment Center shall receive the TJJD Standardized Curriculum training on suicide prevention and intervention during the Juvenile Supervision Officer / Juvenile Probation Officer Academy, and the facility specific Suicide Prevention and Intervention Plan shall be trained during on the job training.
2. Staff shall receive annual training of at least eight (8) hours on suicide intervention and prevention dispersed throughout the training cycle.

#### B. Screening Methodology:

1. No resident shall be admitted into the facility that is in need of emergency care due to illness, injury, intoxication or mental illness.
  - a. Subsequent admission is dependent upon receiving written medical/psychiatric clearance from a medical/mental health provider.
  - b. Medical staff along with supervisory staff shall make the decision to admit or not admit under this precaution.
  - c. Residents are only admitted to the Medlock Treatment Center via Intra-Jurisdictional Custodial Transfer from the Detention Center which is not located on the same premises.
2. Once admitted, residents shall be immediately assessed for suicide ideation by administering the Medical Checklist for Intra-Jurisdictional Custodial Transfer within two hours after admission.
  - a. Any concern from any responses to the Medical Checklist for Intra-Jurisdictional Custodial Transfer shall result in a Mental Health Psychology Crisis Referral being completed and the resident shall be evaluated for risk of suicidal behavior by a mental health care provider from the Juvenile Department's Psychology Division.
3. If the resident refuses or is unable to participate or respond to the Medical Checklist for Intra-Jurisdictional Custodial Transfer, then a Mental Health Psychology Crisis Referral shall be generated immediately. The resident shall be evaluated for risk of suicidal behavior by a mental health care provider from the Juvenile Department's Psychology Division.
4. Formal Assessment shall involve use of the appropriate written protocol (Medical Checklist for Intra-Jurisdictional Custodial Transfer).
  - a. Residents shall be formally assessed for suicide ideation at intake and/or any time deemed necessary.
5. Informal Assessment involves looking for changes in mood or behavior, asking residents how they are feeling or if they are thinking about harming self, and asking how they might harm themselves.
  - a. Residents shall be "informally" assessed by a juvenile supervision officer (JSO) staff each day during their shift or after the following times:
    - (1) Court
    - (2) Visitation and Family
    - (3) Juvenile probation officer visits
    - (4) Medical appointment
    - (5) Phone calls
    - (6) Receiving mail
    - (7) Each outburst of anger, rage, major rule violation or serious conflict with a peer or staff
    - (8) After facility or Psychology staff have been notified about a resident being informed of stressful information that could precipitate acting out behavior or deterioration.
6. A resident may be placed on a W-1 or W-2 either from information gathered from direct observation or from information from another person only by:
  - a. Psychology staff or certain medical staff either from information gathered from direct observation or at the recommendation of another staff member.
  - b. Facility Administrator/ Assistant Facility Administrator
7. Removal or change in the plan may only occur by Psychology staff.
  - a. A mental health provider must be in agreement with the decision to remove or downgrade any resident from W-1 or W-2.

8. Indicators of moderate risk for suicidal behavior requiring placement on a W-1 plan include:
  - a. Indication of suicidal ideation from Medical Checklist for Intra-Jurisdictional Custodial Transfer
  - b. Any report about a resident being suicidal or depressed
9. Questions to ask a resident who may be at-risk or who shows warning signs of suicidal behavior:
  - a. Are you thinking about harming yourself or killing yourself?
  - b. If yes, how would you do it? Do you have a plan? (Mental Health Psychology Crisis Referral must be generated).
10. Mental Health Psychology Crisis Referrals must be completed by the supervisor and/or juvenile probation officer before leaving duty for that day. Mental Health Psychology Crisis Referrals must be completed for:
  - a. All suicide attempts
  - b. All suicide gestures
  - c. Any allegation of sexual or physical assault or abuse made by a resident
  - d. Whenever placing a resident on any Watch Plan
  - e. Resident requests to speak with or receive counseling from Psychology staff
  - f. A family member or close friend either dies, or is seriously injured, or attempts suicide g. Displays of violent/angry outbursts
  - i. Resident displays signs/symptoms of depression
  - h. Resident is reporting hallucinations, delusions, paranoia, self-abuse, debilitating phobias or obsessions, or is non-responsive or has inappropriate affect and responses
11. Supervisor and/or juvenile probation officer must email the Mental Health Psychology Crisis Referral to the Facility Administrator, Assistant Facility Administrator, manager, assigned juvenile probation officer, and pertinent Psychology staff before leaving duty for the day.
12. The Mental Health Psychology Crisis Referral must contain information on who sent the referral, the date and time of the notification, and the method of notification.
13. A copy of the Mental Health Psychology Crisis Referral shall be placed in resident's file.
14. Psychology staff shall triage referrals and email management team a recommendation and plan of action.
15. Removal, Reduction of a Plan: A mental health provider must be present and be in agreement with any decision to reduce or to remove a resident from W-1 or W-2 status.

### **C. Communication:**

1. Suicidal information or concerns shall be brought to the attention of appropriate Psychology staff, medical staff, assigned juvenile probation officer and facility supervisors.
2. Suicidal information and concerns shall be communicated to appropriate staff in dorm logs, TechShare, e-mail, Mental Health Psychology Crisis Referrals, and verbally as needed.
3. Juvenile probation officer and management staff shall be kept informed via e-mail, phone or personal contact.
4. Assigned JSO staff shall ensure the resident is informed of the plan's expectations, rules and procedures.
5. Residents deemed as a risk for suicidal behavior by placement on W-1 or W-2 shall be assessed by Psychology staff and shall be documented in:
  - a. dorm logs
  - b. Watch plan and status shall be documented in TechShare
6. Parents, legal guardians, and custodians shall be notified of the resident's status by facility staff and/or the supervising juvenile probation officer.
7. The normal business numbers to reach Psychology staff Monday – Fridays from 8:00am – 5:00pm as follows:
  - Facility Psychologist (972) 225-9776.
  - Assistant Chief Psychologist (214) 698-2272
  - Psychology Administrative Assistants (214) 698-2299/ 4293 / 2275
  - a. Psychology staff can be contacted after normal business hours and on weekends and holidays on the on call cell phone at: (214) 668-7223.
  - b. The on-call Psychology staff member shall immediately (or as soon as possible before the shift ends), be called or contacted in person by supervisor or facility management for consultation regarding, but not limited to, the following situations:
    - (1) Suicide Attempts



- (2) Suicide Gestures
  - (3) Suicide Ideation/Threat
  - (4) Suicide Completion
  - (5) Homicide Ideation/Threat
  - (6) Homicide Gesture/Attempt
  - (7) Death of a Resident
  - (8) Self-Abusive Behavior
  - (9) Hallucinations/Delusions)
- c. When contacting Psychology staff, the supervisor/manager shall provide the following information:
- (1) Name of resident
  - (2) Age of resident
  - (3) Where the resident is specifically located
  - (4) Any plan(s) the resident is currently on
  - (5) Admit date into facility
  - (6) Any serious medical concerns/medication being taken
  - (7) Behavior(s) of concern

#### **D. Levels of Supervision; Housing; and Dangerous Objects:**

1. W-1 (Moderate Suicidal Risk) applies to residents who have indicators of suicidal ideation, have attempted self-harming behaviors, or endorse thoughts of self-harm within the past seven days.
  - a. Activities - No restrictions.
  - b. Meals - No restrictions unless Psychology staff requests a spork restriction.
  - c. Precautions -
    - (1) While out of his dorm and participating in scheduled activities, resident must remain physically next to a JSO staff member except when participating in gym/recreational activities in which the resident will be allowed to fully participate.
    - (2) Resident may not be alone with medical personnel, educational personnel, or volunteers without a juvenile supervision officer present.
    - (3) Prevent access to all dangerous objects/items such as books, writing utensils, eating utensils, etc. However, the resident will be granted access to writing materials when expressing a desire for letter writing.
    - (4) Must be escorted to restroom by JSO staff.
    - (5) Psychology staff Psychology staff may place specific restrictions on a case by case basis including nails trimmed, no sharp objects, closely monitor use of personal hygiene products (soap, deodorant, etc.), or no shoelaces.
    - (5) If a resident makes a reasonable suicide attempt, the resident shall be elevated to W-2 status.
  - e. Documentation –
    - (1) When providing supervision at random intervals, the juvenile supervision officer shall document:
      - i. the date and time the resident was classified as moderate risk for suicidal behavior;
      - ii. the location of the resident's supervision;
      - iii. the name of the juvenile supervision officer providing supervision of the resident;
      - iv. each visual observation made and the time of the observation; and
      - v. a general description of the resident's behavior.
    - (2) The Medlock Treatment Center utilizes the Supervision of Moderate Risk Suicidal Youth form to meet the requirements of this standard and shall be maintained in the resident's file.
  - f. Re-classification - Only the Facility Administrator or designee (Psychology staff) shall authorize the reclassification of a resident classified as moderate risk for suicidal behavior.
  - g. Dorm assignment - Any.
2. W-2 (High Suicidal Risk) applies to residents that have made a reasonable suicide attempt within the past seven days. Medlock Treatment Center residents classified as W-2 shall be discharged from the facility and returned to the Detention Center as they are no longer deemed appropriate for the program. Any resident identified as high-risk will be observed and behavior-documented as required until his discharge.
  - a. Observation – A resident classified as W-2 shall be under the continuous, uninterrupted visual

supervision of a juvenile supervision officer. JSO staff may not be supervising any other resident at the same time. The juvenile supervision officer shall document his or her personal observations of the resident at intervals not to exceed 30 minutes.

b. Documentation –

(1) The following documentation shall be maintained for residents classified as high risk for suicidal behavior:

- i. the date and time the resident was classified as high risk;
- ii. name and title of the person who classified the resident as high risk;
- iii. a description of the resident's behavior and/or factors that led up to the resident's classification as high risk;
- iv. the name of each juvenile supervision officer providing supervision of the resident and the times during which each officer provided supervision;
- v. the location of the resident's supervision;
- vi. the name and title of the qualified mental health professional, mental health provider or physician who recommended reclassification of the resident to a lower risk level;
- vii. the date and time the resident was reclassified.

(2) The Medlock Treatment Center utilizes the Supervision of High Risk Suicidal Youth form to meet the requirements of this TAC 343.348 and shall be maintained in the resident's file.

3. The Medlock Treatment Center shall maintain a log for all residents classified as moderate or high risk for suicidal behavior. The log shall show, in chronological order by date, the following information:

- a. name of the resident;
- b. date and time the resident was classified as moderate or high risk for suicidal behavior; and
- c. date and time the resident was removed from classification as moderate or high risk for suicidal behavior.

The log is not required to show reclassifications between high risk and moderate risk status.

#### **E. Intervening in Suicide Attempts:**

1. Any staff member who either witnesses or has knowledge of a suicide attempt or gesture, shall immediately do the following:
  - a. Alert supervision and other staff by radio or verbally calling for assistance;
  - b. Immediately intervene to provide proper safety and care for the resident(s) who is attempting suicide. This may include removing dangerous items from the resident, and beginning CPR/First Aid. CPR/First Aid shall continue until properly relieved by medical or supervision staff.
  - c. All resident housing units shall have first aid kits located in each sub-control. The sub-controls shall also be equipped with rescue scissors, in the event of a suicide attempt by hanging. A ladder is kept in the Electrical Supply Closet which is accessible to all supervisory staff. The nurse's station will also be equipped with additional first aid equipment. Supervisory staff shall be responsible for the maintenance of the first aid kits, rescue scissors, and ladder.
  - d. Supervisor(s) shall immediately take charge of the situation upon their arrival on the scene. They shall direct staff to remove and protect other residents in the facility. They shall be sure to alert medical personnel. Emergency medical personnel may be called at supervisor/medical personnel discretion via dialing 911.
  - e. Central Control staff shall be responsible for calling 911 and instructing emergency medical services (EMS) personnel on how to gain access to the building. Central Control shall notify the Supervisor when EMS arrives. The Supervisor (or designee) shall be responsible for escorting the EMS personnel to the resident.
  - f. Supervisor shall ensure that an Incident Report is written, a Mental Health Psychology Crisis Referral is completed, and an email is sent to all supervisors, Facility Administrator, Assistant Facility Administrator, manager, juvenile probation officer, and Psychology staff regarding the incident.
  - g. Supervisor shall ensure the on-call psychologist and the Facility Administrator is immediately alerted via phone or in person, for any life-threatening event.

- h. Supervisor shall ensure staff coverage is sent to any hospital if deemed necessary transport resident either via ambulance or other means to outside facility for medical treatment. Supervisor and/or juvenile probation officer shall notify the parent/guardian immediately of the situation.
- i. Supervisor shall secure all dorm logs and resident file and provide them to the Facility Administrator.
- j. Supervisor shall ensure that TJJD is notified as required.

#### **F. Reporting of Resident Suicides and Suicide Attempts:**

1. The occurrence of a resident suicide shall be reported to the Sheriff's Department by phone no later than one (1) hour from the discovery or notification of the death and reported to TJJD by phone no later than within four (4) hours the discovery or notification of the death [TAC 358.600]. The TJJD Incident Report Form shall be faxed or e-mailed within 24 hours from the initial reporting phone call.
2. The occurrence of an attempted resident suicide shall be reported to TJJD within twenty-four (24) hours from the time a person gains knowledge of or suspects the incident occurred [TAC 358.300]. The initial report may be made by phone. The TJJD Initial Report form must be faxed or e-mailed within twenty-four (24) hours of the initial phone call report.
3. A verbal (by phone) report of a resident suicide or attempted suicide shall be made to the Director, the Assistant Director, and the Facility Administrator within one hour of incident. A written report shall be submitted within 24 hours of notification or knowledge of the incident to the following address:

Dr. Terry S. Smith, Director  
2600 Lone Star Drive  
Dallas, TX 75212  
214-698-2223

5. The resident's parent, guardian, or custodian shall be notified by phone or in person (to be determined by the Facility Administrator) as soon as possible but no later than twenty-four (24) hours after knowledge of the incident.
6. Report the incident to the Dallas County District Attorney's Office, Civil Division. They will provide guidance and may obtain information from law enforcement, the medical examiner, and investigative agencies.
7. In accordance with Texas Code of Criminal Procedure Article 49.18(b), the Facility Administrator shall file a written report of the cause of death with the state Attorney General no later than 30 days after the juvenile's death. Effective September 1, 2003, the Texas Code of Criminal Procedure Article 49.18 (b) requires that if a person dies while incarcerated in a state juvenile facility, the director of the facility shall investigate the death and file a written report of the cause of death with the state attorney general no later than 30 days after the person's death. This article identifies the report as being public information, except for any information the attorney general determines to be privileged. The Code of Criminal Procedure defines both secure juvenile pre-adjudication and post-adjudication correctional facilities as being a state juvenile facility under the meaning of the code. The Texas Attorney General's Office may be contacted at:

Physical Address  
Office of the Attorney General  
300 W. 15<sup>th</sup> Street  
Austin, TX 78701

Mailing Address  
Office of the Attorney General  
PO Box 12548  
Austin, TX 78711-2548

Telephone  
(512) 475-4413 Toll Free (800) 252-8011  
[www.oag.state.tx.us](http://www.oag.state.tx.us)

#### **G. Mortality Review:**

1. In the event a suicide or death should occur in the facility, or in the custody of the Medlock Treatment Center, the Facility Administrator shall organize and facilitate a "mortality review" of the event. This review team shall include at a minimum, the Facility Administrator, Assistant Facility Administrator,

appropriate supervisor(s), representative(s) of the Psychology Division, medical clinic nurse manager, emergency responders first on the scene, and other administrative personnel as needed. The team shall review the event in its entirety and determine if there is a need to modify policy and procedures or physical plant configuration. This review shall be separate from any other formal investigation of the incident. The review shall occur within 30 days of the occurrence. The findings and recommendations for improvement of the team shall be reported in writing to the Director of Juvenile Services within 24 hours after the review is completed. The findings and recommendations shall be submitted to the Juvenile Board Chair person in both electronic and written format within 48 hours after receiving. Any recommended changes to the physical plant or internal procedures shall occur immediately upon acceptance of the changes by the Director of Juvenile Services and the Juvenile Board.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 10: Protective Isolation	Related Standards: 343.290

A. Protective Isolation

1. Protective isolation may be ordered when a resident is physically threatened by a resident or a group of residents;
2. This decision shall be approved in writing by the Facility Administrator or designee;
3. While in protective isolation, a juvenile supervision officer shall observe and record the resident's behavior at random intervals not to exceed 15 minutes.
4. If the protective isolation of a resident exceeds 72 hours, the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. If continued protective isolation is approved, the Facility Administrator or designee shall ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated resident is afforded all required program services during their period of protective isolation.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 11: Observation Records	Related Standards: 343.110

**I. Policy:**

The requirements of this standard apply to each standard in TAC Chapter 343 in which a juvenile supervision officer is required to observe and record a resident's behavior, including TAC 343.286; 288; 290; 338; 348; 350; 402; 438; and 442.

All such observation shall be documented by the juvenile supervision officer who made the actual observation. The documentation shall indicate the exact hour and minute the observation was made and a general description of the resident's behavior.

The Medlock Treatment Center does not use an electronic system to record observations of its residents.

**II. Definitions:** None**III. Procedure:**

- A. Medlock staff shall comply with all requirements regarding observation records of residents.
- B. Supervision personnel shall routinely review and audit Medlock Treatment Center observation logs for compliance with this standard.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 3: Facility Operations	
Section 12: Resident Records	Related Standards: 343.614, 616, 618

## I. Policy:

The Medlock Treatment Center maintains resident records in a uniform format for identifying and separating files. Every resident file shall be identified by the name and personal identification (PID) number of the resident.

A juvenile's case file is retained in the Juvenile Department; a resident's file is retained in the facility. Resident files are to be kept confidential and access shall be limited to appropriate staff only (juvenile supervision officers, juvenile probation officers, supervisors, Detention Manager, Assistant Facility Administrator, and Facility Administrator).

Each resident's record shall include the following:

- (1) Delinquent history;
- (2) Inventory of cash and property surrendered (Property Inventory/Release Form) ;
- (3) List of approved visitors;
- (4) Name of the assigned juvenile probation officer;
- (3) Medical Checklist for Intra-Jurisdictional Custodial Transfer and Health Screening Body Profile;
- (4) Orientation Checklist;
- (5) PREA / ANE Form;
- (6) Signed receipt of Medlock Resident Handbook;
- (7) TechShare case history report;
- (8) PREA Behavioral Screening Form
- (9) The behavioral record, including any special incidents, discipline, or grievances (point sheets, Incident Reports, Notice of Major Rule Violation, Formal Disciplinary Review Reports, grievances, etc.);
- (10) Progress reports; and
- (11) The final release and transfer report (Discharge summary, Resident Release Checklist).

For each housing unit in the Medlock Treatment Center, the following documentation shall be maintained:

- (1) A daily chronological log or electronic record documenting the resident's or housing unit's activity that identifies the juvenile supervision officer supervising the residents;
- (2) A daily report of admissions and releases; and
- (3) A population roster compiled as of 5:00 a.m. each day shall include at a minimum:
  - a. the date and time the roster was compiled;
  - b. the name of all residents in the facility;
  - c. the sex of all residents in the facility;
  - d. the housing assignment location of all residents in the facility;
  - e. the numerical total of the resident population for each day.

The daily chronological log mentioned above shall:

- (1) be signed or initialed by the juvenile supervision officer(s) supervising the residents or housing unit; or
- (2) identify the juvenile supervision officer making the entry if the log is maintained in an electronic format that does not allow for signatures or initials.

The Medlock Treatment Center shall produce and maintain records related to the daily supervision of residents in the facility. The facility shall document the status of each resident or each housing unit daily.

## II. Definitions: None

**III. Procedure:**

- A. All residents of the Medlock Treatment Center shall have a resident file maintained. The resident's file is kept in Central Control.
- B. Information and documentation in the resident's file remains in the facility until the juvenile reaches 18 years of age, at which time the record is transferred to archives.
- C. All resident files are kept confidential and secure within the facility.
- D. Each dorm must keep a written log of activities and concerns occurring on each shift. This is considered a legal document and may be subpoenaed.
- E. All juvenile supervision officers assigned to a particular dorm (housing unit) must read and sign off daily on all entries.
  1. Dorm logs must be printed in ink.
  2. Mistakes must be initialed by staff.
  3. White-out is not permitted.
  4. The dorm log book must be carried by staff at all times.
  5. Supervisors must collect dorm log books when they are full and stored.
  6. Each shift shall maintain accurate documentation on the following:
    - a. Dorm information (to be completed at beginning of shift, & updated as necessary):
      - (1) census of dorm at beginning of shift and at end of shift;
      - (2) day, date, year, shift;
      - (3) dorm number; and
      - (4) staff member name and title.
    - b. Resident information (to be completed at beginning of shift, & updated as necessary):
      - (1) list of any concerns, relevant issues on residents; and
      - (2) medical conditions of any resident (illness, injury, etc.).
    - c. Chronology of activities (to be completed on-going):
      - (1) emergency drills: fire, bomb, etc. (time began and time ended);
      - (2) group expectations: time, topic(s) covered, concerns / relevant issues;
      - (3) incidents: type, time, residents involved and corrective action taken;
      - (4) meals: time began and time end (relevant issues such as refusals to eat, foreign objects found in food, etc.);
      - (5) phone calls: time, to / from / relevant information;
      - (6) program / activities: time start and time end, type of program, location;
      - (7) recreation activity: time, description, and location;
      - (8) resident behavior;
      - (9) room restrictions or disciplinary seclusions: time in and out and reason;
      - (10) Dorm cleaning: time, where, and type of cleaning (minor or major clean up);
      - (11) Dorm searches: time and area searched with findings;
      - (12) school activity: description of activity, teacher name, and time of class and room number;
      - (13) showers / hygiene: time start / time end;
      - (14) staff breaks: time leave, time return, and name of who relieved officer; and
      - (15) visits of residents.



Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 4: Facility Services	
Section I: Food Service	Related Standards: 343.300, 302, 304, 306, 308, 310, 312, 314, 316

- A. Medlock Treatment Center meals shall meet the dietary requirements of the USDA school breakfast, lunch, and dinner dietary allowances. Meals shall contain the food groups represented on the United States Department of Agriculture Food Pyramid.
- B. The facility's designee for planning menus is the certified dietician employed by the Dallas County Sheriff Department who reviews and approves the menu plan annually. The menus must contain a variety of foods and meet the dietary requirements of the United States Department of Agriculture [TAC 343.300]. The same meal may not be served three times daily.
- C. The dietician submits a monthly rotating menu that meets the dietary requirements of the National School Lunch Program for nutritional adequacy. Food service staff shall follow the daily meal schedule as planned to ensure USDA requirements are met [TAC 343.302].
1. Any deviation from the menu is documented by the Business Manager.
- D. Daily Meal Schedule [TAC 343.312]:
1. The daily meal schedule for the Medlock Treatment Center is:

Meal	Monday - Friday	Saturday	Sunday
Breakfast	6:30a-7:30a	7:00a-8:00a	7:15a-8:00a
Lunch	12:00p-12:45p	11:30a-12:30p	11:45a-12:20p
Dinner	4:45p-5:45p	5:15p-6:00p	4:30p-5:30p
  2. At least two of the meals shall be hot.
  3. No more than 14 hours may elapse between the evening meal and breakfast unless a snack is provided.
  4. Residents shall be allowed no less than 10 minutes to eat once they have received their meal
- E. A facility that prepares food on-site shall maintain a valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services (DSHS) [TAC 343.314].
- F. A facility that prepares food on-site shall maintain a valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services (DSHS) [TAC 343.314].
- G. A facility that regularly receives food from an off-site source shall maintain a copy of the source's valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services. The transfer of such food to the facility shall be conducted in a manner to prevent contamination or adulteration. If the facility receives food from an off-site source on a special occasion, the facility is not required to maintain a copy of any required permits or licenses for the additional off-site source [TAC 343.316].
- H. Modified diets shall be provided upon the direction of a health professional. A medical diet is defined as a special diet ordered for a temporary or permanent health condition that restricts the type, preparation, and/or amount of food. When a resident's religious beliefs require adherence to religious dietary laws, the facility shall make a reasonable and equitable effort to provide a modified diet, within the limitations of resources and the facility's need for safety, security, health, and order. Religious diets shall be documented in the resident's record [TAC 343.306].

- I. If facility staff members eat in the presence of residents, the staff members shall eat the same meal served to the residents unless a special diet has been ordered by a health care professional or a staff member's religious beliefs require a different meal. [TAC 343.310].
- J. Business Manager shall:
  1. Monitor and document adherence to each meal of the menu.
  2. Obtain at least two food safety inspections each school year.
  3. Immediately notify the Dallas County Sheriff's Department in the event of any of the below occurrences:
    - a. Major menu deviations;
    - b. Spoiled food or proof of food quality;
    - c. Food temperature discrepancies; and
    - d. Inadequate portions.
  4. Maintain a file of meals served (menu plans).
  5. Ensure that all food service staff practice hygienic food handling techniques.
  6. Maintain copies of all current health and sanitation inspection reports and other documentation which verifies that the operation is in compliance with applicable health and sanitation regulation.
  7. Notify the Dallas County Sheriff's Department of any resident modified diets.
  8. Prepare USDA reports as required.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 4: Facility Services	
Section 2: Hygiene; Laundry; and Facility Maintenance, Cleanliness, and Appearance	Related Standards: 343.262, 264, 266, 268, 270, & 272

- A. Medlock Treatment Center residents shall be given appropriate instruction on personal and oral hygiene [TAC 343.262]. Residents shall be provided with appropriate hygiene items. Toothbrushes and non-spray deodorant, brushes, and combs shall not be shared. Residents shall be provided the opportunity to shower daily and after participating in strenuous exercise other than activities related to the educational curriculum (i.e., physical education) [TAC 343.264].
1. Residents shower generally in the evenings, and are required to comply with the rules of personal hygiene. If a resident refuses to shower or neglects his personal hygiene, PHHs medical and/or Psychology staff will be notified.
  2. Staff shall ensure the following hygiene items are available to residents daily:
    - a. Soap
    - b. Shampoo
    - c. Toothpaste/Toothbrush
    - d. Deodorant
    - e. Brush or Comb
  3. Toothbrushes, non-spray deodorant, and combs shall not be shared.
- B. Each resident is provided suitable clean bedding, including one sheet, a pillow, a pillowcase, a mattress, a mattress cover (sheet), and a blanket [TAC 343.266(a)]. Clean bed linens shall be issued at least once every seven calendar days [TAC 343.266(b)]. Clean towels and hand towels are issued to each resident daily for showering and hygiene [TAC 343.268].
- C. Each resident is issued clean clothing upon admission to the facility as all Medlock residents are required to wear a uniform [TAC 343.270]:
1. Clean undergarments and socks shall be issued daily.
  2. Clean uniforms and other clean clothing shall be issued at least twice per week, with a maximum of 72 hours between exchanges.
  3. Climate-appropriate clothing shall be provided to all residents in the facility for any outdoor programming or activities.
  4. All facility bed linens, towels, and clothing are cleaned and laundered on-site by facility staff.
  5. The Business Manager shall ensure that sufficient bedding, bed linens, towels, clothing are kept on hand for resident usage.
- D. The Medlock Treatment Center shall implement a written housekeeping plan and provide verification for the maintenance of a clean and sanitary facility that promotes a safe and secure environment [TAC 343.272(a)].
1. The plan shall include:
    - a. a schedule for the periodic and routine cleaning and housekeeping including:
      - i. the identification of staff and resident responsibilities;
        - i. the Business Manager shall be responsible for ensuring facility cleanliness, a housekeeping plan, a written resident laundry schedule, documentation regarding the inspection of food preparation areas, and documentation verifying the extermination of vermin and pests.
        - ii. the Dallas County Health Department shall inspect all food preparation, kitchen areas, and housing areas at least annually and the Business Manager shall maintain a written record of each inspection
        - iii. staff shall supervise assigned residents in the proper cleaning of designated areas and shall ensure that residents are instructed on the use of the cleaning products and the proper equipment is used as identified by the MSDS.

- 2) the regular cleaning and disinfection of toilet and shower areas currently in use.
  - i. Resident toilets and washbasins shall be cleaned and disinfected regularly free of any bodily excretions, fluids, and other matter.
  - ii. Resident showers shall be cleaned and disinfected regularly free of mold and mildew.
- 3) The housekeeping schedule is as follows:

<b>MEDLOCK TREATMENT CENTER HOUSEKEEPING SCHEDULE</b>	
Person(s) Responsible	Areas / Instructions
<b>6-2 Shift</b>	<p style="text-align: center;"><b><u>Lobby / Receptionist Area</u></b></p> <ul style="list-style-type: none"> <li>▪ Vacuum and dust entire area to include pictures, plants, window ledges, chairs, etc. (weekly)</li> <li>▪ Walls wiped down as necessary, windows cleaned as necessary.</li> <li>▪ Copier wiped down, behind copier cleaned. (weekly)</li> <li>▪ Clean <b>restrooms</b> – Ladies and Men, clean sink and toilet with disinfectant, (inside and out) sweep and mop bathroom floors.(daily)</li> <li>▪ Restock supplies (toilet tissue, paper towel and soap.) (daily)</li> <li>▪ Trash is to be emptied after each shift.</li> </ul>
<b>2-10 Shift /10-6 Shift Maintenance Staff</b>	<p style="text-align: center;"><b><u>Multi-Purpose Area / Hallways/Break Area</u></b></p> <ul style="list-style-type: none"> <li>▪ Clean vents when needed, clean walls and doors.</li> <li>▪ Empty trash at the end of each shift, wash trash cans (daily)</li> <li>▪ Sweep and mop the floors (daily).</li> <li>▪ Buff floors twice monthly (2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month.)</li> <li>▪ Clean and restock bathrooms in Multi (ladies and men) daily.</li> <li>▪ Buff hallways. (monthly)</li> <li>▪ Spray counters in break room with cleanser/disinfectant. (daily)</li> <li>▪ Clean microwaves (inside and out). (daily)</li> <li>▪ Discard of all food left in the refrigerator. (daily)</li> <li>▪ Clean and restock drawers with paper towel. (daily)</li> <li>▪ Clean and restock bathrooms in the break area (ladies and men) (daily).</li> <li>▪ Empty trash at the end of each shift. Sweep and mop the area (daily).</li> </ul>
<b>Food Service Staff / Service Attendant</b>	<p style="text-align: center;"><b><u>Kitchen Area / Laundry Room</u></b></p> <ul style="list-style-type: none"> <li>▪ Clean and wipe down condiment cart daily and restock.</li> <li>▪ Clean and wipe serving counters after each meal.</li> <li>▪ Clean and polish with stainless steel polish daily.</li> <li>▪ Clean all retherm boxes daily. (inside and out)</li> <li>▪ Clean microwave daily.</li> <li>▪ Sweep and mop kitchen and MPR room daily.</li> <li>▪ Make sure gloves and hairnets are stocked in the kitchen area and accessible to all staff and residents working in the area.</li> <li>▪ Sweep laundry area (daily).</li> <li>▪ Remove lint and trash from machines after each wash. (daily)</li> <li>▪ Wipe down machines (daily).</li> <li>▪ Make sure clothes on rack in laundry room are folded neatly by item and color (daily).</li> </ul>
<b>10-6 Shift</b>	<p style="text-align: center;"><b><u>Library and Classrooms</u></b></p> <ul style="list-style-type: none"> <li>▪ Clear debris after each class.</li> <li>▪ Check for tagging after each class.</li> <li>▪ Sweep and vacuum daily.</li> </ul>
	<b><u>Offices (Administrative, Psychologist, Probation Officers, Supervisors)</u></b>

<p><b>Office Occupants</b></p> <p><b>6-2 Shift</b></p>	<ul style="list-style-type: none"> <li>▪ Specific areas of responsibility; ensure your offices are cleaned and free of any clutter.</li> <li>▪ Trash should be emptied daily.</li> <li>▪ Dust and vacuum as needed.</li> </ul> <p style="text-align: center;"><b><u>Dorms 1 through 8 (daily cleaning)</u></b></p> <ul style="list-style-type: none"> <li>▪ Upon arising, beds should be made.</li> <li>▪ Beds should remain made until residents are ready to retire.</li> <li>▪ Staff control area should be cleaned after each shift, daily, and be free of items except those necessary to run the shift.</li> <li>▪ Broken items should be placed in the holding area for pick up (daily).</li> <li>▪ Showers should be rinsed down after each shower period. (daily)</li> </ul>
<p><b>6-2 Shift / 2-10 Shift</b></p> <p><b>Residents</b></p>	<p style="text-align: center;"><b><u>Dorms 1 through 8 Weekend Cleaning</u></b></p> <ul style="list-style-type: none"> <li>▪ Saturday and Sunday are deemed as “Major Clean Up” days. No other activities with the exception of visitation are to occur until major clean-up is complete.</li> <li>▪ Residents not in visitation are to be cleaning.</li> <li>▪ Staff not involved in visitation monitoring will be monitoring the residents cleaning.</li> <li>▪ Resident beds sanitized and wiped down, shower area walls scrubbed, toilets cleaned, windows cleaned, air vents cleaned, youth chairs cleaned and sanitized.</li> <li>▪ Staff’s control area cleaned and all items removed with exception of those necessary to run the shift.</li> </ul>

- b. a requirement for routing pest and vermin control; and
    - 1) A licensed pest control company shall be contracted with Dallas County to provide extermination services to the facility.
      - i. the facility shall be exterminated at least once a month or as often as needed.
      - iii. outside vermin or rodents are handled by the pest control contractor, as needed, to appropriately keep them out of the facility.
  - c. a requirement for facility staff to conduct a weekly cleaning, safety, and maintenance inspection of all areas of the facility that are currently in use.
    - 1) Staff are responsible for notifying the Business Manager of any maintenance or facility cleanliness issues as quickly as possible.
    - 2) All surfaces in facility areas shall be regularly maintained and repaired if damaged and shall be reasonably free from graffiti and markings, excluding minor damage from reasonable and expected wear and tear from normal use.
    - 3) Repairs shall be made promptly to all furniture, fixtures, and equipment currently in use.
    - 4) All areas where residents reside or participate in programming or services shall be clean, sanitary, and reasonably free from debris, rodents, insects, and strong, offensive, or foul odors.
    - 5) Shift Supervisors shall conduct an inspection of their areas of responsibility on a weekly basis using Weekly Inspection Form:
    - 6) Inspections shall be conducted weekly per shift.
    - 7) All Dorms, equipment and common areas shall be inspected .
    - 8) The completed checklist shall be turned into the Business Manager for storage.
    - 9) Any problems noted by the Shift Supervisor must be forwarded to the Business Manager who will coordinate with Facilities staff.
2. The housekeeping plan shall be accessible to all facility staff.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 1: Health Service Authority	Related Standards: 343.320

**I. Policy:**

The facility shall have a designated health service authority responsible for the development and implementation of a health care system within the facility. The designation shall be in writing.

The health service authority shall be a physician, physician assistant, registered nurse, nurse practitioner, health administrator, or a medical entity.

When a medical entity is designated as the health service authority, an individual shall be identified as the primary point of contact.

The delivery of health services and medical care to the residents in the custody of the facilities operated by the Dallas County Juvenile Department shall be the responsibility of the Dallas County Hospital District-d/b/a Parkland Health & Hospital System (PHHS) throughout the period the resident is in the custody of the facilities operated by the Dallas County Juvenile Department.

The health service authority designated for the Dallas County Juvenile Department's operated facilities is Parkland Health & Hospital System. The primary point of contact is:

Sharon Phillips, RN, MBA

Chief Administrative Officer for Population Health

Parkland Health and Hospital System

**II. Definitions:**

Health Service Authority: is defined as the agency, organization, entity, or individual responsible for consulting and collaborating with the facility administrator and/or the health services coordinator to ensure a coordinated and adequate health care system is available to residents of the facility.

**III. Procedure:**

A. All Dallas County Juvenile Department facilities shall designate the health service authority in writing and maintain that documentation.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 2: Health Service Plan	Related Standards: 343.322

## I. Policy:

The Dallas County Juvenile Department's operated facilities shall have and implement a written health service plan developed in consultation with the designated health service authority. The health service plan shall establish the facility's health care delivery system and detail the protocols for the delivery of medical, mental health, and dental services for all residents. The plan(s) shall include, at a minimum:

- (1) procedures for conducting health screenings and health assessments;
- (2) procedures for the referral of residents in need of medical attention, either self-reported or identified by staff, for medical, mental, and dental services;
- (3) procedures for emergency health care services;
- (4) procedures to ensure continuity of care in accordance with the instructions of the medical provider including, but not limited to, the delivery of treatment, medication, referrals, follow up, and medically modified diets;
- (5) procedures relating to informed consent for medical, dental, psychological, and surgical treatment, as well as consent relating to immunizations and counseling services;
- (6) procedures relating to procurement, distribution, dispensing, disposal, and accounting of prescription and over-the-counter medication;
- (7) procedures for performing all examinations, treatments, and other procedures in a confidential setting consistent with facility operations and security;
- (8) procedures for patient transportation and evacuation;
- (9) procedures for identification and control of communicable diseases;
- (10) procedures for staff education and training relating to the facility's health care delivery system;
- (11) procedures relating to first aid kit contents, location, and periodic inspections; and
- (12) procedures for pregnant residents to receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care. These procedures shall also include procedures for the safe and appropriate restraint (both physical and mechanical) of pregnant residents.

The health service plan shall be reviewed at least once every 24 months in consultation with the health service authority.

## II. Definitions:

**Health Screening:** is defined as a screening of a resident's health status through directly questioning the resident, observing the resident's behavior and physical condition, and review of any available records.

**Health Assessment:** is defined as A focused assessment conducted for the purpose of validating screening results and making any needed referrals. The health assessment shall include:

- (A) review of the health screening results;
- (B) collection of additional data to complete the medical, dental, and mental health histories;
- (C) recording of vital signs; and
- (D) initiation of referrals when appropriate.

**Intra-Jurisdictional Custodial Transfer:** is defined as the transfer of a resident from a pre-adjudication secure detention facility into a post-adjudication secure correctional facility or non-secure correctional facility under the same administrative authority.

**Medical Treatment:** is defined as medical care, including diagnostic testing (e.g., x-rays, laboratory testing, etc.), performed or ordered by a physician or physician assistant or performed by a licensed nurse practitioner, emergency medical technician, paramedic, registered nurse (RN), or licensed vocational nurse (LVN) according to their respective

licensure.

### III. Procedure:

#### A. General Guidelines:

1. Dallas County Juvenile Department operated facilities shall not allow treatment of a resident by anyone who is not authorized to practice by appropriate state laws. Medical care in all facilities shall meet professional standards, including medical records and acquisition, storage, administration, and disposal of medication.
2. Medical treatment is available 24 hours a days from a licensed nurse. The Detention Center also provides 24 hour emergency dental (PHHS emergency room) and mental health care. On-call nursing staff and service providers are available to other facilities operated by the Dallas County Juvenile Department to provide residents with medical, dental, and mental health care.
3. On call psychological consultations are available 24 hours a day, seven days a week by Psychology staff for any resident as needed.
4. Medical, dental, and psychiatric matters involving resident's medical care is sole province of the medical, dental, or mental health service provider.
5. The medical staff shall comply with applicable current laws, rules, and regulations.
6. Residents are prohibited from being in the medical clinic without direct supervision by a juvenile supervision officer.
7. Security regulations that are applicable to facility staff also apply to medical staff.
8. All health care policy and procedures are approved by the Facility Administrator.

#### B. Conducting Health Screenings and Health Assessments:

1. Prior to admission, juveniles are assessed for the need of emergency medical care due to injury, illness, or intoxication, or for the need of emergency mental health services. A juvenile who needs emergency medical care due to injury, illness, or intoxication or who needs emergency mental health care shall not be admitted without written medical clearance from a health care professional or mental health provider. Intoxicated or chemically impaired juveniles who have been medically cleared for admission should be placed in medical isolation (secure facility) or medical separation (non-secure facility).
2. Upon admission into the facility and prior to being placed into the general population, all residents shall receive a health screening conducted by staff members certified as a juvenile supervision officer or a juvenile probation officer.
  - a. Staff members responsible for administering the health screening shall be trained by the designated health services coordinator on how to administer the health screening.
3. The health screening is completed for each resident within two hours after admission in order to detect any health problems that may need further health care services.
  - a. The health screening also identifies residents who pose a significant potential health risk to staff or residents from a contagious or infectious disease.
4. The health screening instrument includes a series of required questions and observations outlined in TAC 343.406/604 and TAC 355.504 regarding a resident's health status.
  - a. The health screening instrument shall be approved by a RN, nurse practitioner, physician assistant, or physician.
  - b. The Department utilizes the Medical Checklist and Health Screening Body Profile as its health screening instrument. The Medical Checklist for Intra-Jurisdictional Custodial Transfer is utilized for residents admitted via intra-jurisdictional custodial transfer to the Medlock Treatment Center, Dallas County Youth Village, and Letot RTC.
  - c. If the resident responds in the affirmative to any question, the staff member shall ask the resident to detail the condition and then make note on the Medical Checklist.
  - d. If the resident is unable to respond to questions or refuses to answer the question, the staff member shall indicate this on the Medical Checklist.
  - e. The staff member completing the form shall notify the health services coordinator or nursing staff on duty of any areas that may arouse concern or if it appears that further medical evaluation may be needed, medical staff shall be contacted for assessing the medical concern. If medical staff feels it is medically necessary for the resident to be further evaluated by a physician, they shall make an appointment for the resident no later



than 24 hours from the date and time of the initial health screening, excluding holidays and weekends.

- f. The Health Screening Body Profile consists of the resident's physical condition of body, hair, etc. The staff member must take notice of any bruises, scars, rashes, abrasions, sores, and tattoos. The staff member must inform the health services coordinator or nursing staff on duty and the supervisor if he/she suspects any abuse during this assessment and notify the proper authorities.
  - g. The staff member and resident shall sign the forms upon completion, and copies shall be placed in the resident's file.
5. Any residents identified as having potential medical concerns, shall be appropriately supervised by a juvenile supervision officer until medical staff is able to provide follow-up.
  6. Medical staff shall be responsible for any medication provided and/or requested by the parent/guardian.
  7. Each resident shall receive a health assessment conducted by an appropriately supervised licensed vocational nurse, a registered nurse, a nurse practitioner, a physician assistant, or a physician; within 30 days after admission to the Dr. Jerome McNeil Jr Detention Center, Marzelle Hill Transition Center, Dallas County Youth Village, and Letot RTC. The Assistant Facility Administrator and the Nurse Manager will collaborate ensuring the Health Assessments are completed in a timely manner by using the Population Report for admission dates of the residents. Should the health assessment detect a further need for the resident to be seen by a physician, the Nurse Manager or nurse on duty shall make the referral for an appointment. The Nurse Manager or designated nursing staff shall be responsible for coordinating the appointments with the service provider physician or physician assistant for the health assessments on all residents in the facility.
  8. Every resident shall receive a medical examination conducted by a nurse practitioner, physician assistant, or physician within 180 days prior to admission to the Medlock Treatment Center or START and RDT Programs.
  9. Results of all health screenings and health assessments shall be forwarded to the health services coordinator as well as informing the Facility Administrator and Assistant Facility Administrator of any immediate needs or emergency care needed.
  10. Any finding of the health screening that indicates a significant potential health risk to the staff or residents from a contagious or infectious disease shall be reported immediately to the Facility Administrator and the affected resident shall be placed in medical isolation for secure facilities and medical separation for non-secure facilities until proper medical clearance is obtained.
- C. Medical Referral and Emergency Health Care Services:
1. For policies and procedures regarding medical referral and emergency health care services, please refer to Section 4 of this Chapter.
- D. Continuity of Care:
1. All residents of Dallas County Juvenile Department operated facilities receive health care services from PHHS with the exception of dental services which are provided by Texas A&M University System Health Science Center Baylor College of Dentistry. PHHS medical staff are on-site and/or available to all facilities in order to ensure that residents receive treatment, prescribed medication, referrals and follow-up as needed, and any modified diets in accordance with instructions from the medical provider.
  2. Parents/guardians of residents who are discharged from Dallas County Juvenile Department operated facilities to their custody are notified of all medication prescribed along with the name and contact number of the prescribing physician; any pending medical, mental health, or dental appointments; and any present concerns regarding the resident.
  3. If the resident is being discharged from Dallas County Juvenile Department operated facility to TJJD or a contract facility, a medical summary is provided to that facility. The resident's medical records are also available upon request.
- E. Informed Consent for Treatment:
1. For policies and procedures regarding consent, please refer to Section 5 of this Chapter.
- F. Immunizations:
1. Immunization records must be obtained on each resident as soon as possible after admission into the facility. A copy of the resident's most current immunization records shall be obtained by the assigned juvenile probation officer prior to or at the time of the resident's initial court hearing. The copy of the immunization records will be forwarded to the health services coordinator to be maintained in the resident's medical records.
  2. If the facility is a secure post-adjudication correctional facility, then the immunization records must be obtained prior to admission.

3. Immunizations shall be updated as necessary within legal constraints for residents.
  4. Medical staff shall comply with current laws, rules, and regulations regarding the immunization of residents.
- G. Prescription and Over-the-Counter Medication:
1. For policies and procedures regarding medication, please refer to Section 8 of this Chapter.
- H. Confidentiality:
1. For policies and procedures regarding confidentiality, please refer to Section 7 of this Chapter.
- I. Patient Transportation and Evacuation:
1. Residents shall be transported to the hospital and medical appointments in accordance with the transportation policies and procedures found in Chapter 7 Resident Rights and Programming; Section 5 Transportation.
  2. In the case of a medical emergency and the resident's medical condition is such that he/she cannot be transported safely, 911 shall be called and the resident transported via ambulance.
  3. All residents shall be evacuated according to the facility's emergency evacuation plan.
  4. Residents identified as requiring ambulatory assistance, having with special medical needs, or located in Medical Isolation/Separation shall be assisted by facility staff during the process of the evacuation.
- J. Identification and Control of Communicable Diseases:
1. All residents admitted to the Dallas County Juvenile Department operated facilities shall be screened and treated for any communicable diseases in accordance with Parkland Hospital protocols.
  2. In accordance with the Health Screening and Assessment standard, any resident that is deemed a significant potential health risk to the staff or residents from a contagious or infectious disease shall be reported to the Facility Administrator, and the affected resident shall be placed in medical separation/isolation until proper medical clearance is obtained.
- K. Staff Education and Training:
1. The Facility Administrator, health services coordinator, Psychology staff, or their designee or other qualified persons shall provide in-service training to juvenile supervision officers.
  2. Training shall be provided in the following areas to all juvenile supervision officers:
    - a. Responding to emergency situations;
    - b. Transferring residents to hospitals or health care providers;
    - c. CPR and First Aid which is equivalent to that defined by the American Heart Association (re-certification every year);
    - d. HIV/AIDS and communicable diseases;
    - e. The signs and symptoms of behavior and treatment of mental illness;
    - f. The signs and symptoms of behavior and treatment of chemical, drug, and alcohol dependencies;
    - g. Behavior management of residents (e.g. hyperactivity, aggressiveness, etc.);
    - h. Suicide prevention and the facility's suicide prevention plan;
    - i. Health screening (Medical Checklist);
    - j. All health related forms;
    - k. Signs, symptoms, and knowledge of action required in potential emergency situations;
      - l. Methods of obtaining medical assistance;
    - m. Personal hygiene (i.e. dental, physical, grooming, etc.)
  3. Training programs in health care shall be coordinated and approved by the Facility Administrator and health services coordinator or designee.
  4. The health services coordinator or designee shall orient new staff to the facility's health care delivery system.
- L. First Aid Kits:
1. All Dallas County Juvenile Department operated facilities shall have a first aid kits (emergency bags) which are provided by PHHS. PHHS medical staff determine the emergency bag contents and conduct routine inspections. Emergency bags are located in the medical clinic.
- M. Pregnancy Related Care:
1. Every female resident shall be tested for pregnancy upon admission to the Detention Center, Letot Center, or Hill Center.
  2. Every female resident that tests positive for pregnancy shall be scheduled an appointment with PHHS's OB-Gyn clinic for prenatal care.
  3. Personal and mechanical restraints on pregnant females shall only be used as a last resort to prevent imminent or active self-injury or injury to others and shall be noted if medically contraindicated.

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Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 3: Health Services Coordinator	Related Standards: 343.324

**I. Policy:**

The facility shall have a designated health services coordinator on staff or on contract to coordinate health care delivery in the facility. Designation of the health services coordinator shall be in writing.

If the health services coordinator is not a health care professional, the health services coordinator shall receive special training in health care and health care service delivery topics relevant to detention and correctional facilities and be familiar with local health care providers and facilities. The facility shall work in conjunction with the health service authority to determine the topics of this specialized training.

The health services coordinator for the Dallas County Juvenile Department's operated facilities is the Nurse Manager or the nurse on duty in the facility. The health services coordinator is responsible for coordinating the delivery of health care services to the residents of the facility

The health services coordinator receives special training as designated by the Health Service Authority in health care, meets on a regular basis with medical/dental clinic staff, and is familiar with local health care providers and facilities.

**II. Definitions:****III. Procedure:****A. General guidelines:**

1. Medical staff shall be provided full-time to control the delivery of health care services to the Dallas County Juvenile Department operated facilities. The specific duties of the health services coordinator are under the direction of the health service authority. Copies of appropriate state and federal licensure, verifying current credentials will be filed in the health services coordinator's personnel folder and a copy maintained by the Facility Administrator of the facility.
2. The duties and responsibilities of the health service coordinator and the nursing staff will be directed by the health service authority.
3. The health services coordinator shall have the basic knowledge of the continuum of health care services available within and to the facility in order to efficiently and effectively coordinate said services.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 4: Medical Referral	Related Standards: 343.326

## I. Policy:

If a staff member observes any resident of the Dallas County Juvenile Department's operated facilities to be in need of medical attention or if a resident requests medical attention, the health care concern shall be addressed in accordance with the health service plan.

The resident may not be denied access to health care if the resident will disclose the condition or reason for the treatment request only to a health care professional.

Sick call and emergency medical, mental and services shall be available to all residents in all facilities operated by the Dallas County Juvenile Department.

To ensure the safety of the residents, all medical emergencies (illness or injury) shall be responded to immediately by staff. Dallas County Juvenile Department operated facilities have 24-hour emergency medical and mental services available. Sick call shall be completed daily on all operational shifts.

## II. Definitions:

Sick Call: is defined as the system through which each resident requests for appropriate medical services for non-emergency illness or injury.

Emergency Health Care Services: is defined as health care services provided to any serious illness, injury, surgery or death of a resident or staff person. It is the process through which a staff member believes any resident to be in need of immediate medical attention or if a resident request emergency treatment. Emergency services may also include dental and mental health care. All facilities operated by the Dallas County Juvenile Department provide 24-hour emergency medical, mental, and dental care availability.

"Walk-Ins": is defined as minor injuries or concerns that will be seen the same day without sick call request form.

## III. Procedure:

### A. Sick Call:

1. Sick call request forms shall be maintained in each housing unit.
2. The resident will complete a sick call request form; the juvenile supervision officer will assist if the resident requests assistance.
3. The resident may not be denied access to health care if the resident will only disclose the condition or reason for the treatment request to a health care professional.
4. If a resident chooses not to divulge the nature of the medical concern, the juvenile supervision officer cannot penalize the resident in any manner.
5. The resident who fills out a sick call request form will place the sick call request form in the assigned sick call box.
6. The nurse will retrieve all sick call request forms and deliver them to the medical clinic.
7. Sick call shall be completed daily on all operational shifts.
8. All non-emergency matters that occur on non-operational shift will be placed on a "sick call" form on a case by case basis using the same procedure.
9. Supervisors on duty are required to document in the Supervisor's Log acknowledging that "sick call" was completed on their shift, and that sick call forms from each section/dorm in the facility were completed.

### B. Emergency Health Care Services:

1. The staff member will immediately call a Code Blue and notify supervision and medical staff. All available supervisors, management, and PHHS medical staff will respond.
2. The medical staff will determine all diagnoses and make all treatment decisions.
3. If PHHS medical staff determines care cannot be rendered within the facility, a referral shall be made to an outside source. Specialized medical/dental services are available to residents through agreements with local hospitals.
4. Medical staff will make a determination on all medication issues.
5. For dental emergencies, contract dentist on-site will follow the same procedures. If a dentist is unavailable, medical staff shall make treatment decisions and referral to an outside source if needed.
6. For mental health emergencies, the Psychology on-call staff member shall be contacted immediately.
7. If a resident is transported to a hospital for treatment, the parent, legal guardian, or custodian will be notified immediately, and all supervisors, managers, Assistant Facility Administrators, and the Facility Administrator shall be notified by email. Follow-up information concerning the resident's condition and treatment will be submitted to the management staff and the Assistant Facility Administrators and the Facility Administrator.
8. Supervision by a juvenile supervision officer shall be provided while the resident is off-premises receiving medical or dental care.
9. In the case of death, following proper examination, the body shall be released pursuant to the medical examiner's directions.
10. If the death is by suicide, homicide, accident, or other suspicious circumstance, the body may not be removed without the permission of the medical examiner and the district attorney or law enforcement.
11. All required notifications to the Texas Juvenile Justice Department, law enforcement and other applicable agencies must be made in compliance with TAC Chapter 358.

C. "Walk-Ins":

1. If staff observes that a resident has a medical concern or injury or if a resident alerts staff of a medical concern or injury, the resident will be escorted to the medical clinic and provided medical care by a health care professional.
2. Minor medical concerns or injuries may not require the resident to complete a sick call request form. Medical treatment will be provided as needed.

D. Dental Care:

1. Requests for dental care shall be handled the same as those requesting medical care.
2. For dental emergencies, a contract dentist on-site will follow the same procedures. If a dentist is unavailable, PHHS medical staff shall make treatment decisions and referral to an outside source if needed.
3. Each resident shall be given a toothbrush and toothpaste during the intake process.
4. All residents admitted to the facility shall receive a dental evaluation completed by a health care professional.
5. Dental care shall be provided by a licensed dentist.

E. Mental Health Care:

1. At the time of admission into any Juvenile Department operated facility, residents shall receive a mental health screening (MAYSI-2) or will have had a psychological evaluation or behavioral health assessment administered prior to admission.
2. Mental health services shall be provided to all residents in need of such services as determined by the physician or psychologist.
3. For mental health emergencies, the Psychology on-call staff member shall be contacted immediately.
4. All residents who pose a threat to staff or to themselves due to suspected mental illness, developmental disorder, or suicidal ideation shall be kept under close observation and placed on the appropriate watch plan if applicable.
5. Information and updates about a resident's condition shall be communicated to the appropriate staff.
6. Medications may be given or adjusted by a physician for appropriate treatment but shall not be used for management or control.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 5: Consent for Medical Treatment	Related Standards: 343.328

### **I. Policy:**

Consent for medical treatment shall be secured in accordance with Chapter 32 of the Texas Family Code. Documentation of consent for medical treatment received, in accordance with Chapter 32 of the Texas Family Code, shall be maintained in the applicable resident files.

Texas Family Code Section 32.001 is the statute that authorizes certain persons, other than a parent, to consent to the medical treatment of a child, and Texas Family Code Section 32.002 is the statute that details the requirements for a medical consent form.

All residents are informed of health care procedures within 12 hours of admission including routine and emergency medical and dental treatment.

The Department utilizes the PHHS Consent for Treatment as its consent form for medical and psychiatric services.

### **II. Definitions:** None

### **III. Procedure:**

#### **A. Obtaining medical consent from parent/legal guardian:**

1. Per TFC 32.002, consent to medical treatment must be in writing, signed by the person giving consent, and given to the doctor, hospital, or other medical facility that administers the treatment. The consent must include:
  - a. The name of the resident;
  - b. The name of one or both parents, if unknown and the managing conservator or guardian of the resident;
  - c. A name of the person giving consent and the person's relationship to the resident;
  - d. A statement of the nature of the medical treatment to be given; and
  - e. The date the treatment is to begin.
2. Efforts shall be made by the supervisor on duty to contact the person having the right to give consent and documentation of those efforts shall be kept in the supervisor's log. If these efforts are unsuccessful, the Director of Juvenile Services, the Facility Administrator, or their designee may give consent.
3. If no relative is available to give consent and there are reasonable grounds to believe that the resident is in need of immediate medical treatment, the Director of Juvenile Services, Facility Administrator, or their designee may authorize treatment. All documentation shall be completed in accordance to all applicable laws, rules, and professional standards.
4. Medical Emergency: If the parent is unable to be reached prior to medical treatment, a medical consent form shall be completed and signed by the Director of Juvenile Services, Facility Administrator or their designee. The form shall be presented to the health care professional who is administering the treatment. At the earliest convenience, the Facility Administrator or designee shall contact the parent and the Director of Juvenile Services to inform them of the emergency medical treatment of the resident.
5. Explanation of procedures: Prior to any medical or dental procedures, the health care professional, physician, or dentist shall explain the procedure, alternatives, and risks to the resident.
6. Refusal of treatment: if a resident chooses to refuse treatment, examination or procedure recommended as necessary by the medical staff, this shall be documented in the resident's medical record. The Facility Administrator or designee shall be notified when this occurs. The resident must sign a refusal form which shall be witnessed by a staff person or the health services coordinator.
7. The Court, after being advised, may order physical/dental examination or treatment when the parent/guardian refuses to authorize such treatment.
8. The facility or medical staff shall notify the parent/guardian of the medical or dental status of the resident. If

more than routine care is necessitated; all attempts will be made to notify the parent/guardian.

9. The resident will be instructed that health related interaction, assessment and care is confidential.
10. The Facility Expediter shall secure a signed consent form from the parent/legal guardian/custodian at the time of the resident's initial detention hearing. If a parent/legal guardian/custodian does not appear at the initial detention hearing, the consent form shall be signed by the Director of Juvenile Services. The signed consent form shall be forwarded to the medical clinic and a copy shall be maintained in the resident's file.



Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 6: Medical Treatment for Victims of Abuse; Behavioral Health Care Services for Sexual Abuse Victims	Related Standards: 343.330; 332

**I. Policy:**

Testing for sexually transmitted diseases, including HIV/AIDS, shall be made available to a resident who is found in an internal investigation or TJJD investigation to have been abused, neglected, or exploited in a manner by which any physical injuries may have occurred or any sexually transmitted disease may have been contracted. The testing services and any subsequent medical treatment services shall be at no cost to the resident or the resident's family.

Determinations as to what testing and treatment services are medically necessary and appropriate shall be made by a health care professional or in direct consultation with a health care professional.

A mental health provider shall assess any resident who, at the conclusion of an internal investigation or TJJD investigation of abuse, neglect, or exploitation that occurred in the facility, is found to have been the victim of a sexual assault. The mental health provider shall assess the need for crisis intervention counseling and any subsequent long-term, follow-up, or counseling services. The assessment and any subsequent counseling services shall be at no cost to the resident or the resident's family.

Determinations as to what assessment and counseling services are necessary and appropriate shall be made by a mental health provider or in direct consultation with a mental health provider.

**II. Definitions:** None**III. Procedure:**

- A. Any resident of the Dallas County Juvenile Department operated facilities shall receive medical treatment at no cost upon a finding of abuse from an internal or TJJD investigation.
- B. Any resident of the Dallas County Juvenile Department operated facilities shall receive behavioral health care services at no cost upon a finding of sexual abuse from an internal or TJJD investigation. Any resident who makes an allegation of sexual abuse made shall be provided access to Parkland Hospital's' Victim Intervention Program/Rape Crisis Center as an outside victim advocate for emotional support services.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 7: Confidentiality	Related Standards: 343.334

## I. Policy:

Dallas County Juvenile Department operated facilities shall ensure that all medical and mental health screenings and assessments shall be conducted in a confidential setting consistent with facility operations and security.

All interactions between a resident and a health care professional that involve treatment or an exchange of confidential medical information shall be conducted in private. The facility's policies and procedures may authorize a juvenile supervision officer to be present in the following situations:

- (1) if the resident poses a substantial risk to the safety of the health care professional or others;
- (2) if the facility has a written policy requiring the presence of a juvenile supervision officer during medical treatment;
- (3) if the health care professional or resident requests the presence of a juvenile supervision officer during the treatment; or
- (4) if the circumstances or situation indicate the presence of a juvenile supervision officer is necessary and prudent.

## II. Definitions:

Confidential Setting: is defined as a room or area that provides sound separation from other residents and unauthorized staff in order to prevent sensitive information that is relayed during assessments and screenings from being heard by others.

Private Setting: is defined as a setting that encourages open communication with the health care professional and protects the resident's dignity.

## III. Procedure:

### A. Health Care:

1. Residents shall not be required to explain to juvenile supervision officers why they are requesting a sick call.
2. When health care professionals conduct any type of screening or treatment of medical issues that require the exchange of medical information, they shall do so in a private and confidential setting so that no other resident or staff may hear.
3. Daily health care services are provided by the local health service authority in the medical/dental clinic which has adequate space, equipment, secure storage, and supplies to meet the needs of residents and staff.
4. All health care decisions within the facility are made by PHHS medical staff. Dental care decisions are made by the contracted dental provider and mental health decisions are made by the Department's Psychology staff.
5. Residents are to be supervised while in the medical/dental clinic by juvenile supervision officers.
6. If at any point the health care professional feels there is a safety or security issue with a resident, he/she shall request the juvenile supervision officer to remain in the medical treatment room with the health care professional and the resident.
  - a. The juvenile supervision officer shall receive permission to remain in medical treatment room from the supervisor on duty at the time and shall maintain the confidentiality of what is observed and/or heard during the healthcare encounter.
8. If the exchange of information or treatment is conducted on the housing unit in which the resident is assigned, medical staff shall take extra precaution in keeping the discussion away from the other residents and staff.
9. A juvenile supervision officer may request to be present during medical screenings, assessments or treatment conducted by health care professionals if:
  - a. The resident who has requested to see the medical staff for screening or treatment is a current safety and security risk; or
  - b. Current circumstances or situations indicate that the presence of a juvenile supervision officer is necessary and

prudent for security reasons.

(1) The juvenile supervision officer shall receive permission from the supervisor on duty at the time of the situation and shall maintain the confidentiality of what is observed and/or heard during the healthcare encounter.

**B. Mental Health:**

1. Residents shall not be required to explain to juvenile supervision officers why they are requesting to talk to a therapist.
  2. When mental health providers conduct any type of screening or treatment of mental health issues that require the exchange of sensitive information, they shall do so in a confidential setting so that no other resident or staff may hear.
  3. If at any point the mental health provider feels there is a safety or security issue with a resident, he/she shall request the juvenile supervision officer to remain in the room with the mental health provider and the resident.
    - a. The juvenile supervision officer shall receive permission to remain in the room from the supervisor on duty at the time and shall maintain the confidentiality of what is observed and/or heard during the healthcare encounter.
  4. If the exchange of information or treatment is conducted on the housing unit in which the resident is assigned, mental health providers shall take extra precaution in keeping the discussion away from other residents and staff.
  5. A juvenile supervision officer may request to be present during mental health screenings, assessments or treatment conducted by mental health providers if:
    - a. The resident who has requested to see the mental health provider for screening, assessment or treatment is a current safety and security risk; or
    - b. Current circumstances or situation indicate that the presence of a juvenile supervision officer is necessary and prudent for security reasons.
- (1) The juvenile supervision officer shall receive permission from the supervisor on duty at the time of the situation and shall maintain the confidentiality of what is observed and/or heard during the mental healthcare encounter.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 8: Medication Administration	Related Standards: 343.336

**I. Policy:**

No stimulant, tranquilizer, or psychotropic drug shall be administered to residents of Dallas County Juvenile Department operated facilities without an order by a. physician, physician assistant, dentist, or nurse practitioner.

The Dallas County Juvenile Board shall adopt a policy concerning the administration of medication to residents. The policy shall include:

- (1) a listing of which facility personnel are authorized to administer medication to residents;
- (2) a requirement that, for any medication brought into the facility by the resident's parent, guardian, or custodian:
  - a. the facility administrator shall have a written request from the resident's parent, guardian or custodian to administer the medication and
  - b. the medication shall be in the original, properly labeled container;
- (3) a requirement that all medication prescribed to the resident during the resident's stay is administered; and
- (4) a requirement to document each administration of medication.

Only staff who have had appropriate training in the administration of medication shall administer non-prescription medication (i.e., over-the-counter medication). The medication shall be administered according to the product instructions unless

- (1) the health services coordinator instructs otherwise;
- (2) the health services coordinator is a health care professional; and
- (3) the deviation from the product's instructions and the reason for it are documented.

**II. Definitions:****III. Procedure:**

- A. PHHS medical staff shall administer all medication to residents.
- B. Juvenile supervision officers shall assist medical staff to ensure residents properly swallow all medication given to them.
- C. Department staff shall not administer non-prescription medication (over-the-counter medication).
  1. In the event the medical staff is not present and a resident is in immediate need of prescribed medication as determined by the health care professional, then the Facility Administrator or designee shall administer the medication provided that he/she has been appropriately trained in the administration of medication.
- D. PHHS medical staff shall approve the acceptance and administration based on current medical standards regarding all medications received from parent, guardian, and others.
- E. PHHS medical staff shall inventory all over-the-counter drugs, controlled substances, and narcotics, in compliance with all applicable standards and law. Controlled substances shall be stored by the medical staff in locked containers and access is inaccessible to residents or unauthorized staff. Access is limited to medical management staff as authorized by the health services coordinator.
- F. Medications requiring refrigeration shall be stored by PHHS medical staff in a refrigerator located in an area inaccessible to residents or unauthorized staff.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 9: Medical Isolation	Related Standards: 343.338; 285

### **I. Policy:**

Medical isolation may be authorized as a health precaution at the direction of a health care professional or the Facility Administrator.

The reasons for the medical isolation of a resident shall be documented a copy placed in the resident's file.

A resident who has been placed on medical isolation by the Facility Administrator shall be seen by a health care professional within 12 hours after the start of the isolation. Upon completion of the health care professional's evaluation, the facility shall obtain from the health care professional a written recommendation as to the need for the resident's continued medical isolation and need for ongoing services.

During medical isolation, A juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.

The facility shall maintain a log that shows, in chronological order by date, the following information any time a resident is placed in medical isolation [TAC 343.285]:

- (1) resident's name;
- (2) time and date the isolation began; and
- (3) time and date the isolation ended.

### **II. Definitions:**

Medical Isolation: is defined as the separation of a resident from other residents for medical purposes and the placement of the resident alone in an area from which egress is prevented.

### **III. Procedure:**

- A. PHHS medical staff shall be the primary designee for making any decisions regarding the placement of a resident in medical isolation.
- B. All instances of medical isolation shall be documented on the Medical Isolation Observation Sheet as well as the Medical Isolation Log.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 5: Health Care Services	
Section 10: Health Records	Related Standards:

**I. Policy:**

A medical file shall be established and maintained by the health services coordinator on all residents in facilities operated by the Dallas County Juvenile Department. If any resident is seen by a physician, a medical file shall be created on them and maintained by the health service coordinator. All information obtained shall be confidential. The health record shall be retained as a permanent record and all legal requirements shall be followed.

**II. Definitions:** None**III. Procedure:****A. Collection and recording of health data:**

1. The method and format of recording health data shall be approved by the health service authority and medical providers. The same medical forms shall be used on all residents.
2. All forms shall be complete and finds recorded, including notation concerning mental health, dental, and consultations. Collection of medical data shall be performed by the physician or health services coordinator.
3. Signatures of the person making documentation shall be on all medical forms.
4. All medical forms shall contain the full name of the resident; his/her date of birth, and the date medical treatment was received.
5. The contents of the facility file shall be accessible to the medical personnel when such information may be of assistance or of value to the treatment of a resident.

**B. Confidentiality of medical information:**

1. The medical record shall be kept separate from any other records in the clinic.
2. Access to medical records is controlled by medical staff.
3. Standards of confidentiality generally accepted and practiced within the community are applicable to the health records of residents.
4. The health record shall not be released to anyone other than medical staff unless legally authorized.
5. By court order, health records may be submitted to attorneys or other court personnel without prior written authorization of the resident.
6. Sufficient medical information on each resident shall be given to facility staff for proper management and precautions.
7. When residents are transferred to other correctional facilities or medical providers, a copy of the health appraisal form and/or other pertinent medical records shall be forwarded on or before the resident's departure.
8. Written authorization of the juvenile is not required for the transfer of pertinent health records.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 1: Required Pre-Admission Records	Related Standards: 343.600

## I. Policy:

Prior to a resident's admission into the Medlock Treatment Center, the facility shall receive the following from the referring agency:

1. Except for intra-jurisdictional custodial transfers, a detailed summary of the juvenile's history in a format designated by TJJD. The summary shall include the following information:
  - a. the juvenile's demographic information;
  - b. the referring agency's impression of the juvenile;
  - c. a description of the juvenile's strengths;
  - d. the juvenile's special needs, problems, and behaviors;
  - e. the juvenile's juvenile justice history;
  - f. the juvenile's placement history;
  - g. the juvenile's substance abuse history;
  - h. the juvenile's history of abuse and neglect;
  - i. family or parental involvement with the juvenile and history;
  - j. the juvenile's educational history;
  - k. a description of the juvenile's physical health and disabilities;
  - l. a description of the juvenile's mental health;
  - m. the referring agency's recommendation on the level of care; and
  - n. other pertinent information;
2. Except for intra-jurisdictional transfers, official documentation of the resident's date and place of birth;
3. A psychological evaluation, behavioral health assessment, or psychiatric evaluation completed within 365 calendar days prior to the resident's admission date;
4. A signed disposition order or TJJD commitment order;
5. A current immunization record;
6. A medical examination conducted by a nurse practitioner, physician assistant, or physician that was completed within:
  - a. 90 calendar days prior to the resident's admission date; or
  - b. 180 calendar days prior to the resident's admission date if the following conditions apply:
    - (i) the transfer is an intra-jurisdictional custodial transfer;
    - (ii) the medical examination was conducted while the juvenile was a resident in the pre-adjudication facility; and
    - (iii) the juvenile did not leave the custody of the pre-adjudication facility after the medical examination was conducted;
7. Documentation that a tuberculosis test was administered and results were received no more than 365 calendar days prior to the resident's admission date;
8. A dental evaluation that was completed within 180 calendar days prior to the resident's admission date;
9. Documentation of services needed if the juvenile is disabled;
10. Documentation of the primary language of the resident and the resident's parent, legal guardian, or custodian; and
11. School records.

If a psychiatric evaluation is accepted in accordance with number 3 above, it shall be conducted by a psychiatrist licensed by the Texas Medical Board; and include a diagnostic impression.

Medlock residents are only admitted to the facility via Intra-Jurisdictional Custodial Transfer from the Detention Center.

## II. Definitions:

Behavioral Health Assessment: is defined as a mental health assessment conducted by a masters-level mental health provider who is licensed by one of the boards listed for a mental health provider and is qualified by training to conduct all required elements of a behavioral health assessment. A behavioral health assessment must include the following elements:

- (A) clinical interview;
- (B) psycho-social evaluation, to include:
  - (i) family history;
  - (ii) community/living environment;
  - (iii) peer relationships; and
  - (iv) academic/vocational history;
- (C) review of the following files and associated records in the possession of the juvenile probation department:
  - (i) juvenile probation records;
  - (ii) mental health records;
  - (iii) medical records;
  - (iv) previous mental health testing records; and
  - (v) educational records;
- (D) parent/guardian interview, unless the parent/guardian is unwilling to participate, and any other collateral interviews the mental health provider deems appropriate, such as a teacher or the child's juvenile probation officer;
- (E) psychometric testing, using instruments that are recognized and accepted by the American Psychological Association or another professional mental health organization, to include:
  - (i) achievement assessment, only if there is no record of an achievement assessment within the last three years;
  - (ii) personality assessment, only if there is no record of a personality assessment within the last three years;
  - (iii) intellectual assessment, only if:
    - (I) there is no record of an intellectual assessment within the last three years; or
    - (II) a new intellectual assessment is indicated by:
      - (-a-) pervasive use of drugs known to impair thought processes;
      - (-b-) traumatic brain injury;
      - (-c-) the child was age 12 or younger on the date of the most recent psychometric testing; or
      - (-d-) obvious impairment in cognitive or interpersonal functioning;
- (F) diagnostic impression; and
- (G) review of risks, strengths, and recommendations for intervention.

Psychological Evaluation: is defined as a mental health assessment completed or supervised by a doctoral-level psychologist who is licensed by the Texas State Board of Examiners of Psychologists. At a minimum, a psychological evaluation must include the following elements:

- (A) clinical interview;
- (B) psycho-social evaluation, to include:
  - (i) family history;
  - (ii) community/living environment;
  - (iii) peer relationships; and
  - (iv) academic/vocational history;
- (C) review of the following files and associated records in the possession of the juvenile probation department:
  - (i) juvenile probation records;
  - (ii) mental health records;
  - (iii) medical records;
  - (iv) previous mental health testing records; and
  - (v) educational records;
- (D) parent/guardian interview, unless the parent/guardian is unwilling to participate, and any other collateral interviews the psychologist deems appropriate, such as a teacher or the child's juvenile probation officer;
- (E) psychometric testing, only if there is no record of psychometric testing within the past three years. Psychometric testing must be conducted with instruments that are recognized and accepted by the American Psychological Association.



Association or another professional mental health organization and must include:

- (i) achievement assessment;
  - (ii) personality assessment; and
  - (iii) intellectual assessment;
- (F) diagnostic impression; and

**III. Procedure:**

A. Medlock staff shall obtain the required pre-admission records prior to admitting any resident into the facility.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures for Post Adjudication Programs, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 2: Pre-Admission Assessment	Related Standards: 343.602(a)

### **I. Policy:**

Upon arrival at the facility, each juvenile shall be assessed to determine if they are in need of emergency medical care due to injury, illness, or intoxication or who are in need of emergency mental health services prior to the facility taking physical custody of the juvenile from the delivering person. A juvenile shall not be admitted into the facility when it is determined that emergency intervention is needed. The delivering person shall be directed to a health care facility to have the juvenile evaluated and treated. Subsequent admission to the facility is contingent upon written medical clearance provided by a health care or mental health provider.

### **II. Definitions:**

Delivering Person: is defined as any member of law enforcement, employee of the Department, parent, guardian, or other interested party who presents a juvenile to the facility for admission.

Health Care Professional: is defined as a physician, physician assistant, nurse, nurse practitioner, dentist, medical and nursing care assistants, emergency medical technicians (EMT), and others who by virtue of their education, credentials and experience, are permitted by law to evaluate and care for patients.

Mental health provider: is defined as an individual who is licensed or otherwise authorized to provide mental health services by one or more of the following licensing boards:

- (A) Texas State Board of Examiners of Psychologists;
- (B) Texas State Board of Examiners of Professional Counselors;
- (C) Texas State Board of Examiners of Marriage and Family Therapists;
- (D) Texas Department of State Health Services;
- (E) Texas Medical Board; or
- (F) Texas State Board of Social Worker Examiners.

### **III. Procedure:**

- A. Medlock staff shall assess each juvenile prior to taking physical custody of any need for emergency medical care and emergency mental health services. PHHS medical staff may also assess the juvenile to determine a need for emergency medical care and emergency mental health care.
- B. If it is determined that there is a need for emergency medical care or emergency mental health services, then the juvenile shall be transported to the appropriate health care professional or mental health professional by the delivering person.
- C. The delivering person shall provide evidence of written medical clearance when presenting a juvenile for admission after the juvenile has received emergency medical care or emergency mental health care services.
- D. All juveniles in the Medlock Treatment Center are admitted as intra-jurisdictional custodial transfers from the Dr. Jerome McNeil Jr. Detention Center.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 3: Intoxicated or Chemically Impaired Juveniles	Related Standards: 343.602(b)

**I. Policy:**

The Medlock Treatment Center shall have policies and procedures addressing the admission and need for specialized supervision of intoxicated or chemically impaired juveniles.

**II. Definitions:**

Chemically Impaired: is defined as the use of alcohol and/or other drugs or chemicals to a degree where it interferes in the normal functional life of an individual.

Intoxicated: is defined as not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two (2) or more of those substances or any other substance into the body.

**III. Procedure:**

- A. Medlock staff shall assess each juvenile for the need for detoxification from alcohol or other substances. Supervision personnel or PHHS medical staff is authorized to make this call.
- B. A juvenile who is reported or apparently currently under the influence of alcohol or any drug shall not be admitted without written medical clearance.
- C. Any intoxicated juvenile who is medically cleared for admission may be placed in medical isolation for close observation by medical staff, and a juvenile supervision officer will be assigned to medical isolation for as long as the resident remains in medical isolation.
- D. An Incident Report shall be written for all medical isolation referrals.
- E. The resident may only be released from medical isolation by PHHS medical staff.
- F. All juveniles in the Medlock Treatment Center are admitted as intra-jurisdictional custodial transfers from the Dr. Jerome McNeil Jr. Detention Center.

Dallas County Juvenile Department START and RDT Programs Policies and Procedures for Post Adjudication Programs, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 4: Health Screening and Assessment	Related Standards: 343.604

## I. Policy:

### Intra-Jurisdictional Custodial Transfer

A health screening is not required for intra-jurisdictional custodial transfer of residents if the post-adjudication facility receiving the resident is located within the same premises as the pre-adjudication facility. If the two facilities are not located within the same premises, evidence of physical trauma is the only item required for the health screening.

The Medlock Treatment Center only admits residents via intra-jurisdictional custodial transfer from the Detention Center which is located off of the facility grounds. Thus, a full health screening is not required for a resident admitted as an intra-jurisdictional custodial transfer. As such, the only section 343.604(d)(14), which addresses evidence of physical trauma, whether observed or reported by the resident are required to be addressed in the health screening.

The Medlock Treatment Center is not, however, exempt from having the abbreviated health screening conducted within two hours after the resident's admission into the facility [TAC 343.604(a)] by a person qualified to conduct a health screening [TAC 343.604 (b)] or the training requirements for health screening [TAC 3453.604(c)].

It is imperative that the health screening be conducted within two hours after the resident's admission to the facility as the health screening instrument (Medical Checklist for Intra-Jurisdictional Custodial Transfer) is also used as the suicide screening instrument in accordance with the facility's suicide prevention plan [TAC 343.340].

## II. Definitions: None

## III. Procedure:

- A. The Medlock Treatment Center utilizes the Medical Checklist for Intra-Jurisdictional Custodial Transfer to meet the health screening standard, and it is also the facility's designated suicide screening instrument.
- B. Medlock staff shall complete the Medical Checklist for Intra-Jurisdictional Custodial Transfer on each resident that is admitted to the facility within 2 hours of the time of admission:
  - a. When completing the form, staff should use a confidential setting so that sensitive information given by the resident is not heard by others;
  - b. All items shall be addressed, and no blank spaces shall be left on the form;
  - c. Medlock staff shall record the resident's responses as given.
  - d. Any responses that indicate concern shall be reported to the supervisor on duty who will make the appropriate referral to PHHS medical staff or to Psychology staff via the Mental Health Psychology Crisis Referral.
- C. The Health Screening Body Profile shall also be used in addition to the Medical Checklist for Intra-Jurisdictional Custodial Transfer to indicate the location any tattoos, scars, evidence of physical trauma, or any other distinguishing marks on the resident's body.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 5: Orientation	Related Standards: 343.606

**I. Policy:**

Each resident shall be provided a verbal orientation within six hours before or 12 hours after admission into the Medlock Treatment Center. In no case shall more than 12 hours lapse between the time the resident is admitted into the facility and the time orientation is completed. The verbal orientation shall include an explanation of the following:

- (1) Procedures to access health care and a description of the available services;
- (2) Resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process;
- (3) Grievance policies and procedures
- (4) Procedures to access mental health care and a description of the available services;
- (5) Age appropriate information about the facility's zero tolerance policy regarding sexual abuse and sexual harassment including:
  - (A) prevention and intervention; and
  - (B) reporting incidents or suspicions of sexual abuse or sexual harassment.
- (6) Information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
- (7) The facility's policy that states the resident is ensured the right of confidentiality with regard to items included in (3), (5), and (6) and will not face reprisal for participating in the procedures included in these items.

If the resident is not sufficiently fluent in English, arrangements shall be made to provide the resident with an orientation in the resident's primary language within 48 hours after admission.

When a literacy problem prevents a resident from understanding written rules, a staff member or translator shall assist the resident within 48 hours after admission.

The Medlock Treatment Center shall provide each resident a written copy of the orientation materials; or post the orientation information in an area in the housing unit that is accessible to residents.

**II. Definitions:** None**III. Procedure:**

- A. The Medlock Treatment Center utilizes the following forms to meet the orientation standard:
  1. Orientation Checklist;
  2. Prison Rape Elimination Act /Abuse, Neglect, and Exploitation Form; and
  3. Medlock Resident Handbook.
- B. Medlock staff shall verbally review all of the orientation materials in the 3 forms listed above with every resident admitted to the facility within 12 hours of admission. Each form shall be signed, dated, and the time entered by the resident and staff member completing the review.
  - a. If the resident is not fluent in English, then arrangements shall be made to provide the resident translation for all of the forms in his primary language within 48 hours of admission.
  - b. If a resident has difficulties reading or understanding the forms, then staff shall assist the resident with comprehension of the orientation materials within 48 hours of admission.
- C. Once completed, the Orientation Checklist, PREA/ANE Form, and Medlock Resident Handbook receipt shall be maintained in the resident's file.
- D. The resident is allowed to keep his copy of the Medlock Resident Handbook with his property.
- E. Copies of the Medlock Resident Handbook shall also be posted in the housing units for residents' access.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 6: Classification Plan	Related Standards: 343.608, 610

**I. Policy:**

The Medlock Treatment Center shall have a classification plan that takes, at least, the following into account:

- (1) Age;
- (2) Sex;
- (3) Offense;
- (4) Behavior; and
- (5) Any other special considerations including a resident's potential vulnerabilities for sexual abuse, gang affiliation, referral history, and/or special needs.

Residents shall not be separated on the sole basis of race, ethnicity, or religious preference.

The Medlock Treatment Center does not contract with the Texas Juvenile Justice Department nor other states for placement of non-Texas juveniles. No residents assigned to progressive sanction levels six and seven are accepted or admitted to the Medlock Treatment Center.

**II. Definitions:** None**III. Procedure:**

A. The classification plan is as follows:

1. Residents are assigned to sections according to age and size, maturity level, type of offense, current behavior, and special needs.
2. Screening shall be completed on every resident admitted to the Medlock Treatment Center prior to his assignment to a housing unit by staff completing the PREA Behavioral Screening Form.
3. Special consideration including a resident's potential vulnerabilities for sexual abuse that are discovered during the resident's behavioral screening and/or case history shall be taken into account when assigning housing.
4. Residents participating in the STARS Program (youth with sexual behavior problems) and the EPIC Program (general offenders) are housed in separate dorms.
5. The below listed dorms within the facility are used for the following classification:

**Medlock Treatment Center Classification**

Dorm 1	STARS residents
Dorm 2	STARS residents
Dorm 3	STARS residents
Dorm 4	EPIC residents
Dorm 5	EPIC residents
Dorm 6	EPIC residents
Dorm 7	EPIC residents
Dorm 8	EPIC residents

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 7: Admission Records	Related Standards: 343.612

**I. Policy:**

The Medlock Treatment Center shall have the following information which shall be obtained at the time the resident is admitted into the facility:

- (1) Date and time of admission;
- (2) Name;
- (3) Nickname and aliases;
- (4) Social security number;
- (5) Last known address;
- (6) Adjudicated offense;
- (7) Name of attorney;
- (8) Name, title, and signature of delivering individual;
- (9) Sex;
- (10) Race;
- (11) Date of birth;
- (12) Citizenship;
- (13) Place of birth;
- (14) Name, relationship, address, and phone number of parents, legal guardians, or custodians; and
- (15) Primary language of the resident and the resident's parent, legal guardian, or custodian.

The facility shall maintain an admission record for each resident that minimally contains the items listed above. If any of the information is unknown at the time of the resident's admission to the facility, the staff completing the admission process shall indicate this by entering "unknown" for that information on the admission form.

The admission form shall be maintained in the resident's file.

**II. Definitions:** None**III. Procedure:**

- A. The Medlock Treatment Center utilizes the Secure Post Programs Admission Form to meet this standard.
- B. The Secure Post Programs Admission Form shall be completed on every juvenile admitted to the Medlock Treatment Center:
  1. Medlock staff shall document the date and time of admission and sign as the accepting officer.
  2. The delivering person shall enter his/her name, title, and signature on the form.
  3. The remainder of the form shall be completed by Medlock staff. All items shall be addressed, and no blank spaces shall be left on the form.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 8: Intake Process	Related Standards:

**I. Policy:**

Each resident shall complete the intake process with a juvenile supervision officer or juvenile probation officer upon his admission to the facility. During the intake process, the following shall occur:

- (1) The resident shall be properly identified;
- (2) The resident's personal property shall properly recorded and secured;
- (3) The required admission data shall be recorded;
- (4) The Medical Checklist for Intra-Jurisdictional Custodial Transfer shall be completed;
- (5) The PREA Behavioral Screening Form shall be completed;
- (6) Orientation shall be provided to the resident;
- (7) The resident shall be showered and changed into facility issued clothing;
- (8) The resident shall be issued bedding and personal toiletry items; and
- (9) The resident shall be assigned to a housing unit.

**II. Definitions:** None**III. Procedure:**

- A. Medlock staff completing an intake on a new resident shall complete the process as listed above.



Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 6: Admissions and Releases	
Section 9: Release Procedures	Related Standards: 343.620

## I. Policy:

Prior to the release of a resident from the Medlock Treatment Center, the authorized officer shall:

- (1) Verify the identity of the person receiving custody;
- (2) Do one of the following: verify the release authorization documents; or document the release authorization in writing if a judge or juvenile probation officer authorizes the release by telephone.
- (3) Secure a signed release by the individual receiving the resident's personal property;
- (4) Provide information to a parent, legal guardian, or custodian regarding:
  - a. all medication prescribed while the resident was in the facility that the resident is currently taking, and the name and contact information of the prescribing physician;
  - b. any pending medical, mental health, or dental appointments; and
  - c. any present concerns regarding the resident; and
- (5) Secure a receipt signed by the person receiving custody.

The releasing officer shall document the identity of the person receiving custody of the resident and the person receiving custody shall provide proof of his or her identity (driver's license, government-issued identification).

Residents shall not be released from the facility without proper authorization. In order to verify the release authorization, the facility shall document who authorized the release of the resident, such as a judge or a juvenile probation officer. Authorization for the release of the resident shall be obtained in writing. A resident who is eligible for successful discharge from the Medlock Treatment Center shall have a discharge summary completed along with a Notification of Change of Conditions of Probation, Terms and Conditions of Probation, and Instructions signed by the judge of the appropriate District Court. A resident who has been unsuccessfully discharged from the Medlock Treatment Center shall have a discharge summary completed and returned to the Detention Center.

The release of a resident's personal property shall be documented. Verification of the complete release of a resident's personal property shall be demonstrated by the resident's signature indicating that the resident received all documented personal property and the date of the release of the property occurred unless it was previously released to the resident's parent, guardian, or custodian.

Upon the release of a resident, any remaining medication shall be released to the resident's parent, guardian, or custodian. Additionally, for medication that was prescribed to the resident while in the facility, dosage information of the prescribing doctor shall be released to the parent's parent, guardian, or custodian. The parent, guardian, or custodian shall also be made aware of any pending medical, mental health, or dental appointments and any present physical and/or mental health concerns that were identified during the resident's period of detention. Documentation of the release of the resident's medication and notification of pending medical, mental health, and dental appointments to the parent, guardian, or custodian upon the resident's release shall be maintained in the resident's file or medical file. This documentation shall include any present concerns.

Upon release from the facility, the person receiving custody of the resident and the facility staff who released the resident shall sign a release form that documents the date and time of the release of the resident from the facility.

## II. Definitions: None

**III. Procedure:**

- A. The Medlock Treatment Center utilizes the Resident Release Checklist to meet this standard.
- B. The Resident Release Checklist shall be completed on all residents discharged from the Medlock Treatment Center prior to their release.
- C. Medlock staff shall ensure that the proper documented authorization is obtained prior to releasing a resident from the facility.
- D. Medlock staff shall complete all sections of the Resident Release Checklist except for the medical section which shall be completed by PHHS medical staff.
- E. Each and every section on the Resident Release Checklist shall be answered, and no blank spaces shall be left on the form.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 7: Resident Rights and Services	
Section 1: Resident Rights	Related Standards: 343.352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 376, 378, 380, 382, 384

- A. All residents shall be treated with respect and dignity and shall not be subjected to deprivation of rights, corporal or unusual punishment or humiliation. No element of the punishment or discipline shall deprive a resident of food, clothing, sleep, or medical services.
- B. Juvenile supervision officers, probation officers, teachers, medical and dental staff, and all other persons interacting with resident(s) shall safeguard the residents' safety and rights at all times by:
1. Ensuring safety and security is maintained at all times.
  2. Ensuring residents' civil and legal rights are maintained at all times.
  3. Acting as positive role-models for residents at all times.
  4. Ensuring basic needs of residents are maintained at all times.
  5. Following the Texas Juvenile Justice Department Code of Ethics.
  7. Forwarding all allegations of unlawful discrimination the TJJD, law enforcement and administrative staff as mandated by law and policy.
  8. Cooperating fully with investigations of unlawful discrimination.
  9. Management staff investigating every allegation of unlawful discrimination and producing a written report which is routed appropriately.
  10. Management staff considering disciplinary action up to and including termination for employees who are found to have unlawfully discriminated against any resident.
- C. Visitation [TAC 343.352]:
1. Residents have the right to receive visitors and to communicate subject only to the limitation authorized in TAC 343.354.
  2. Residents shall be allowed visitation by a parent, legal guardian, or custodian at least once every seven calendar days for at least 30 minutes or the equivalent over multiple visits.
  3. The parent, legal guardian, or custodian shall be notified of the visitation schedule which is available at Central Control and in the parent handbook.
  4. A registry of all visitors shall be maintained. The registry shall document each visitor's name and relationship to the resident; and the date and time of each visit
  5. Private visitation between a resident and an attorney or approved visitor does not require the constant physical presence of a juvenile supervision officer. Such visits will occur in the administrative area, and a juvenile supervision officer shall be on-duty and stationed in the area.
  6. Approved visitors for residents of the Medlock Treatment Center shall be the parents, legal guardians, or custodians, and grandparents of a particular resident. Additional approved visitors include the resident's attorney and other approved professionals.
  7. The supervising juvenile probation officer is responsible for entering all approved visitors' names correctly into TechShare including the relationship to the resident so that proper identification can be made at the time of the visit and the approved visitor list which is maintained in the resident's file.
  8. All visitors are subject to facility policies and procedures as well as staff direction. Every visitor shall be properly cleared and authorized before being admitted. All visitors must have proper picture I.D. before being allowed to visit. Staff members may search visitors and their belongings. Purses, bags, large coats, and all forms of contraband are not allowed into the facility.
  9. Residents are permitted reasonable physical contact with their visitors consistent with the facility's overall security requirements.
  10. Visitation occurs on Saturdays by the first initial of the resident's last name per the visitation schedule. Visits occur on a first-come, first-serve basis according to visitation schedule. Each resident gets one visit per scheduled day for 30 minute duration.

11. Visitors may not bring any form of contraband to resident. This includes, but is not limited to the following:
  - a. Food, snacks, drinks, chewing gum;
  - b. Clothing or shoes of any kind;
  - c. Books, magazines, publications of any kind;
  - d. Money;
  - e. Stamps, letters, envelopes, or paper writing materials of any kind;
  - f. Pencils, pens, writing utensils, school supplies of any kind;
  - g. Hygiene items of any kind without prior approval;
  - h. Medication of any kind; and
  - i. Drugs and/or alcohol.
12. Visitation may be canceled for any reason, at the discretion of the Facility Administrator or designee, with or without prior notice being given. Visitation may be canceled for inappropriate behavior by a resident or visitor.
13. Visitors may not receive anything from a resident. This includes all items listed above or anything else not mentioned.
14. Visitors shall remain calm and not attempt to discipline, scold, or threaten a resident in any manner. Yelling and offensive behavior of any kind will not be tolerated.
15. Attorneys and their representatives may visit residents at any time, subject to the limitations necessary to Maintain facility security and control. The facility also requests that no visits be conducted during meal hours and between the hours of 8:00 PM - 8:00 AM.
16. Any other professional wishing to visit with a resident will require approval from the juvenile probation officer and the Facility Administrator or designee.
17. Approval of an exception to the Medlock Treatment Center's visitation policies is at the discretion of the Facility Administrator or designee.

**D. Limitations on Visitation [TAC 343.354]:**

1. The policies, procedures, and practices of the facility may deny a resident's visitation rights listed in TAC 343.352(b) only to the extent required to maintain control and security of the facility.
2. A resident's visitation rights listed in TAC 343.352 (b) shall not be denied as a disciplinary sanction.
3. The Facility Administrator or designee shall provide written documentation justifying any denial of a resident's visitation rights.
4. A resident shall not be denied communication or visitation with a parent, legal guardian, or custodian for a prescribed period of time after admission into the facility.

**E. Access to Attorney [TAC 343.356]:**

1. Residents shall be permitted reasonable confidential contact with the resident's attorney and their designated representatives through telephone, uncensored letters, and personal visits.
2. Residents' shall not be in audible range of the facility staff or other residents but may be within visual observation of facility staff when making telephone calls and visiting with the residents' attorneys or their attorneys' designated representatives.

**F. Telephone [TAC 343.358]:**

1. A resident shall be provided the opportunity for at least one five minute phone call every seven calendar days. The facility shall maintain documentation detailing phone call opportunities provided to residents.
2. A resident's right to telephone usage listed in TAC 343.358 (a) shall not be restricted as a disciplinary sanction.
3. Any restrictions placed on a resident's telephone usage shall be documented and the documentation shall be maintained in the resident's record.
4. The facility shall have written policies and procedures regarding the rules for reasonable and fair telephone access by residents.
5. The parent, legal guardian, or custodian of the resident shall be notified of the facility's policy and procedures regarding telephone usage. Policies and procedures regarding telephone usage are explained in the Medlock Parent Handbook and in the Medlock Resident Handbook.
6. Residents are entitled to have phone contact with their attorney of record upon request following a schedule that

- minimizes facility disruption. Attorneys may call and speak with their clients during normal business hours.
7. All calls are placed by staff to those individuals approved by policy and as verified by Juvenile Department records.
  8. Prudent efforts shall be made to allow the residents the opportunity to complete phone calls. If a resident is unable to complete the phone call on the first attempt, further attempts shall be afforded within reason.
  9. All calls, except calls to attorneys of record, are monitored by staff. Staff shall ensure that residents sit in the chair near them while using the telephone so that staff can better monitor the call. Staff has the authority to terminate calls if the resident becomes hostile or abusive; if there is sufficient reason to believe a resident is speaking to someone other than approved by policy; and if the communication represents a reasonable and tangible threat to the facility's security and control. Terminated calls must be documented in the dorm log book with the reason for the termination.
  10. Calls to parents, legal guardians, and custodians are made between 5:00 p.m. and 8:00 p.m. on weekdays and 9:00 a.m. to 8:00 p.m. on weekends and holidays. Exceptions to these time periods may be made on a case-by-case basis by supervisory staff. Parents, legal guardians, and custodians may call the facility's main telephone number for concerns and request to speak to a supervisor on duty.
  11. Staff on duty must document all telephone calls on the Phone Log maintained in each resident's file. The Phone Log shall contain the following information:
    - a. name of resident;
    - b. date the call was placed;
    - c. to whom the call was placed;
    - d. the telephone number called; and
    - e. name of staff placing the call.
  12. Long distance calls shall be made collect to the number dialed.
  13. Residents have the right to receive calls under certain circumstances authorized by facility management.

#### G. Mail [TAC 343.360]:

1. Residents shall be provided access to writing materials (paper, envelopes, pencil) and postage for no fewer than two letters every seven calendar days. Postage for legal correspondence shall not count against the postage residents receive for the two letters they are allowed to mail every week. Letters may be written during unstructured activity periods.
2. When a resident is released or transferred from the facility, his mail shall be forwarded to the resident's new address or last known address. When no forwarding address is available or when mail is received from an unauthorized person, the mail shall be returned to the sender.
3. Money received in the mail shall be held for the resident in his personal property inventory, with a receipt provided, or returned to the sender.
4. Residents may not receive or send mail which has any profanity, graffiti of any kind, gang drawings, or contains contraband.
5. Central Control staff records all outgoing mail from residents to ensure no more than two letters per seven calendar days per resident are mailed.
6. Policies and procedures concerning resident mail are explained to residents in the Medlock Resident Handbook and the parent, legal guardian, or custodian are provided information regarding resident mail in the Medlock Parent Handbook.

#### H. Limitations on Mail [TAC 343.362]:

1. A resident's right to privacy and correspondence may not be limited except when:
  - a. a reasonable belief exists to suspect that the correspondence is part of an attempt to formulate, devise, or otherwise effectuate a plan to escape from the facility, or to violate state or federal laws. If such cause exists, then facility staff shall:
    - (1) ask the resident's permission to read the letter;
    - (2) if permission is denied, request a search warrant prior to opening and reading the letter; and
    - (3) if search warrant request is denied, the correspondence shall be provided to the resident; or
  - b. correspondence with certain individuals is specifically forbidden by:
    - (1) the resident's juvenile court ordered conditions of probation or parole;

- (2) the facility's policies, procedures, or practices that restrict and/or limit resident's correspondence with:
  - other facility residents; witnesses or parties in law enforcement investigations; or investigations before the court; and/or victims attached to related juvenile or criminal referrals, investigations, or related proceedings; or
  - (3) a specific list of individuals furnished by a resident's parents, legal guardians, or custodian.
- 2. If a reasonable belief exists, staff shall contact the supervisor on duty or supervising juvenile probation officer who will ask the resident's permission to read the mail. If the resident denies permission, the correspondence shall be provided to the resident.
- 3. The parent, legal guardian, or custodian shall write a statement with those individuals' names (nicknames or other names, if known) and bring to the facility in person and give to the juvenile probation officer.
- 4. The Medlock Treatment Center prohibits residents from corresponding with other residents and with accomplices, witnesses, and/or victims in any juvenile or criminal referrals, investigations, or proceedings.
- 5. If a resident is placed on a mail restriction from receiving correspondence from certain individuals, the resident's name and the individual(s) name shall be documented in the resident's file as a reminder to monitor the incoming mail for those unauthorized individuals. The juvenile probation officer shall view all incoming envelopes to ensure the resident does not receive a letter from those unauthorized individuals.
- 6. Any incoming correspondence from an unauthorized individual shall be returned unopened to the sender.
- 7. Any outgoing correspondence to an unauthorized individual shall be placed in the resident's personal property.
- 8. If any correspondence is withheld, the Facility Administrator or designee shall be notified. The assigned juvenile probation officer shall also be notified. The reason for withholding correspondence shall also be documented.

**I. Legal Correspondence [TAC 343.364]:**

- 1. Residents shall be furnished adequate postage for legal correspondence during their confinement in the facility. Legal correspondence includes incoming and outgoing mail and may include correspondence with designated representatives of the resident's attorney. Postage provided for the purposes of legal correspondence shall not count against the postage residents receive for the two letters they are allowed to mail every week as required by TAC 343.360. Residents shall be afforded unlimited opportunities to correspond with their attorneys by letter.
- 2. To ensure unlimited postage for legal correspondence, the resident is responsible for placing "Attorney" on the envelope by the attorney's name. Staff will check the resident's folder to ensure that the attorney listed is the resident's attorney of record.

**J. Inspection of Mail [TAC 343.366]:**

- 1. Mail may only be opened by staff in the presence of the resident with inspection limited to searching for contraband.
- 2. Residents may not accept anything other than letters in an envelope without approval.

**K. Illegal Discrimination [TAC 343.368]:**

- 1. Residents shall not be subjected to discrimination based on race, national origin, ethnicity, religion, sex, sexual orientation, gender identity, or disability.

**L. Prohibited Supervision [TAC 343.370]:**

- 1. Residents shall not be subjected to supervision and control by other residents.

**M. Work by Residents [TAC 343.372]:**

- 1. Residents may be required to perform the following types of work responsibilities without monetary compensation:
  - a. assignments which are part of a formalized vocational training curriculum;
  - b. Tasks performed as a community service pursuant to a juvenile court order; and
  - c. routine housekeeping chores which are shared by all youth in the facility, including general facility maintenance.
- 2. Residents shall not be permitted to perform any work prohibited by state or federal regulations pertaining to

child labor.

3. Repetitive, purposeless, or degrading make-work is prohibited;
4. A resident's work assignments shall be excused or temporarily suspended if medically contra- indicated.
5. Residents shall be provided with the necessary supervision, tools, cleaning implements, and clothing to safely and effectively complete their assignments
6. Residents are not permitted to handle dangerous cleaning supplies or materials.
7. Residents shall not perform personal services for staff.
8. Residents may volunteer to do additional work with approval from supervision personnel.

**N. Experimentation and Research Studies [TAC 343.374]:**

1. Participation by residents in medical, psychological, pharmaceutical, or cosmetic experiments is prohibited.
2. Participation by residents in medical, psychological, pharmaceutical, or cosmetic research is prohibited unless:
  - a. the research study is approved in writing by the juvenile board or its designee; and
  - b. the juvenile board has adopted policies that: govern all authorized research studies; prohibit studies that include medically invasive procedures; and adhere to all federal requirements governing human subjects and confidentiality.
3. If the juvenile board authorizes a board member or staff member to approve research studies on behalf of the board, the authorization shall be in writing.
4. Approved research studies shall adhere to all applicable policies of the authorizing juvenile board.
5. Research studies approved by the juvenile board shall be reported to TJJJ before the study begins in a format prescribed by TJJJ.
6. The results of the study shall be made available to TJJJ upon completion of the study.
7. The Department's Research Committee is responsible for reviewing and approving any and all research study requests prior to being submitted to the Juvenile Board for final approval.

**O. Resident Grievance Process, Appeals, Grievance Officer [TAC 343.376, 378, and 380]:**

1. The Medlock Treatment Center shall have a written policies, procedures, and practices that demonstrates that there is a formal grievance process to address resident's complaints about their treatment and facility services.
2. A resident may submit a grievance at any time upon requests with full access to the facility's grievance process. A staff member shall not deny a resident the opportunity to submit a grievance.;
3. Once a resident requests a grievance form, the staff member shall give the form to the resident without question;
4. Residents shall have full access to the grievance process, including the grievance form and methods of submission. If a resident cannot read or otherwise understand the grievance process, a staff member or translator, shall read and explain the process to the resident.
5. A written response and resolution shall be provided to the resident no later than 30 calendar days after the date the grievance is received by Medlock staff.
6. Documentation of the resident's acknowledgement of the resolution to the grievance shall be maintained.
7. Grievances shall be confidential and access limited to those staff members involved in providing responses and administrative review.
8. Retaliation against any resident who submits a grievance is prohibited.
9. Residents shall place the grievance forms in the locked grievance box that is located in each unit.
10. The Medlock Treatment Center shall have at least one grievance officer designated in writing. All designated grievance officers in the Medlock Treatment Center are supervisors.
11. Grievances shall be collected by the facility's designated grievance officer(s) seven days per week.
12. Each grievance shall be numbered, logged, and tracked by the grievance officer(s).
13. The tracking system and log shall account for all grievances submitted, the grievance disposition, whether the grievance was appealed, and the appeal disposition, if applicable.
14. The grievance officer(s) shall assign the grievances to supervisory level staff for investigation.
15. The grievance officer(s) shall respond to the resident after receiving the grievance and provide a written resolution to the resident.
16. If the supervisor is the subject of the resident's grievance, the grievance investigation will be assigned to the detention manager.

17. The resident may participate in the resolution of a grievance, including the use of an intermediary (go-between) and the ability to request witnesses.
18. Unresolved grievances submitted by any resident who is released shall be forwarded to the Facility Administrator or designee to determine if any action is needed;
19. A resident shall be provided at least one level of appeal to a supervisory-level or above staff member or to an administrative-level appeals board or panel. A supervisory-level staff member who provided the initial response or who is named in the grievance shall not provide the appeal response. A resident is given the opportunity to appeal upon being provided the written response and resolution to the grievance.
20. The grievance officer(s) shall forward all grievance appeals to the administrative staff responsible for determining appeals. Appeals are generally resolved by the detention manager.
21. A written resolution to all grievance appeals shall be provided to the resident no later than 30 calendar days after the appeal is received by Medlock staff.
22. A supervisory level or above staff member shall conduct periodic formal reviews of the grievance process and dispositions and maintain documentation of this review.

**P. Religious Services [TAC 343.384]:**

1. Residents shall not be required to participate in religious services or religious counseling.
2. Residents who decline to participate in religious programming:
  - a. shall not be subjected to disciplinary sanction; and
  - b. shall be offered alternative programming or activated during religious services; or allowed to remain in their rooms or cells during religious services.
3. Residents may receive appropriate religious services in the faith of their choosing.
4. Proselytizing on the part of staff or volunteers shall not be permitted and is prohibited.
5. The Assistant Facility Administrator oversees the facility's religious programs, which are provided by community volunteers.

- Q.** It shall be the policy of Dallas County Juvenile Department to maintain and promote a safe environment for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth in Dallas County Juvenile Department operated pre-adjudication and post-adjudication facilities. All Department staff, volunteers, interns and contract providers are prohibited from engaging in any form of discrimination against or harassment of youth on the basis of actual or perceived sexual orientation, gender identity, and gender expression. Dallas County Juvenile Department is committed to providing a healthy and accepting setting for all youth placed in its facilities and treating all with dignity and respect. Any discrimination against or harassment of youth, including by other youth, will not be tolerated. Department staff shall recognize and address the individual needs of the youth and shall apply policies and practices fairly to all youth in our facilities.

GLBTQ youth: For purposes of the protections of this policy, youth shall include youth who have self-identified or are perceived by others as gay, lesbian, bisexual, transgender or questioning their sexual orientation or gender identity.

GLBTQ: is an acronym commonly used to refer to gay, lesbian, bisexual, transgender, and questioning individuals.

Gay: refers to a person who is emotionally, romantically, and sexually attracted to people of the same gender. Sometimes, it may be used to refer to gay men and boys only. It is preferred over the term homosexual."

Lesbian: refers to a female who is emotionally, romantically, and sexually attracted to other females.

Bisexual: refers to a person who is attracted to, and may form sexual and romantic relationships with either males or females.

Questioning: refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation or gender identity or expression in his or her life. Some questioning people will ultimately identify as gay, lesbian,



bisexual or transgender; others will self-identify as heterosexual and not transgender.

Sexual orientation: refers to a person's emotional, romantic, and sexual attraction to persons of the same or different gender.

Gender identity: refers to a person's internal sense of themselves as male, female, no gender, or another gender, regardless of anatomy.

Gender expression: refers to the manner in which a person expresses his or her gender through clothing, appearance, behavior, speech, etc. A person's gender expression may vary from the norms traditionally associated with his or her assigned sex at birth. Gender expression is a separate concept from sexual orientation and gender identity. For example, a male may exhibit an effeminate manner, but identify as a heterosexual male.

Transgender: may be used as an umbrella term to include all persons whose gender identity or gender expression do not match society's expectations of how an individual of that gender should behave in relation to his or her gender. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender individuals and individuals perceived as transgender without regard to whether they qualify for a diagnosis of Gender Identity Disorder.

Gender Dysphoria: is a diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM V) for people whose gender at birth is contrary to the one they identify with. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.

1. Safety and security, as well as good child care practices (Dallas County Juvenile Department core values and code of ethics), remain paramount for all youth in Dallas County Juvenile Department facilities.
2. All youth, regardless of gender identity, gender expression or sexual orientation, need to feel safe in their surroundings, in order for positive programming and youth outcomes to occur.
3. Rules must be maintained with dignity and respect for all residents, regardless of their gender identity, gender expression, or sexual orientation.
4. Staff should help youth to understand their decisions, and youth should be given the appropriate opportunity to express themselves.
5. Staff should provide youth with information about the staffing process, and the right to request a uniform or facility change through the outlined grievance Process.
6. Unless there is reason to the contrary, staff should not over-emphasize gender identity, gender expression, and sexual orientation issues (i.e., youth are placed in Dallas County Juvenile Department facilities because of their behaviors, not their gender identities, gender expression, or sexual orientations).
7. Staff should set a good example and make residents aware that any anti-GLBTQ threats of violence, actual violence, or disrespectful or suggestive comments or gestures will not be tolerated concerning any Dallas County Juvenile Department youth.
8. The treatment team should decide how to approach certain issues, as they would with behavior of any youth (i.e., as a team or in each specific unit). Good childcare practice requires consistency.
9. Certain behaviors are inappropriate regardless of gender identity, gender expression or sexual orientation (e.g., seductive or sexual behavior, exchanging sexually suggestive notes). Staff must maintain boundaries for safe and appropriate behavior with all residents.
10. As with all residents, GLBTQ residents shall be included in all activities or jobs for which they qualify and show a positive interest.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision
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Chapter 7: Resident Rights and Services
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Section 2: Program Hours
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Related Standards: 343.668
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- A. The Medlock Treatment Center has a written, daily program schedule that outlines the planned activities during program hours.
1. Except as noted in number 2 below, each resident shall be provided at least ten total hours of structured and unstructured activities each day. Time a resident spends in individual sleeping quarters does not count toward the ten-hour minimum.
  2. Residents who are in disciplinary seclusion, room restriction, protective isolation, or medical isolation may receive modification to their program schedule.
  3. The facility shall maintain documentation of any modification or deviation from the program schedule that results in the cancellation of an activity or deviation of one hour or more from the schedule.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 7: Resident Rights and Services	
Section 3: Educational Program	Related Standards: 343.670; 672; 673; 674; 675; 676; 677

- A. The Academy for Academic Excellence provides the educational program for the Medlock Treatment Center in accordance with rules adopted by the Texas Education agency (TEA). The Facility Administrator ensures that the educational program requires all residents to participate and works with the Principal and Superintendent to ensure that the educational provider has access to residents so that the education program is afforded to all residents in accordance with TEA rules.
1. Documentation of the Academy's status shall be kept on file with the Juvenile Department.
  2. The Academy for Academic Excellence shall provide for at least 180 days of instruction unless a waiver has been granted by the Texas Education agency for fewer days; or the number of educational days coincides with the local school district calendar.
  3. The Academy for Academic Excellence shall provide a full educational day which is required to be seven hours long and consist of at least five and one-half hours of required secondary curriculum to students.
  4. The Academy for Academic Excellence shall ensure that residents with disabilities are provided a free and appropriate public education as determined by the Admission, Review, and Dismissal committee in order to meet the individual educational needs of the student as defined by federal and state laws.
  5. The Academy for Academic Excellence shall ensure that residents with disabilities have available an instructional day commensurate with that of students without disabilities, in accordance with requirements contained in 19 TAC §89.1075.
  6. The Academy for Academic Excellence shall send notification of a student placement in a residential facility to the LEA as required by §29.012 of the Texas Education Code and shall retain documentation of this notice.
  7. The Facility Administrator shall ensure that educational space is adequate to meet the instructional requirements for each resident.
  8. All permanent educational staff and substitutes with a known facility assignment of five consecutive school days or longer shall receive a facility orientation prior to performing educational duties. Orientation shall include: security procedures, emergency procedures, behavior management system and prohibited sanctions, and reporting abuse, neglect, and exploitation. Documentation of the orientation shall be maintained.
  9. Educational staff shall not be counted in staff-to-resident ratios.
- B. The Medlock Treatment Center does not offer a vocational training program.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 7: Resident Rights and Services	
Section 4: Library	Related Standards: 343.678

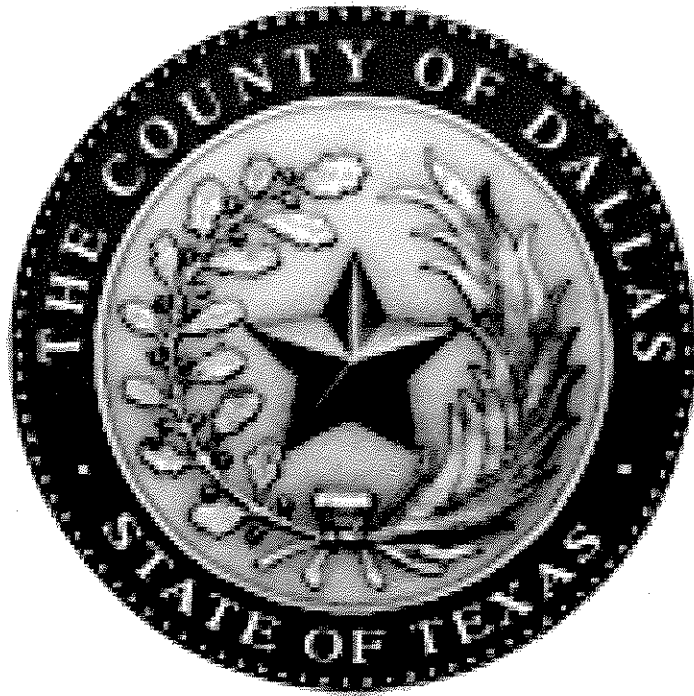
- A. Library Services: Age-appropriate reading materials shall be made available to all residents.
1. Facility management staff coordinate library services.
  2. Reading materials may include books, magazines, and recordings which suit the age and intellect of the residents.
  3. Residents are allowed to check out books and other materials from the library and to use the library on a regular basis.
  4. Materials shall be suitable for residents and under no circumstances include sexually explicit, graphically violent, obscene, or vulgar content.

Dallas County Juvenile Department Lyle B. Medlock Treatment Center Policies and Procedures, 2015 Revision	
Chapter 7: Resident Rights and Services	
Section 5: Recreation and Exercise	Related Standards: 343.680

- A.** Recreational equipment and supplies shall be provided to residents.
1. The Medlock Treatment Center maintains a recreational schedule that offers the following programming each day:
    - a. At least one hour of large muscle exercise. This may include such things as walking, jogging, basketball, volleyball, weight-lifting, calisthenics, and stretching among other activities. Large muscle exercise shall take place outside of the resident individual sleeping quarters or sleeping rooms.
    - b. At least one hour of open recreational activity. This may include such things as board games, television, dominoes, cards, reading, letter writing, mediation, etc.
  2. If the facility provides an opportunity for residents to participate in scheduled physical recreation, the requirements of this standard are satisfied
  3. All recreational equipment shall be kept in proper working order to help ensure the safety of all staff and residents in the facility.
- B.** A resident's recreational schedule may be altered under the following conditions:
1. Participation by the resident is contra-indicated for medical reasons;
  2. The resident is in disciplinary seclusion, room restriction, protective isolation, or medical isolation;
  3. The resident has a scheduled appointment;
  4. Extenuating circumstances exist that impede the recreational schedule; or
  5. The resident presents an imminent danger to self or others.
  6. A resident's recreation schedule may not be altered due to imminent danger to self or others without written approval from the Facility Administrator. The written approval shall be maintained.

he/she must be currently certified in CPR, First Aid, and Handle with Care. Any officer providing off-premises transportation and supervision shall have received training of the policies and procedures listed in this section.

3. At least two juvenile supervision officers shall conduct a transport off the premises of the facility, and at least one of the juvenile supervision officers shall be of the same gender as the resident(s) being transported.
4. During transportation:
  - a. Residents shall only be restrained by TJJD approved mechanical restraints;
  - b. Residents shall not be affixed to any portion of the vehicle when transporting
5. All keys and equipment must be kept under strict control at all times. Residents are prohibited from handling the vehicle keys.
6. No resident shall be permitted to drive Dallas County Juvenile Department vehicles.
7. Seat belts shall be worn at all times.
8. Vehicle doors are to remain locked at all times.
9. Stopping vehicle for meals and restroom breaks is not allowed while transporting residents unless absolutely necessary.
10. If a residents needs a restroom break while being transported outside of the facility, transporting staff must:
  - a. Physically inspect the restroom before use ensuring dangerous items are not available and that a means of escape is not readily available.
  - b. Check the doors, windows, trash cans, stalls, light fixtures, and inside door latch.
  - c. Stand in the doorway while the resident is using the restroom as to keep constant supervision.
11. Staff shall carry one cellular telephone for communication and emergency purposes.
  - a. Instructions for use of the cellular telephone:
    - (1) The telephone shall be secured at all times; and
    - (2) Residents are not allowed to use cellular telephones for any reason.
12. All staff members involved in the transportation of residents must carry their County I.D.
13. All vehicles used to transport a resident(s) shall have a first aid kit in them.



**ACTION ITEM**

**K.**



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Dallas County Juvenile Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Letot Foundation Funding for Girl Education and Mentoring Services (GEMS) and My Life My Choices (MLMC) Trainings

**Background of Issue:**

Letot RTC for adjudicated girls is expected to be open for placement in the immediate future. This population will have many needs. The therapeutic treatment that will be offered at Letot RTC is heavily rooted in research and follows the recommendations of every government funded report on best practices in the treatment of Domestic Minor Sex Trafficking (DMST) and Commercially Sexually Exploited Children (CSEC). Through previous funding, the Psychology Department has participated in Trauma Focused Cognitive Behavior Therapy (TFCBT) and Dialectical Behavior Therapy (DBT). However, there are still training areas that the Department would like to provide to Letot staff that do not have allocated funding sources. These gaps were discussed with the Letot Foundation to see if they would be willing to absorb the costs of the additional training. At the Letot Foundation Board meeting held on May 5, 2015, the Letot Board approved this significant funding to address these gaps.

Within the agencies offering services to the CSEC population, there have been ten organizations leading the way in furthering research and education (California Evidence-Based Clearinghouse for Child Welfare). Out of the ten agencies that we have reviewed, two agencies provide the needed training/curriculum that has been used most frequently amongst providers of CSEC; and that directly addresses the needs of the clinical treatment to be provided at Letot RTC. These agencies are "Girl Educational and Mentoring Services" (GEMS), and "My Life My Choice" (MLMC).

**GEMS** is based out of New York City, New York, and is a leading agency in providing treatment and training in the field of CSEC (Commercially Sexually Exploited Children). They can provide two essential trainings to Letot clinical and residential staff: "Train-the-Trainer" and "Victim, Survivor, Leader". A synopsis of their training proposal is as follows:

- **Train-the-Trainer** (2 days for 40 attendees)

Provide information on the unique needs of the victims and provide education on ways to craft programming to address these needs. In addition, once a therapist/staff is trained, they will be equipped to train others, which will directly address issues often faced in residential placements, turnover rate.

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

**214-698-2200 Office**

**214-698-5508 Fax**



- **Victim, Survivor, Leader** (1 day for psychology staff)

Provide the psychology staff at the Letot RTC with a curriculum created by GEMS with a focus on survivor empowerment and leadership.

- **Training Details:** 3 full days in Dallas; GEMS will provide 2 trainers
  - Training Fee: \$10,000
  - Cost of travel expenses: \$4,032.50
  - Cost of training manuals for all three days: \$2,200
  - Total cost when partnering with Corbett House in CA: **\$12,232.50** (\* Corbett House has previously received this training, and was so pleased with it that they want to send staff to Dallas when GEMS comes here; and has agreed to contribute \$4,000 to the cost of the training)

**MLMC** is a groundbreaking curriculum based out of Boston, MA which has already been implemented in 22 states providing services for this CSEC population. It is primarily a prevention program focusing on a comprehensive plan of action to help prevent sexual exploitation. Letot RTC prides itself on being the first facility in the nation addressing both treatment and prevention. Therefore, our prevention strategy must be research-based and proven in the field of CSEC. The MLMC curriculum is nationally acclaimed, and consists of 10 sessions that provide concrete, well researched methods for at-risk girls. It was created by an exploitation survivor, and is specifically designed for girls between the ages of 12-18 who are at risk of being commercially sexually exploited and have histories of abuse, neglect, exposure to family violence, and addiction. A synopsis of their training is as follows:

- **Training Detail:** 1 day- 60 attendees; for psychology and Letot staff; MLMC will provide 2 trainers
  - Training Fee: \$4,000
  - Cost of travel expenses: \$1,950
  - Cost of training manuals: \$628
  - Total cost: **\$6,578.00**

**Impact on Operations and Maintenance:**

With these additional trainings, the Letot RTC girls and other female referrals can be provided with a comprehensive plan of treatment to serve their many needs. It will also strengthen every program offered at the Juvenile Department.

**Strategic Plan Compliance:**

This request complies with Vision 3: Dallas is *safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system.

**Legal Information:**

The Letot Foundation has agreed to fund the entire training costs of both groups.

**Financial Impact/Considerations:**

The cost of the GEMS trainings will be \$12,232.50 to train 40 attendees. The cost of the My Life My Choice training will be \$6,578.00 to train 60 attendees. Thus, the total of these two trainings is **\$18,810.50**. There will be no cost to the County.

**Performance Impact Measures:**

By utilizing evidence based curriculum, the therapists will be better informed, trained and capable of working with sexually abused youth. The trainer-of-trainer model will allow for continued training and ensure a continuity of training after the funding has been used.

**Project Schedule/Implementation:**

This training, following Juvenile Board approval, will be scheduled for late June and early July. GEMS is tentatively scheduled for June 29<sup>th</sup> to July 1<sup>st</sup>, with MLMC to follow shortly after.

**Recommendation:**

It is recommended that the Dallas County Juvenile Board approve the acceptance of funds in the amount of \$18,810.50 from the Letot Foundation for the Girl Education and Mentoring and My Life My Choice trainings and curriculum.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18<sup>th</sup> day of May, 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** Letot RTC for adjudicated girls will open soon. This population will have many needs. The therapeutic treatment that will be offered at Letot RTC is heavily rooted in research and follows the recommendations of every government funded report on best practices in the treatment of Domestic Minor Sex Trafficking (DMST) and Commercially Sexually Exploited Children (CSEC). Through previous funding, the Psychology Department has participated in Trauma Focused Cognitive Behavior Therapy (TFCBT) and Dialectical Behavior Therapy (DBT). There are other trainings that the Department would like to provide for Letot staff, but funding is currently not available. The Letot Foundation agreed to absorb the costs of these additional trainings. At the Letot Foundation Board meeting held on May 5, 2015, the Letot Board approved funding for these trainings; and

**WHEREAS,** Out of the ten agencies that we have reviewed, two agencies provide the needed training/curriculum that has been used most frequently amongst providers of CSEC and that directly addresses the needs of the clinical treatment at Letot RTC. Girl Educational and Mentoring Services (GEMS) provides two of the necessary trainings:  
Train-the-Trainer and Victim, Survivor, Leader.

**GEMS** New York, NY. – 40 attendees

- They are a leading agency that provides treatment and training in the field of CSEC (Commercially Sexually Exploited Children). They provide two necessary trainings:  
**Train-the-Trainer and Victim, Survivor, Leader.**
  - **Train-the-Trainer** (2 days for all staff)
    - Provide information on the unique needs of the victims and provide education on ways to craft programming to address these needs. In addition, once a therapist/staff is trained, they will be

equipped to train others, which will directly address issues often faced in residential placements, turnover rate.

- **Victim, Survivor, Leader** (1 day for psychology staff)
  - Provides the psychology staff at the Letot RTC with a curriculum created by GEMS with a focus on survivor empowerment and leadership.
- Training Detail: 3 full days in Dallas, GEMS will provide 2 trainers.
- Cost:
  - Training Fee: \$10,000
  - Cost of travel expenses: \$4,032.50
  - Cost of training manuals: \$2,200
  - Total cost when partnering with Corbett House in CA, **\$12,232.50**; and

**WHEREAS,**

In addition, prevention is another area of focus that needs a comprehensive plan of action. This nationally acclaimed, 10 session curriculum provides concrete, well researched methods for at risk girls, created by an exploitation survivor. The curriculum is for girls between 12-18, at risk of being commercially sexually exploited, and who have histories of abuse, neglect, exposure to family violence, and addiction.

**My Life My Choice (MLMC)**, Boston, MA – 60 attendees

- Prevention curriculum implemented in 22 states for the CSEC population. Ten session curriculum for girls between 12-18 years old, at risk of being commercially sexually exploited, and who have histories of abuse, neglect, exposure to family violence, and addiction.
- Training Detail: 1 day, for psychology staff, 2 trainers provided
  - Training Fee: \$4,000
  - Cost of travel expenses: \$1,950
  - Cost of training manuals: \$628
  - Total Cost: **\$6,578.00**

**WHEREAS,**

With these additional trainings, the Letot RTC girls and other female referrals can be provided with a comprehensive plan of treatment to serve their many needs; and

**WHEREAS,**

The cost of the GEMS trainings will be \$12,232.50 to train 40 attendees. The cost of the My Life My Choice training will be \$6,578.00 to train 60 attendees. Thus, the total cost of these two trainings is **\$18,810.50**; which will be funded by the Letot Foundation with no cost to the County

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Juvenile Board approve the acceptance of the funds from the Letot Foundation for the Girl Education and Mentoring Services and the My Life and My Choice trainings and curriculum.

**DONE IN OPEN BOARD MEETING** this 18th day of May, 2015.

The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and  
seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_ for  
the motion and \_\_\_\_\_ opposed.

Recommended by:

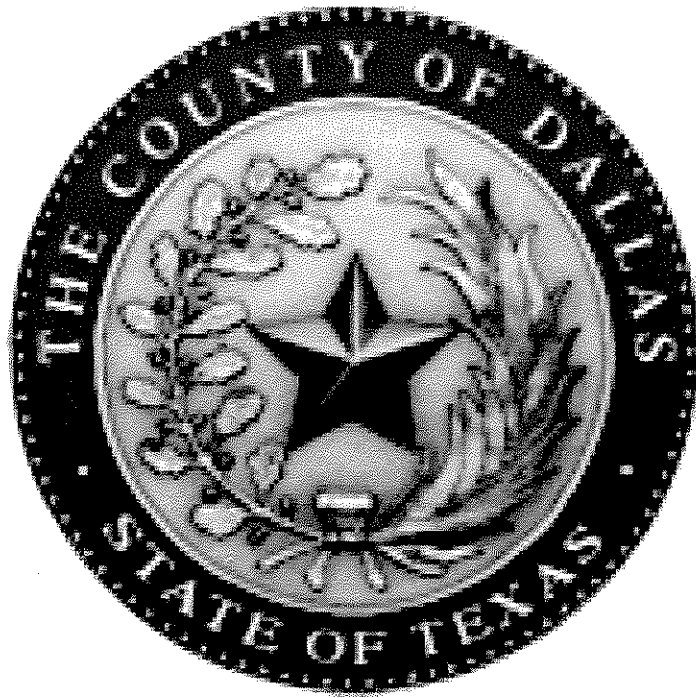
Approved by:

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Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

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Judge Cheryl Lee Shannon, Chairman  
Dallas County Juvenile Board



**DISCUSSION**

**ITEM**

**L.**

ACADEMY FOR ACADEMIC EXCELLENCE

CHARTER REPORT

April 2015

Dr. Jerome McNeil Detention Center / AAE Campus (001):

QUOTE OF THE MONTH

"Much education today is monumentally ineffective. All too often we are giving young people cut flowers when we should be teaching them to grow their own plants".....John W. Gardner

**Curriculum & Instruction**

In our efforts to focus on individualized learning, we continue to investigate better ways to differentiate instruction to insure that students are prepared for the increased rigor of the state assessment, the STAAR test. The teachers used The Texas Curriculum Management Program Cooperative (TCMPC) focus documents and assessments to design lessons that will help determine the students' strengths and weaknesses in preparation for the Spring STAAR administrations.

**Special Services & ESL Department**

The Special Services team continues to work together to better serve the students. The Special Services team is currently servicing 56 students. The ESL is currently servicing 43 students.

**Student Advisory/Data**

The Data Controller continued to meet with students, review their records and update projected graduation plans/endorsements, and update student files.

**SCHOOL CELEBRATIONS AND ACTIVITIES**

**Upcoming Events**

State Assessment Testing  
Year-End Closeout

Day Reporting Center – Campus (002):

QUOTE OF THE MONTH

*"Education is a gift that none can take away".*

*American Proverb*

**INSTRUCTION AT A GLANCE**

Total Enrollment -	64
GED	10
SPED	13
ESL	06

As we continue to prepare for the summer, the Day Reporting Center (DRC) continues to shine and is proud to acknowledge significant gains in attendance during STAAR testing. We are especially thankful of the extra efforts our teachers and clerical staff who worked with students and parents to help emphasize the importance of their children attending school. We continue our attendance incentive program to encourage students to be at school on time. This program is already proving to be successful.

**High School Equivalency Program (HSEP) - (GED Program)**

Students have been scheduled to take individual sections of the test and will begin testing in early May. This is consistent with the new testing model that the program is using in order to fully prepare the students to be successful. In an effort not to overwhelm students with four tests at one time, students will take one test at a time over a three to four week testing cycle until they successfully complete the

entire exam. The students are currently utilizing the Kaplan test preparation book to prepare for the test. We are currently exploring avenues to provide the preparation book to each student.

**Credit Recovery Program**

The DRC credit recovery program is well underway and DRC staff are steadily finding ways to assist students in their positive transition back into their traditional educational setting. Currently, three students are participating in the program.

**Parental Involvement**

On Saturday, April 18, 2015, the Dallas County Juvenile Department Education Services Division hosted the Annual Parent University (Parental Spring Festival) at the DRC and JJAEP Campuses. The Parental Involvement Committee did a phenomenal job of planning this event and truly engaged the Department and Community Partners to make this event a huge success. Through the efforts of our partners and volunteers we were able to serve both our students and their families' needs by providing substantive workshops, valuable community services, interactive game rooms, community basketball tournament and of course great food.

In addition, we could not have accomplished any of this without the support of our volunteer vendors. Special thanks to the Dallas County Health and Human Services for providing prevention health services; Bear Creek Dental for providing free dental screening; Ms. Melody Frazier for providing Parenting Groups; and the North Texas Food Bank for providing materials to help our families get food and other free services.

All of this was made possible because of the leadership of Dennis Winston in spearheading all of these efforts to address the needs of our community and keep putting youth first. Both DRC and JJAEP staff served as volunteers for the event.

**STAAR Preparation**

The DRC teachers used STAAR release Math and Reading as benchmark testing on all of the students in order to determine the students' strengths and weaknesses in preparation for the April STAAR.

**STAAR Results**

The 8<sup>th</sup> grade reading results have been reported to students and parents. Of the 10 students tested only 1 was successful during the first administration. Interventions have been planned and will target the students' deficiency areas to prepare them for the May 2<sup>nd</sup> Administration of the STAAR 8<sup>th</sup> Grade Reading Test.

Mr. Aubrey C. Hooper, Principal  
DRC Campus 002

**Medlock/Youth Village Campus – (003):**

**QUOTE OF THE MONTH**

*"It is the supreme art of the teacher to awaken joy in creative expression and knowledge." Albert Einstein*

**INSTRUCTION AT A GLANCE**



**Medlock/Youth Village Campus – (003):****QUOTE OF THE MONTH**

*"It is the supreme art of the teacher to awaken joy in creative expression and knowledge." Albert Einstein*

**INSTRUCTION AT A GLANCE**

Total Enrollment - 127  
 SPED 29  
 ESL 16

**UPDATES**

The campus prepared for the end of the 5th six weeks and prepared report cards for mail out. 27 A/B Honor and 3 A Honor Roll students for the 5<sup>th</sup> six weeks. To date, 119 students are passing all classes. Two students are failing three classes and six students are failing 2 classes. Intervention plans will be completed. These students will receive accelerated instruction to meet with the components of the Student Success Initiative (SSI).

<u>Test Dates</u>	<u>Campus 001, 003, 004, 005</u>	<u>Campus 002</u>	<u>Campus 003 Medlock</u>	<u>Campus 003 Youth Village</u>	<u>JJAEP</u>
<b>Monday, 5/4</b>	No testing	US History	Algebra I	Biology	Algebra I
<b>Tuesday, 5/5</b>	Algebra I	Biology	Biology	Algebra I	US History
<b>Wednesday, 5/6</b>	Biology	Algebra I	US History	US History	Biology
<b>Thursday, 5/7</b>	US History	Make-Up	Make-Up	Make-Up	Make-Up
<b>Friday, 5/8</b>	Make-Up	Make-Up	Make-Up	Make-Up	Make-Up
<b>Monday, 5/11</b>	Testing Materials Due to District				

**ASSESSMENT RESULTS**

The March results for the 5<sup>th</sup> and 8<sup>th</sup> grade reading STAAR assessment were received in April. The results are as follows:

47 students took the Reading Assessment. Of the 47 students, nine (9) students met the Level II Satisfactory standard. The campus is awaiting the CSR to see the passing % and to tailor a plan based on categories not passed. Two students were absent. These students will receive SSI instruction.

**INSTRUCTION AT A GLANCE****Departmental News****English/Language Arts Department**

The English/Language Arts students completed the reading and study of 5 genres and 15 subgenres. Students read biographies and completed book reports and presentations. Students created a genre and subgenre poster project for a book, movie or TV show. Students participated in the Career and Job exploration lesson.

They completed career inventories based on interest. This gave them the opportunity to explore and read about jobs and careers based on inventory results. Students then reviewed schools, jobs and institutions that provide training. Students completed inventories on the following:

- Independent living assessment
- Earnings for desired lifestyle
- Soft skills assessment, e.g. presentation, leadership, communication, writing, organizational
- Entrepreneurship

Students learned the rules of starting a Texas Cottage Food Business and Food Cart/Truck Business. They learned how to break down a recipe to determine how to charge for a finished product. They then reviewed simple business cases to determine if a business will be profitable. In the next phase, students will complete create a food business.

### **Science Department**

During the month of April, the students in the Science classes reproduced an annotated diagram of the Human Skeletal System.

### **ESL Department**

The ESL department served 16 students during the month of April.

### **Special Services Department**

The Special Services Department began the month of April administering the English II STAAR EOC April 1, 2015. Four students received reading assistance during the test. The Special Services Department has serviced 20 students through inclusion in the general education classrooms. Special Services teachers work with the general education teachers in and out of the classroom to meet the needs of all students.

The special services team has begun the process of reviewing all student files for compliance to ensure that all the necessary paperwork is included in each file. All FIE dates were checked to determine which students need new testing. This information was submitted to District Office special services department. During the month of April, the Special Services Department conducted two ARDs, completed two ARD Amendments and has begun preparing for our first ARD in May. Two of the Special Services department members participated in the Parent University Spring Festival held on April 18, 2015.

### **UPCOMING SCHOOL EVENTS**

Cinco De Mayo Celebration  
STARR EOC Testing

### **SAU (Substance Abuse Unit) Campus (004):**

#### **QUOTE OF THE MONTH**

“By failing to prepare, you are preparing to fail.” Benjamin Franklin

#### **INSTRUCTION AT A GLANCE**

Total Enrollment - 27  
SPED - Total Students 08  
ESL – Total Students 08

#### **UPDATES**

The campus prepared for the end of the 5th six weeks and prepared report cards for mail out. Three students made the honor roll for the 5<sup>th</sup> six weeks. To date, 23 students are passing all classes. Six students are failing three classes and 12 students are failing 2 classes. Intervention plans will be completed. The Campus Test Coordinator is in the process of completing the test plan for the May 4-8 STAAR EOC assessments. The test plan is outlined in the chart below.

Test Dates	Campus 001, 003, 004, 005	Campus 002	Campus 003 Medlock	Campus 003 Youth Village	JJAEP
Monday, 5/4	No testing	US History	Algebra I	Biology	Algebra I
Tuesday, 5/5	Algebra I	Biology	Biology	Algebra I	US History
Wednesday, 5/6	Biology	Algebra I	US History	US History	Biology
Thursday, 5/7	US History	Make-Up	Make-Up	Make-Up	Make-Up
Friday, 5/8	Make-Up	Make-Up	Make-Up	Make-Up	Make-Up
Monday, 5/11	Testing Materials Due to District				

The Administrators are Ms. Taylor, Mr. Smith, and Ms. Dones-Tatum. Mr. Nordman will be the Test Monitor.

### **ASSESSMENT RESULTS**

The March results for the 5<sup>th</sup> and 8<sup>th</sup> grade reading STAAR assessment were received in April. The results are as follows:

Ten (10) students took the Reading Assessment. Of the ten students, one (1) student met the Level II Satisfactory standard. The campus is awaiting the CSR to see the passing % and to tailor a plan based on categories not passed. Two students were absent. These students will receive SSI instruction.

### **INSTRUCTION AT A GLANCE**

During the month of April, the SAU campus was busy preparing for the upcoming STAAR Assessment that was administered April 1, and April 20-24, 2015. Teachers used STARR released materials to prepare students for the test. The following assessments were administered:

- The STARR English II test was administered on April 1, 2015.
- Grade 5 and 8 took the STARR Mathematics test on April 20, 2015.
- Grades 6 and 7 took the STAAR Mathematics test on April 21, 2015, and Grade 8 took the Social Studies test. Grades 6 and 7 took the STAAR Reading test on April 22, 2015 and Grade 5 and 8 took the STARR Science test.

### **DEPARTMENTAL NEWS**

#### **English/Language Arts Department**

The month of April was National Poetry Month. In celebration, English/Language Arts students created poems using the poetic device of their choice (simile, metaphor, alliteration). This project introduced students to higher order thinking and creativity skills. At the beginning month, the teachers and staff collectively threw a celebration for students to encourage them to do their best on the upcoming STAAR exam. Participation was 100% and along with the rally students enjoyed feasting on nachos, pizza, and drinks and fellowshiping.

#### **Social Studies**

The Social Studies students studied the Roaring 20's, Great Depression and the Dust Bowl. Activities included media valuation in which students looked at a variety of media from the 1920's, Dust Bowl and the Great Depression and compared and contrasted them to music, dance and fashion to prepare them for media presentation on the STAAR Test.

#### **ESL Department**

The ESL department currently serves eight (8) students.

**Special Services Department**

During the month of April, the Special Services department serviced a total of eight students. Two entered during the month and two exited during the month. As of May 1, 2015 six students are receiving special services. No ARDs were held during the month of April.

**UPCOMING SCHOOL EVENTS**

Cinco De Mayo Celebration  
STARR EOC Testing

Mary Miller, Principal  
Campus 004

**LETOT Campus (005):****QUOTE OF THE MONTH**

"Education remains the key to both economic and political empowerment."  
Barbara Jordan

**INSTRUCTION AT A GLANCE**

Total Enrollment -	27
SPED - Total Students	2
Section 504	0
ESL – Total Students	0

**Campus at a Glance**

The campus prepared for the end of the 5<sup>th</sup> six weeks and prepared report cards for mail out. Four students made the honor roll for the 5<sup>th</sup> six weeks. To date, 23 students are passing all classes. One student is failing two classes. The Campus Test Coordinator is in the process of completing the test plan for the May 4-8 STAAR EOC assessments. The test plan is outlined in the chart below.

Test Dates	Campus 001, 003, 004, 005	Campus 002	Campus 003 Medlock	Campus 003 Youth Village	JJAEP
Monday, 5/4	No testing	US History	Algebra I	Biology	Algebra I
Tuesday, 5/5	Algebra I	Biology	Biology	Algebra I	US History
Wednesday, 5/6	Biology	Algebra I	US History	US History	Biology
Thursday, 5/7	US History	Make-Up	Make-Up	Make-Up	Make-Up
Friday, 5/8	Make-Up	Make-Up	Make-Up	Make-Up	Make-Up
Monday, 5/11	Testing Materials Due to District				

**ASSESSMENT RESULTS**

The March results for the 5<sup>th</sup> and 8<sup>th</sup> grade reading STAAR assessment were received in April. The results are as follows:

Eight (8) students took the Reading Assessment. Of the eight students, one (1) student met the Level II Satisfactory standard. The campus is awaiting the CSR to see the passing % and to tailor a plan based on categories not passed. These students will receive accelerated instruction to meet with the components of the Student Success Initiative (SSI).

## **INSTRUCTION AT A GLANCE**

### **ELA**

During the month of April, the academic focus was testing. Teachers began to concentrate on preparing students to take and pass the mandatory state tests—State of Texas Assessments of Academic Readiness (STAAR) and the End-of-Course (EOC) exams. Students were provided with engaging and fun activities to enhance academic and testing skills.

### **Science**

In the science classroom we closed the following unit of Virus, Bacteria, and Protist before moving on to the next unit--plant structures and adaptations. We started the unit with a classroom debate on pros and cons of having plants on the planet. Students had to grasp a concrete understanding of the importance of plants and our everyday needs. I included a Bill Nye video to maintain their attention about plant and their adaptations. Students were also required to complete various virtual labs over the plants and environmental content. They really enjoyed the virtual labs and even created a fruit/vegetable field guide. As a class, we researched various fruits and vegetables--looking at how they taste, where they grow, a description, and any more interesting facts. Students were allowed to research fruits/vegetables of their choice but also looking into things they might be open to trying in the future.

### **Enrichment**

This period has been designed to help our students focus on being and creating the best “self” they can be. During this month the students created timelines for the future as a means of setting goals. They worked on self-esteem—producing a positive self-image by focusing on the following questions/ideas: how do I make a better me; thinking for myself; building healthy relationships and the “what” factor. Students really put a tremendous amount effort into participating and completing tasks and assignments during this class period.

## **PARENTAL INVOLVEMENT**

Letot teacher continue to make weekly calls to the parents to make sure the parents are informed about student grades and campus events. We also made contact with all parents by sending a flyer and testing calendar in the mail with the report cards that were mailed out this month.

### **Coming soon....**

EOC Testing  
STAAR 5/8 Reading Re-test  
Cinco de Mayo  
Field Day  
Memorial Day

Sheterric Malone, Administrator

Letot 005

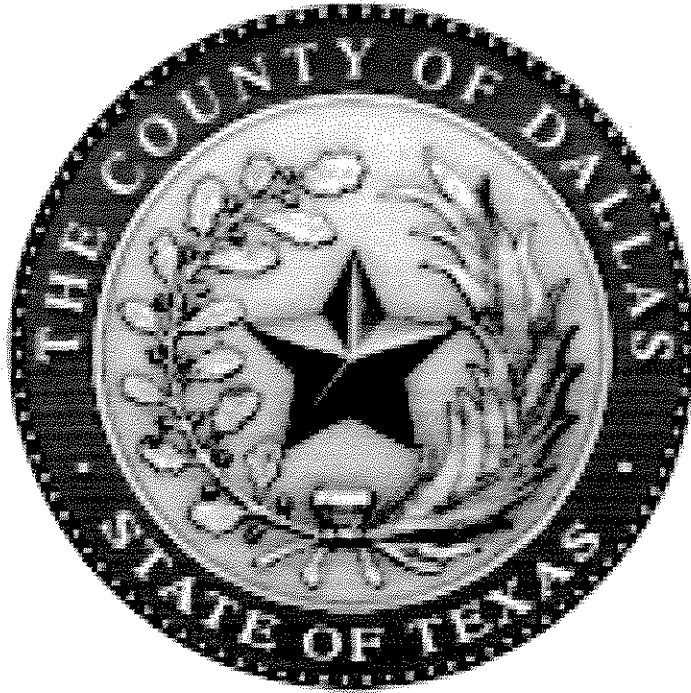
**Teach, Encourage, and Instruct, Mentor, Praise, Influence, Guide..... INSPIRE**

**ACADEMY FOR ACADEMIC EXCELLENCE  
PROGRAM STATUS REPORT**

Active Enrollments					
Student Enrollment as of April 2015:			District Total Enrollment: 490		
District Average Attendance			444 (90.61%)		
District Special Education Student Population			132 (26.94%)		
CAMPUSES	JDC - 001	DRC - 002	MED. / YV - 003	SAU - 004	LETOT - 005
	Number	Number	Number	Number	Number
Enrollment	235	62	124	44	25
New Students	126	24	14	27	21
Withdrawals	124	23	07	11	25
Avg. Daily Attendance	227	43	114	36	24
Avg. Daily Enrollment	235	62	124	44	25
Attendance Average	96.60%	69.35%	91.94%	81.82%	96.00%

**Demographics**

Category	JDC - 001		DRC - 002		MED. / YV - 003		SAU - 004		LETOT - 005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>GENDER</b>										
Female	50	(21.37%)	10	(15.63%)	00	(0.0%)	09	(17.65%)	19	(76.00%)
Male	184	(78.63%)	54	(84.38%)	127	(100%)	42	(82.35%)	06	(24.00%)
<b>GRADE</b>	Number		Number		Number		Number		Number	
3	0		0		0		0		0	
4	0		0		0		0		0	
5	1		0		0		0		0	
6	12		2		2		0		0	
7	28		8		14		3		7	
8	48		11		27		7		4	
9	104		34		50		28		10	
10	35		16		26		10		4	
11	10		2		8		2		0	
12	0		1		0		0			
<b>AGE</b>	Number		Number		Number		Number		Number	
10	0		0		0		0		0	
11	3		0		0		0		0	
12	5		2		0		0		2	
13	11		3		1		0		2	
14	28		7		14		2		4	
15	62		11		34		8		10	
16	86		27		49		28		6	
17	39		22		27		13		1	
18+	0		2		0		0		0	
<b>ETHNICITY</b>	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
African American	108	(46.16%)	29	(45.31%)	72	(56.70%)	13	(25.49%)	8	(32.00%)
Caucasian	19	(08.12%)	2	(03.13%)	10	(07.87%)	8	(15.69%)	4	(16.00%)
Hispanic	103	(44.00%)	33	(51.56%)	45	(35.43%)	27	(52.94%)	13	(52.00%)
Native American	0	(0.00%)	0	(0.00%)	0	(0.00%)	0	(0.00%)	0	(0.00%)
Other/Asian	4	(01.71%)	0	(0.00%)	0	(0.00%)	1	(01.96%)	0	(0.00%)



**ACTION ITEM**

**M.**



**DALLAS COUNTY  
JUVENILE DEPARTMENT**

**Dr. Terry S. Smith**  
Director Juvenile Services  
Chief Juvenile Probation Officer

**Henry Wade Juvenile Justice Center**  
2600 Lone Star Drive, Box 5 Dallas, Texas 75212

**MEMORANDUM**

**Date:** May 18, 2015  
**To:** Academy for Academic Excellence School Board  
**From:** Dr. Terry S. Smith, Director  
**Subject:** Summer School at the Academy for Academic Excellence (AAE)

**Background of Issue:**

The Dallas County Juvenile Department is mandated to operate the Academy for Academic Excellence (AAE) for the 2014-15 academic school year which ends on June 8, 2015. The purpose of this brief is to approve summer school at the AAE during the summer of 2015 to begin on June 15, 2015 and to end on July 17, 2015. The summer school program will operate 4 hours a day Monday through Thursday. The primary academic focus of the summer school program will be accelerated instruction for middle school students and Credit Recovery for high school students.

**Impact on Operations and Maintenance:**

Summer school serves multiple purposes for students, families, educators, and communities. The current need for summer programs is driven by changes in American families and by calls for an educational system that is competitive globally and embodies higher academic standards. Summer programs focusing on remedial or accelerated learning or other goals have a positive impact on the knowledge and skills of participants. Remedial programs have larger effects when the program is relatively small and when instruction is individualized. Students at all grade levels benefit from remedial summer school, but students in the earliest grades and in secondary school benefit most.

**Strategic Plan Compliance:**

This request complies with Vision 3: *Dallas is safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system.

**Legal Information:**

There will be no legal impact attributable to the approval of the 2015 summer school program.

**Financial Impact/Considerations:**

The AAE will utilize funds from State Aid to pay for the 2015 summer school program. State Aid expenditures for summer school 2015 will not exceed \$75,000, which will be used primarily to pay salaries and purchase supplies. The financial impact to the AAE budget has been reviewed and approved by Ms. Carmen Williams, Budget Supervisor.

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*To assist referred youth in becoming productive,  
law abiding citizens, while promoting public safety and victim restoration.*

214-698-2200 Office

214-698-5508 Fax



**Performance Impact Measures:**

The students at the AAE will have opportunities to receive accelerated instruction and to earn credits during the summer through Credit Recovery.


**Project Schedule/Implementation:**

The 30 day summer program is schedule to begin Monday, June 15, 2015 and run through Friday, July 17, 2015.

**Recommendation:**

It is recommended the Academy for Academic Excellence School Board grant approval for the 2015 summer school program at the Academy for Academic Excellence.

**Recommended by:**



Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

**JUVENILE BOARD ORDER**

**ORDER NO:** 2015-XXX

**DATE:** May 18, 2015

**STATE OF TEXAS** §

**COUNTY OF DALLAS** §

**BE IT REMEMBERED** at a regular meeting of the Juvenile Board of Dallas County, Texas, held on the 18th day of May 2015, in accordance with the Texas Open Meetings Act, with a quorum of the member present, to wit:

Name	Name	Name
Name	Name	Name
Name	Name	Name

Where, among other matters, came up for consideration and adoption the following Juvenile Board Order:

**WHEREAS,** the Dallas County Juvenile Department is mandated to operate the Academy for Academic Excellence (AAE) for the 2014-15 academic school year which ends on June 8, 2015. The purpose of this brief is to approve summer school at the AAE during the summer of 2015 to begin on June 15, 2015 and to end on July 17, 2015. The summer school program will operate 4 hours a day Monday through Thursday. The primary academic focus of the summer school program will be accelerated instruction for middle school students and Credit Recovery for high school students; and

**WHEREAS** summer school serves multiple purposes for students, families, educators, and communities. The current need for summer programs is driven by changes in American families and by calls for an educational system that is competitive globally and embodies higher academic standards. Summer programs focusing on remedial or accelerated learning or other goals have a positive impact on the knowledge and skills of participants. Remedial programs have larger effects when the program is relatively small and when instruction is individualized. Students at all grade levels benefit from remedial summer school, but students in the earliest grades and in secondary school benefit most; and

**WHEREAS,** the AAE will utilize funds from State Aid to pay for the 2015 summer school program. State Aid expenditures for summer school 2015 will not exceed \$75,000, which will be used primarily to pay salaries and purchase supplies; and

**WHEREAS,** this request complies with Vision 3: Dallas is *safe, secure, and prepared*, by expanding disposition alternatives with regard to treatment for youth/families involved in the juvenile justice system; and

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Academy for Academic Excellence School Board grant approval for the 2015 summer school program at the Academy for Academic Excellence.

**DONE IN OPEN BOARD MEETING** this 18<sup>th</sup> day of May, 2015.

The forgoing Juvenile Board Order was lawfully moved by \_\_\_\_\_ and seconded by \_\_\_\_\_, and duly adopted by the Juvenile Board on a vote of \_\_\_\_ for the motion and \_\_\_\_\_ opposed.

Recommended by:

Approved by:

\_\_\_\_\_  
Dr. Terry S. Smith, Director  
Dallas County Juvenile Department

\_\_\_\_\_  
Judge Cheryl Shannon, President  
Academy for Academic Excellence School Board