

JUVENILE CORRECTIONS OFFICER KNOWLEDGE AND SKILL MAPS

State of California, Corrections Standards Authority

Standards and Training for Corrections Program

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INTRODUCTION

Knowledge and Skill Maps link core tasks to the core curriculum. Instructors and course planners will find the maps especially helpful for developing lesson plans and formulating test questions.

The maps were created by asking practitioners and subject matter experts to address the following questions about each core task or group of related core tasks:

1. What is the value of this task or group of tasks? What are the consequences of effective or ineffective performance?
2. What knowledge, skills and abilities (KSA'S) must the performer bring to the task or group of tasks? That is, what are the prerequisite KSA's?
3. What rules, concepts or principles are used by those who do this task or group of tasks particularly well?
4. What are the subtasks or steps that underlie this core task or group of tasks? Is there a definite sequence in which these subtasks or steps are performed?
5. What resources or aids are available to the performer as he/she performs this task or group of tasks?

Each map consists of all the knowledge and skills – generated by answering the questions above – necessary for successful performance of a given core task. Each question surfaces a different type of capability, which if lacking, could result in poor performance. To the extent that trainees are not expected to have such knowledge or skills when hired, these capabilities represent training needs. Thus, the instructional objectives are generated from the maps.

This manual contains 61 maps categorized into 12 general topic headings. The maps address 210 out of the 272 core tasks identified in the 2002 job analysis of juvenile corrections officers throughout the state. The 62 core tasks not covered in the maps are excluded for two reasons:

1. The tasks are so general they apply to numerous aspects of the juvenile corrections officer job. For instance, task # 265: *Read facility rules, procedures, regulations and other formal written materials relevant to job performance;* or,
2. The ability to perform the task is not appropriate for training and is evaluated in other steps of the selection process. For instance, task # 212: *Sit for long periods of time.*

Some maps address one task; other maps address several related tasks. In addition, there are a few maps that address slightly different combinations of the same related tasks. This is because the tasks may be viewed from different perspectives, such as classifying juveniles at initial intake versus classifying juveniles for case planning. Because of this overlap, it is important for course coordinators who oversee the entire delivery process to review all lesson plans and test questions that emanate from these maps to avoid unintended redundancy.

The Instructional Objective to Map Index shows the link from information on the map to instructional objectives. Since the instructional objectives were developed from various parts of the maps (value, prerequisites, concepts, steps, resources), several objectives may have emanated from one map. Also, the same instructional objective may contain information from two different maps, depending on the scope of the instructional objective.

Despite the fact that this curriculum design is heavily based on empirical research, the index was constructed using a rational approach. This was necessary because of the interrelated nature of the tasks, maps and instructional objectives. Notwithstanding this aspect of the index, the maps provide an overall perspective and way to “jog” the instructor’s thinking for lesson plan and test question development.

Because the tasks, maps and instructional objectives interrelate and overlap, two cautions are extremely important:

- The course coordinator must review with each instructor the lesson plans and test questions to avoid unintended redundancy.
- Instructors must interpret the maps according to the section of the course they are teaching and to extract only those aspects of the maps that pertain to their assigned objectives.

HOW TO USE THIS MANUAL: AN EXAMPLE

Suppose you are an instructor asked by the core course coordinator to teach **Module 13.3: Safety and Security Rounds**. When developing the lesson plan and test questions for that module, you want more information about instructional objective 13.3.1: *Define the following terms according to Title 15: direct visual observation and direct visual supervision*.

One obvious resource is Title 15's Definitions Section (Minimum Standards for Local Juvenile Facilities). This source provides definitions, but not necessarily the intent behind why there is a distinction drawn between the two terms. The accompanying Guidelines to the regulations give additional background. But, you want to know more.

The Knowledge Skill maps provide additional context. By consulting the "Instructional Objective to Knowledge Skill Maps Index," you'll see that the following maps link to objective 13.3.1:

- Map 9.2: Safety and Security Checks
- Map 10.6: Monitoring Juveniles in Physical Restraints
- Map 10.8 Monitoring Juveniles in Safety Room

Map 9.2 expands on the definition of "direct visual observation", along with the purpose of observation. The map identifies the circumstances when observation is required, the documentation requirements, and expectations of staff to respond. The map also identifies what the trainee needs to know prior to or as an accompaniment to learning about "direct visual supervision (e.g., classification system, contraband, emergency response procedures, etc.).

Maps 10.6 and 10.8 expand on the definition of "direct visual supervision". It details the circumstances when it is required, the important medical and mental health reasons for this type of supervision, and the documentation requirements.

While all three maps relate to objective 13.3.1, Map 9.2 is most on point to Safety and Security Rounds. Therefore, while consulting maps 10.6 and 10.8 gives valuable information for lesson planning, it is not expected that your instruction will cover Monitoring Juveniles in Physical Restraints (10.6) and in Safety Rooms (10.8).

The above example illustrates ways to use the maps. It does not illustrate a comprehensive treatment of the entire instructional objective 13.3.1, but rather, gives a sample of how one might go about constructing part of the lesson plan and test questions.

Even without going through the index of linkages, a straight "read through" of the entire maps manual will enhance core instructors' understanding of the instructional intent as they develop their presentations.

For technical assistance on use of the maps, please contact the Corrections Standards Authority, STC Core Course Manager.

KNOWLEDGE AND SKILL MAP TITLES

Intake, Orientation, Releasing

- 1.1 Intake Screening
- 1.2 Admitting (Paperwork)
- 1.3 Admitting (Process)
- 1.4 Orientation
- 1.5 Handling Property
- 1.6 Releasing

Classification and Case Planning

- 2.1 Classification
- 2.2 Case Planning

Medical and Mental Health Issues

- 3.1 Screening for Child Abuse
- 3.2 Substance Abuse
- 3.3 Medical/Mental Health Care
- 3.4 Suicide Prevention
- 3.5 Handling Medications

Verbal Communications

- 4.1 Routine Communications with Juveniles
- 4.2 Routine Communications with Other Staff
- 4.3 Communicating with Medical/Mental Health Staff
- 4.4 Communicating with Regulatory Agencies and the Public
- 4.5 Communicating with Parents and Other Family Members
- 4.6 Communicating with Non-compliant and/or Disruptive Juveniles
- 4.7 Crisis Intervention and Counseling Communication
- 4.8 Testifying in Court

Report Writing and Record Keeping

- 5.1 Record Keeping
- 5.2 Report Writing

Health and Safety Standards

- 6.1 Cleanliness
- 6.2 Clothing and Bedding
- 6.3 Work Details

Individual and Group Management

- 7.1 Group Dynamics
- 7.2 Recreation
- 7.3 Disciplinary Procedures
- 7.4 Grievance Procedures

Mail, Visiting and Telephone

- 8.1 Mail
- 8.2 Visiting
- 8.3 Telephone

Searching and Security

- 9.1 Lock and Key Control
- 9.2 Safety and Security Checks
- 9.3 Routine Monitoring of Juveniles
- 9.4 Disturbances and Suspicious Activities
- 9.5 Contraband and Evidence
- 9.6 Facility and Room Searches
- 9.7 Pat Down Searches
- 9.8 Strip Searches

Physical and Environmental Interventions

- 10.1 Use of Force
- 10.2 Defensive Tactics
- 10.3 Handcuffs and Security Restraints
- 10.4 Room Extractions
- 10.5 Use of Physical Restraints
- 10.6 Monitoring Juveniles in Physical Restraints
- 10.7 Use of Safety Room
- 10.8 Monitoring Juveniles in Safety Room

Escorting and Transportation

- 11.1 Escorting within Facility
- 11.2 Transporting Outside Facility
- 11.3 Preparing for Transport
- 11.4 Transport Vehicle Inspections

Emergencies, Fire and Life Safety

- 12.1 Providing Assistance in Emergencies
- 12.2 Fire and Life Safety
- 12.3 Evacuations
- 12.4 Running to the Scene of an Emergency
- 12.5 Jumping over Obstacles
- 12.6 Running up and down stairs
- 12.7 Lifting Heavy Objects
- 12.8 Dragging Heavy Objects

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INTAKE SCREENING**RELEVANT CORE TASKS**

1. Review report of charges against juveniles taken into custody.
2. Discuss circumstances of the charges with arresting officer.
5. Recommend whether to release or hold juvenile.
8. Screen juveniles to determine if medical/mental health attention is needed before booking.

VALUE

- Ensures legal detention/booking
- Identifies need for medical/mental health care
- Provides essential information for classification/housing assignment

PREREQUISITES

- Knowledge of relevant code sections (Penal, Welfare and Institutions, Child Abuse Reporting law)
- Ability to distinguish among Welfare and Institutions Codes 300 (dependent), 601 (status) and 602 (delinquent)
- Indicators of gang affiliations
- Searching techniques, laws and policies

RULES AND CONCEPTS

- Juveniles who are unconscious, semi-conscious, bleeding or otherwise obviously in need of immediate medical attention upon arrival at a facility must be referred immediately for emergency medical care
- Juveniles who are known to have ingested or who appear to be intoxicated must be medically cleared prior to acceptance
- Check for signs of medical/mental health needs; child abuse indications
- Check emotional state of juvenile (crying, withdrawn, indications of suicidal intent)
- Check physical condition (e.g., under influence of alcohol, drugs)
- Know when to perform pat-down searches; strip searches
- Conduct pre-booking medical/psychological assessment
- Ask arresting officer if parents/guardian were notified (note: juvenile corrections staff needs to notify as well)
- Reject acceptance if warranted (e.g., juvenile in need of immediate medical/mental health attention; improper legal status)

STEPS

- Specific to facility
- Examples of symptoms of alcohol consumption include the following:
 - Drowsiness and/or confusion
 - Body tremors or shakes
 - A described history of diabetes or indicators of diabetes
 - Apparent injuries
 - Juvenile does not know who or where he/she is and/or the date, time
 - Eyes involuntarily shift back and forth rapidly
 - Eyes are bloodshot, watery or glassy
 - Poor coordination, staggering and/or swaying
 - Belligerent/combatative and/or other self-destructive behaviors

- Speech is incoherent or slurred
- Strong odor of alcohol or other intoxicant
- Vomiting
- Breathing/respiration is altered

AIDS AND RESOURCES

- Title 15 regulations and guidelines
- Pre-booking medical/mental health assessment forms
- Court orders
- Case files of previous detention status and adjustment

ADMITTING (PAPERWORK)**RELEVANT CORE TASKS**

3. Review booking forms and court documents for accuracy and completeness.
4. Fill out juvenile hall booking sheets.
11. Prepare juvenile's identification cards or identification wristband and give/affix to juvenile.
15. Run warrant checks, holds, search clauses.
21. Prepare forms, cards, file jackets necessary to initiate juvenile's facility records.
267. Read court orders to ensure compliance with special directives regarding care and custody of juveniles.

VALUE

- Provides essential information for further phases of detention (e.g., classification, housing, program, etc.)
- Ensures legal detention
- Essential communication with other law enforcement agencies (e.g., outstanding warrants, immigration holds, etc.)
- Documents process to show handled properly

PREREQUISITES

- Relevant code sections
- Knowledge of facility's system for admissions and documentation
- Thoroughness and attention to detail

RULES AND CONCEPTS

- Make sure paperwork provided from arresting officer
- Review court orders for terms of detention, if applicable
- Check for holds including federal, state parole, immigration, etc.
- Determine jurisdiction
- Check for immigration/citizenship status
- Check court orders for terms of detention, if applicable
- Review special orders (e.g., psychological evaluations requested, visits, special menus, non-association clauses, protective custody, etc.)
- Check custody and filing timelines
- Determine age/gender
- Check for other names, aliases, monikers

STEPS

- Specific to facility

AIDS AND RESOURCES

- Policies and procedures manuals
- Checklists of questions to ask incoming juveniles
- Court orders, codes
- Immigration Services
- Medical/Mental Health staff

ADMITTING (PROCESS)**RELEVANT CORE TASKS**

6. Provide incoming juveniles with any incoming phone calls.
7. Notify parents or guardians of juvenile's status and need to sign medical consent.
8. Screen juveniles to determine if medical/mental health attention is needed before booking.
9. Fingerprint juveniles using "Live Scan" or ink-rolling equipment.
13. Supervise showering, delousing and/or decontamination of new juveniles.
14. Observe juvenile in receiving room/holding unit while he/she awaits move to assigned housing.
16. Provide food or other necessities to incoming juveniles.
22. Issue clothing, bedding, supplies to new juveniles.

VALUE

- Ensures legal detention
- Provides documentation of process
- Facilitates safe and secure detention/classification
- Opportunity to identify detention issues and special needs

PREREQUISITES

- Knowledge of signs and symptoms of medical/mental health problems
- Knowledge of child abuse indications and reporting requirements
- Knowledge of juvenile and parental rights
- Effective interpersonal communication skills

RULES AND CONCEPTS

- Welfare and Institution Code 627 re: notification of parent/guardian
- If cannot contact parent, don't just leave message; ask for other numbers, consider other options (e.g., consular officials), send police to notify
- Verify that you are talking with parents (e.g., ask parent juvenile's birth date, middle name, etc.)
- Ask parent about any special medical needs (diabetes, medications, psychotropics, etc.)
- Confirm with parent booking information (address, DOB, SSN)
- Important to determine if medical/mental health care needed; if in doubt, refer to medical staff
- Recognize that parent may be emotional during call; handle with professionalism and sensitivity
- Parents can be valuable source of information regarding classification, medical/mental health issues, adjustment, friends who may be detained
- Request parents sign medical consent forms
- Within one hour of booking, provide juvenile opportunity for two completed phone calls (attorney, employer, parents, relative); document calls

STEPS

- Specific to facility

AIDS AND RESOURCES

- Title 15 regulations and guidelines
- Welfare and Institutions Code Section 627, 628
- Medical consent forms
- Case files

ORIENTATION**RELEVANT CORE TASKS**

23. Brief new juvenile regarding facilities' rules and procedures, meal schedules, etc.
24. Assign juvenile to program/counselor.
25. Answer juvenile's questions about the facility, staff counselor's roles, juvenile's legal status, and the juvenile justice system.
26. Review a behavior/admission contract specifying expected behavior at the facility with the juvenile and obtain juvenile's signature.
201. Communicate orally with juveniles in a language other than English.

VALUE

- Affords opportunity to reduce juvenile's tension, ease transition to detention, facilitate management
- If juvenile knows rules, more likely to follow
- Orientation complies with legal requirements

PREREQUISITES

- Effective interpersonal communication skills
- Crisis intervention principles
- Facility rules, grievance procedures, emergency evacuation procedures, etc.

RULES AND CONCEPTS

- Recognize juvenile may be highly emotional, frightened, disoriented; handle professionally and sensitively
- Juvenile may be under influence of alcohol, drugs
- When presenting information to juvenile, "go slow, to go fast"; make sure establish rapport before launching into rules, procedures and resources
- Take time to listen and respond to individual concerns, needs and questions
- Orientation must include the following:
 - Facility rules and disciplinary procedures
 - Grievance procedures
 - Access to legal services
 - Access to health care services
 - Housing assignments
 - Availability of personal care items and opportunity for personal hygiene
 - Correspondence, visiting and telephone use
 - Availability of reading materials, programs, and activities
 - Use of restraints and chemical agents
 - Use of force
 - Emergency and evacuation procedures
- If orientation is provided by prepared videotape or by handouts, orientation must be supplemented by your discussion with juvenile of the material
- If juvenile is unable to understand English language, orientation must be presented in a way that he/she can understand

STEPS

- Specific to facility

AIDS AND RESOURCES

- Videotaped and written orientation materials
- Interpreters
- Facility rules, disciplinary procedures manuals

HANDLING PROPERTY

RELEVANT CORE TASKS

12. Inventory and take custody of juvenile's property, clothing, and/or money.
20. Turn over property and/or money for releases, get appropriate signatures, and record/log.

VALUE

- Provides accountability and tracking system
- Reduces cost of replacing missing property
- Prevents introduction of contraband into facility
- Ensures security of juvenile's property
- Reduces/eliminates problems in facility (theft, status, bartering, conflict)

PREREQUISITES

- Ability to identify contraband
- Knowledge of gang clothing and paraphernalia
- Knowledge of what is allowed in the institution

RULES AND CONCEPTS

- Policies vary facility to facility regarding juvenile's use of own clothing or standard issue clothing
- If standard issue, must be clean, reasonably fitted, in good repair
- If standard issue, typically provided within 96 hours of booking (except holidays)
- Clothing must be suitable to climate
- Be aware of indications of infested clothing (lice, scabies)
- Clean infested clothing or store in closed container (plastic bag taped shut)
- Avoid storing damp clothing (mildew)
- Follow procedures for cleaning clothing before and after juvenile wears for court appearances, if juvenile wears own clothing to court
- Facility must provide secure vault or storage space for juvenile's valuables

STEPS

- Specific to facility

AIDS AND RESOURCES

- Gloves, biohazard bags
- Tape and plastic bags
- Checklists and receipt forms
- Local health department
- Medical staff

RELEASING**RELEVANT CORE TASKS**

18. Verify identity of juveniles before releasing.
19. Perform paperwork necessary for releases (e.g., home supervision, electronic monitoring, "in-custody").
78. Notify and prepare juveniles for release or transfer.

VALUE

- Release of wrong juvenile can result in serious consequences (e.g., risk to community, etc.)
- Ensures legal detention time/compliance with court orders

PREREQUISITES

- Knowledge of how to read court documents/orders
- Transportation procedures
- Knowledge of other professionals' role in system (e.g., transportation officer, police, medical/mental health, school staff)

RULES AND CONCEPTS

- Verify identity of juvenile being released (D.O.B., middle name, unique identifying marks)
- Be sure release is consistent with release documents
- Always follow release procedures systematically (be aware of potential for mistakes during periods of high activity)
- Ensure person ordering release is authorized to do so
- Verify identity of person juvenile is being released to
- Release medical/mental health records as appropriate to transporting officer/agency
- Notify medical and mental health staff of juvenile's impending release (important so medication, follow-up treatment can be provided)
- Notify juvenile facility school staff
- Document steps in the release process

STEPS

- Specific to facility

AIDS AND RESOURCES

- Policies and Procedures Manuals
- Release checklists, procedures
- Wristbands, photos
- Court documents

CLASSIFICATION

RELEVANT CORE TASKS

17. Interview juvenile in order to classify juvenile (for example, according to security risk factors) and assign housing.
107. Participate in the classification of assigned juveniles.
282. Identify indicators of gang affiliation.

VALUE

- Provides for appropriate safety, security and juvenile's program needs

PREREQUISITES

- Knowledge of types of detention status
- 707 WIC
- 207.1 WIC
- Gang and group dynamics
- High risk individuals (e.g., developmentally disabled)
- Ability to solicit and incorporate credible input

RULES AND CONCEPTS

- Purpose of classification: housing, safety, security, program access
- Not a tool for punishment or discipline
- Appropriate, least restrictive housing and program settings
- Consider need for single, double or dormitory (facility specific)
- Consider facility population and physical design of facility
- Factors: age, sex, maturity, sophistication, emotional stability, program needs, legal status, public safety, medical and mental health considerations
- Legal status especially important in 707 WIC cases
- Screening and identification of juveniles with developmental disabilities requires 24 hour notification to Regional Center
- Written documentation of classification aids in coordination of juvenile detention programs

STEPS

- Use consistent approach
- Classify upon admittance (initial)
- Initial classification focus on health, safety, security
- More complete classification as soon as possible
- Consider admission info, records, input from juveniles, parents, victims, police, etc.
- Periodically review classification, especially with changing circumstances

AIDS AND RESOURCES

- Facility specific policy
- Welfare and Institutions Code, Penal Code
- Title 15 regulations and Guidelines, Section 1352
- Regional Center for Developmentally Disabled (www.dds.ca.gov)

CASE PLANNING**RELEVANT CORE TASKS**

106. Conduct and write up initial evaluation on individual juveniles, including an assessment of youth's background, capabilities, problem areas.
108. Develop counseling goals and individualized treatment plans.
112. Evaluate extent to which juvenile is making satisfactory progress toward program goals.
117. Make recommendations for program advancement/graduation.
144. Prepare individual evaluation reports (e.g., case review committee reports).
269. Coordinate/contact outside resources for the benefit of juveniles (e.g., employers, volunteers, community/agencies).

VALUE

- Important element of juvenile rehabilitation
- Assists adjustment of juvenile in detention

PREREQUISITES

- Knowledge of programs available in facility
- Provisions for developmentally disabled juveniles

RULES AND CONCEPTS

- Expectation is that juveniles receive guidance in such areas as the following:
 - Family reunification
 - Substance abuse
 - Behavior modification
 - Social awareness and reduction of recidivism
 - Victim awareness
 - Conflict resolution
 - Anger management
 - Parenting skills
 - Juvenile justice
 - Self-esteem
 - Effective decision-making
- Case planning should incorporate health assessment from medical staff
- Programs available need to be current, consistent and relevant

STEPS

- Juvenile held for 30 or more days shall have assessment and plan developed within 40 days of admission
- Assessment and plan must be written and include a description of juvenile's problems, substance abuse history, education, vocational, counseling and family reunification needs
- Pre-adjudicated juveniles plan focus is on objectives and time frames, description of resources needed and individuals responsible for implementation
- Adjudicated juveniles plan includes periodic evaluation of progress, transition or aftercare plan, evaluation of juveniles who are suspected of developmental disabilities
- Annual review, if applicable
- Document

AIDS AND RESOURCES

- Title 15 regulations and guidelines (Sections 1355, 1378)

- Health Administrator

SCREENING FOR CHILD ABUSE**RELEVANT CORE TASKS**

8. Screen juveniles to determine if medical/mental health attention is needed before booking.
39. Supervise juveniles when they shower.
50. Observe/monitor attitudes and conduct of juveniles, watching for signs of potential disturbance, medical or psychiatric needs, or signs of drug or alcohol use.
135. Fill out medical/mental health referral form.
276. Relay requests from juvenile, initiate referrals when a need for health care services is observed, and advocate for the minor when the need for services appears to be urgent.

VALUE

- Protects juvenile and/or siblings from further abuse
- Provides treatment services to be delivered
- Provides insight to juvenile's adjustment issues
- Allows appropriate disposition/reentry plan to be developed

PREREQUISITES

- Knowledge of available medical/mental services in the institution
- Knowledge of photography equipment for documenting bruises, etc.
- Ability to write up observations in accurate, clear and comprehensive form
- Ability to communicate effectively with juveniles

RULES AND CONCEPTS

- Juvenile corrections officers have duty to report suspected child abuse
- California uses form called SCAR (Suspected Child Abuse Report)
- The term child abuse is blanket that covers four basic types of abuse: physical, sexual, emotional, neglect
- Delinquent/acting out behavior is one of the major symptoms of child abuse
- Other major behavioral indicators associated with child abuse are aggressiveness, habit-disorder (such as nail-biting), attempted suicide, refusal to remove outer garments, poor hygiene, age inappropriate behavior, use of alcohol or drugs, self-mutilation such as cigarette burns
- Examples of personality and emotional indicators associated with child abuse include withdrawal, extreme mood swings, inappropriate mood, fear of going home, low self-esteem, hypochondria, obsessions, lags in emotional or mental development, sexual acting out, fear of future abuse, excessive nervousness, peer problems, sexual concerns or preoccupations
- Examples of physical signs associated with child abuse include bruises in different stages of healing, welts, injuries to both eyes or both cheeks (usually only one side of the face is injured in an accident), marks that are clustered or form regular patterns that reflect the shape of such articles as an electrical cord, belt buckle, etc.), grab marks on the arms or shoulders, burns, sexually transmitted diseases (especially in early adolescence), pregnancy (especially in early adolescence)

STEPS

- Exercise specific alertness during intake process
- Juveniles will sometimes tell other juveniles once they are in custody; other juveniles may inform staff; follow-up on these reports

- Notify/consult medical/mental health staff as well as probation officer if suspect juvenile has been abused

AIDS AND RESOURCES

- Relevant code sections
- Title 15 (Section 1430) regulations and guidelines
- SCAR form
- Examples of reports
- Case file and logs
- Medical/Mental Health Staff
- Probation officer

SUBSTANCE ABUSE**RELEVANT CORE TASKS**

8. Screen juveniles to determine if medical/mental health attention is needed before booking.
51. Observe/monitor attitudes and conduct of juveniles, watching for signs of potential disturbance, medical or psychiatric needs, or signs of drug or alcohol use.
135. Fill out medical/mental health referral form.
276. Relay requests from juvenile, initiate referrals when a need for health care services is observed, and advocate for the minor when the need for services appears to be urgent.

VALUE

- Provides access to medical/mental health care
- Provides information for classification/dispositional/treatment recommendations
- Juvenile arrested while intoxicated poses serious medical risk, including death

PREREQUISITES

- Knowledge of available medical/mental health services in the institution
- Knowledge of dispositional alternatives
- Ability to communicate effectively with juveniles, medical/mental health staff, probation officers
- First Aid, CPR
- Search techniques
- Knowledge of various contraband that can be found in juvenile institutions
- What constitutes "direct visual observation" of juvenile in detention setting
- What constitutes "direct visual supervision" of juvenile in detention setting

RULES AND CONCEPTS

- Medical clearance shall be obtained prior to booking any juvenile who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency
- Presenting symptoms, not amount of alcohol consumption, should guide clearance
- Juveniles may ingest large quantities of dangerous substances just prior to arrest in order to eliminate evidence
- Juveniles condition can deteriorate rapidly
- A medical clearance is not an absolute guarantee that juvenile is not in danger
- If cleared, juvenile must be personally monitored once every 15 minutes until resolution of intoxicated state
- Camera monitoring may supplement observation, but not substitute for direct visual observation through which ease of breathing, level of consciousness, etc. can be assessed

STEPS

- Ask medical staff about symptoms to look for that require immediate medical attention
- Obtain written medical clearance from emergency room if juvenile cleared for booking
- If juvenile observed to be intoxicated or under the influence of a drug once detained, try to locate the source
- Learn street and generic names of drugs commonly found

AIDS AND RESOURCES

- Relevant codes, Title 15 (Section 1431) regulations and guidelines
- Medical Staff
- Physician's Desk Reference (PDR)

MEDICAL/ MENTAL HEALTH CARE**RELEVANT CORE TASKS**

8. Screen juveniles to determine if medical/mental health attention is needed before booking.
46. Review medical log and make note of medical restrictions.
47. Accompany doctors or nurses during medical rounds or visits
50. Observe/monitor attitudes and conduct of juveniles, watching for signs of potential disturbance, medical or psychiatric needs, or signs of drug or alcohol use.
51. Obtain appropriate help for juveniles in need of medical or psychiatric care.
77. Monitor juveniles at high risk (e.g., suicide, medical).
135. Fill out medical/mental health referral form.
276. Relay requests from juvenile, initiate referrals when a need for health care services is observed, and advocate for the minor when the need for services appears to be urgent.
288. Maintain confidentiality of information (e.g., medical, transportation destinations).

VALUE

- Provides access to medical/mental health intervention and treatment
- Saves lives
- Prevents spread of disease in the institution

PREREQUITES

- First Aid/CPR
- Knowledge of signs and symptoms of substance abuse
- Confidentiality laws and rules

RULES AND CONCEPTS

- Health care in juvenile detention facility part of a continuum that extends into community upon release
- Juvenile detention often a “catching” point for important health care interventions and prevention
- Juvenile corrections officer may be in best position to identify problems early
- Clinical decisions about treatment of juvenile is the sole province of licensed health care professionals
- Juvenile corrections officer objective is to appropriately refer everyone making a request for medical/mental health attention
- Juvenile corrections officers may make initial assessment of urgency of referral
- Failure to transport juvenile to a designated health care appointment may be interpreted as not following treatment services
- Learn major indicators of medical/mental health problems
- Be alert to what look like spider bites – may be indicator of contagious disease; refer to medical staff
- Schizophrenic breaks most common between ages of 15-25
- Document behavior in observable terms, not just “acting bizarre” but rather “banging head against wall”
- Markedly disordered behavior should be treated as an emergency in most cases
- Inform medical/mental health staff of juvenile’s classification and potential for violence or escape
- Include dental care needs in observations, especially if injuries to mouth or face
- Maintain a collaborative approach with medical/mental health staff
- Medical/mental health staff may not be as security conscious as juvenile corrections officer

- When accompanying medical/mental health staff in facility, best not to pair inexperienced medical/mental health staff with inexperienced juvenile corrections staff (to avoid being “conned”)
- Consent to treatment laws are complicated – consult supervisor and/or facility health care administrator
- Circumstances when medical treatment cannot be refused: unconscious or bleeding
- Medical/mental health records are usually kept separate from confinement records (except initial intake screening form)
- Maintain appropriate confidentiality of medical/mental health information
- Secure medical instruments, equipment and medications
- Prostheses may not be removed unless a probable cause to believe that there is present a risk of bodily harm to someone in the facility or that threatens facility security
- Exercise care not to place juvenile in a situation where prostheses may be used as a weapon

STEPS

- Review medical log at beginning of shift
- If juvenile makes request to see medical/mental health staff, ascertain nature of request, assess the urgency, be sensitive to material juvenile may not wish to discuss
- If juvenile requests treatment, medical/mental health staff must be notified
- If juvenile is observed to be in need of medical/mental health care and refuses referral, notify medical/mental health staff anyway

AIDS AND RESOURCES

- Medical log
- Health care administrator
- First Aid kit/CPR mask
- Gloves, if appropriate

SUICIDE PREVENTION**RELEVANT CORE TASKS**

77. Monitor juveniles at high risk (e.g., suicide, medical).
135. Fill out medical/mental health referral form.
246. Place and secure juvenile in safety room.
264. Read juveniles' records, noting special handling codes (e.g., security risks, behavior problems, suicide risk).
276. Relay requests from juvenile, initiate referrals when a need for health care services is observed, and advocate for the minor when the need for services appears to be urgent.
288. Maintain confidentiality of information (e.g., medical, transportation destinations).

VALUE

- Saves lives
- Provides access to treatment and protection
- Provides information for classification

PREREQUISITES

- Knowledge of medical/mental health care services
- Ability to communicate effectively with juveniles
- Observational skills
- Ability to communicate effectively in writing (documentation)
- First Aid/CPR

RULES AND CONCEPTS

- Suicide is a significant risk factor in the 15-24 year old age group
- The first 24 hours of confinement is a high-risk period as well as impending release, decreased staff supervision, and weekends and holidays
- Juveniles housed in detention facilities (especially if a severe court disposition has been imposed) are at an unusually high risk of suicide
- Some predisposing factors that are commonly found associated with suicidal behavior include recent excessive drinking and/or drug use, recent loss of stabilizing resources, severe guilt or shame over the offense, same sex rape or threat of rape, current mental illness, poor physical health, approaching an emotional breaking point
- Signs and symptoms exhibited that if identified might prevent a suicide include physical signs of depression (sadness, crying, withdrawal or silence, sudden loss or gain in appetite, insomnia, mood variations, lethargy), giving away possessions, packing belongings, paranoid delusions or hallucinations, increasing difficulty relating to others
- While some of these signs and symptoms are typically exhibited by adolescents, juvenile corrections officers are in excellent position to observe relative changes in juveniles and to identify early signs that might suggest suicide
- Be especially alert if juvenile talks about or threatens suicide, has made previous suicide attempts, projects a feeling of hopelessness or helplessness, speaks unrealistically about the future and getting out of detention, is not effectively dealing with present (preoccupied with past)
- A crucial feature of effective staff supervision is communication from one shift to the next about a suicidal juvenile
- Juveniles who report or have a known history of suicide gestures should be placed in housing that can be closely observed by staff until such time as they can be seen by mental health staff
- While not a substitute for close staff observation, it may be preferable to house some suicidal juveniles with other, non-threatening juveniles

- Be aware of and remove any physical plant characteristics that present hazards (grills, bed railings, chairs, cleaning fluids, etc.)
- Hanging can be accomplished even from a low setting such as sitting on the floor and leaning over
- Use communication skills specific to depressed or suicidal juveniles (see instructional objectives 12.4.3 and 12.4.5 of the Juvenile Corrections Officer Core Training Manual)

STEPS

- Notify supervisor immediately
- Follow agency-specific policies and procedures
- Notify medical and/or mental health staff
- Notify in-coming shift
- Handle seriously, even if you think the juvenile merely wants attention

AIDS AND RESOURCE

- Medical/mental health staff
- Supervisor
- Title 15 regulations and guidelines (Section 1450)
- Handouts from training
- First Aid/CPR kit
- "911 knife", depending on facility policies and procedures

HANDLING MEDICATIONS**RELEVANT CORE TASKS**

46. Review medical log and make note of medical restrictions.
47. Accompany doctors or nurses during medical rounds or visits.
48. Deliver medication, observe juvenile taking it, and record if taken or refused.

VALUE

- Provides treatment and care
- Prevents misuse of medications
- Prevents passing of contraband
- Facilitates role of medical/mental health staff

PREREQUISITES

- Understanding of the role of medical staff
- Confidentiality laws
- Observational skills
- Knowledge of how contraband is passed between juveniles in an institutional setting

RULES AND CONCEPTS

- Issues related to medications are complex and pose potential for significant areas of litigation
- Maintain a collaborative approach with medical/mental health staff
- Medical/mental health staff may not be as security conscious as juvenile corrections officer; best to pair inexperienced medical staff with experienced JCO
- Maintain confidentiality
- Record keeping and documentation especially important as it relates to medications
- Timing of medication in many cases especially important (e.g., tuberculosis)
- Juveniles may try to sequester their medication for later use or for accumulation and ingestion in an overdose
- Guard against opportunity for juveniles to intimidate others into saving and sharing medications
- Essential that medication review be conducted prior to release or transfer to another facility
- Important to distinguish among following three terms related to handling medications:
 - Dispensing: “filling” a prescription; only licensed physician or pharmacist may do
 - Administering: single dose given to patient from a bulk container of medication; only licensed medical person may do
 - Delivery: single dose from properly and completely labeled container specific to individual is delivered to juvenile according to written instructions; can be delivered by licensed nursing staff or juvenile corrections officer (see Title 15 Guidelines)

STEPS

- Check schedule of daily medications
- Be aware of juvenile’s schedule to avoid interruption of medication schedule (e.g., court, work crew, school, etc.)
- Review medical log
- Make sure adequate and appropriate medications are available
- Make sure to observe the “5 Rights”: right person, right medication, right time, right dose, right method

- Some medications are to be given with food
- Follow facility specific procedure developed by health care administrator to confirm ingestion of medications (varies)
- Stay focused during delivery; don't become involved in more than one transaction at a time
- Document
- Notify medical staff of any adverse reaction to medication
- Watch for contraindications to medication (allergic reaction, opposite behavior of how medication is supposed to affect, unusual reaction, etc.)
- Watch for odd behavior that might indicate juvenile has not taken medication (running to bathroom, gathering with others in corner, unusual behavior for that juvenile, wanting to be alone, etc.)

AIDS AND RESOURCES

- Medical log
- Physician's Desk Reference (PDR)
- Flashlight
- Medical staff/health care administrator
- Title 15 regulations and Guidelines

ROUTINE COMMUNICATIONS WITH JUVENILES**RELEVANT CORE TASKS**

68. Respond to juveniles' questions or requests.
69. Respond to juveniles' request forms (e.g., grievances, complaints, medical request).
82. Give instructions/directions orally to individual juveniles.
83. Give instructions/directions orally to groups of juveniles.

VALUE

- Minimizes anxiety level of juveniles
- Prevents problems; smoother running of facility
- Opportunity to establish rapport through good communication skills

PREREQUISITES

- Knowledge of operational guidelines
- Where/how to refer, if necessary
- Knowledge of institution's resources
- Knowledge of barriers to communication
- Knowledge of confidentiality issues
- Knowledge of grievance procedures

RULES AND CONCEPTS

- Principles of effective communication (control, non-judgmental, etc.)
- Speaking calmly, clearly and simply
- Limit number of commands per sentence
- Awareness of time constraints, what's going on at the time of the request, instruction, etc.

STEPS

- Specific to situation

AIDS AND RESOURCES

- Policy and procedures manuals
- Logs
- Referral slips

ROUTINE COMMUNICATIONS WITH OTHER STAFF

RELEVANT CORE TASKS

193. Talk to staff of the prior or oncoming shift to acquire or pass on information.
194. Communicate via intercom, radio, and/or telephone with central control or other personnel within facility (e.g., to request door unlocking).
200. Communicate orally with other juvenile corrections officers regarding operations within the facility.
207. Make announcements/give information over PA or paging system.

VALUE

- Improves care of juvenile
- Promotes safety and consistency
- Facilitates institutional operations
- Enhances teamwork among staff

PREREQUISITES

- Knowledge of best means to communicate information (in person, logs, radio, etc.)
- Knowledge of treatment goals and plans
- Knowledge of security measures

RULES AND CONCEPTS

- Provide thorough, clear and accurate information
- Use facts
- Do not exaggerate, over or underemphasize
- Do not gossip
- Share positive as well as negative information about juvenile

STEPS

- Specific to situation

AIDS AND RESOURCES

- Logs
- Policy and procedures manuals
- Radio, PA system
- Staff briefing notes

COMMUNICATING WITH MEDICAL/MENTAL HEALTH STAFF**RELEVANT CORE TASKS**

113. Confer with others about status of juveniles (e.g., other counselors, probation officers, court personnel, mental health workers).
276. Relay requests from juvenile, initiate referrals when a need for health care services is observed, and advocate for the minor when the need for services appears to be urgent.

VALUE

- Saves lives
- Provides treatment

PREREQUISITES

- Knowledge of confidentiality laws
- Understanding of the role of medical/mental health staff in a juvenile detention environment
- Signs of possible adverse reactions to medication

RULES AND CONCEPTS

- Provide Medical/Mental Health staff with information in timely manner (using appropriate priority)
- Provide information that is clear and concise
- Relay examples of statements juvenile made that relate to the medical/mental issue
- Provide Medical/Mental Health staff with your impressions from vantage point of juvenile corrections officer
- Provide information concerning negative circumstances juvenile experiencing (difficult visit with family, impending transfer, recent or past assault, etc.)
- If juvenile requests medical treatment, medical staff must be notified
- Don't be afraid to make referral even if you don't have an idea of what is medically wrong;
- If you know the juvenile's behavior patterns, etc., trust your instincts in making referral; "I don't know what it is, but something's different with this juvenile – or something's weird here; something's not right."
- Persist: if medical staff says the juvenile has been seen recently, ask when that was; be sure to convey recency and urgency of symptoms
- Avoid sounding accusatory: don't say: "The juvenile says you never see him."
- Convey mutual trust and respect with medical/mental health staff.
- Your conversation with medical staff may be a "one-way" conversation due to confidentiality issues; don't take this personally.
- If medical staff places juvenile on "bed rest" or no "PE" and the juvenile violates this restriction during free time, notify medical staff; juvenile may be manipulating and medical staff not around to observe this.
- If medical/mental health staff advises you to "keep an eye" out, etc., ask: "What should I look for?" and/or "Who should I call?"
- Document referral

STEPS

- Specific to situation

AIDS AND RESOURCES

- Case file
- Logs
- Physician's Desk Reference
- Handouts from training
- Bulletins or notices from Medical/Mental Health staff

COMMUNICATING WITH REGULATORY AGENCIES AND THE PUBLIC**RELEVANT CORE TASKS**

202. Conduct group tours of the facility.
203. Answer questions and provide information to persons visiting facility.
205. Answer questions/provide information to various regulatory agencies and commissions (e.g., Corrections Standards Authority, Juvenile Justice Commission).
206. Answer incoming phone calls, give information (about facility, policies, individual juveniles); route calls or take messages.

VALUE

- Reflects image of department
- Promotes understanding in community of juvenile detention operations
- Enhances cooperation between juvenile corrections system and support organizations
- Service to the community
- Opportunity to receive independent input

PREREQUISITES

- Knowledge of confidentiality laws
- Knowledge of mission/role of agency
- Knowledge of departmental policies re: information that can be given (to media, support groups, etc.)
- Where to refer questions for additional information

RULES AND CONCEPTS

- Verify identity
- Use professional language
- Be clear and concise
- Don't be afraid to say "I don't know", it is not within your authority to answer
- Refer if necessary, or say you'll check and get back
- Stick to facts, don't draw conclusions
- Document conversation, if warranted

STEPS

- Specific to situation

AIDS AND RESOURCES

- Policy and Procedures Manuals
- Community Resource List
- Logs
- Staff briefing notes
- Bulletins from management

COMMUNICATING WITH PARENTS AND OTHER FAMILY MEMBERS

RELEVANT CORE TASKS

204. Notify parents/guardian and/or probation officer of any changes in juvenile's status (e.g., need for medical treatment, AWOL, discipline or behavior problems).

VALUE

- Can reassure and inform parents
- Parents can be an integral part of juvenile's adjustment/treatment
- May require important information from family
- May be able to relay important information to assigned probation officer

PREREQUISITES

- Knowledge of confidentiality laws
- Knowledge of where to refer parent for additional information
- Knowledge of family systems and communication patterns

RULES AND CONCEPTS

- Be aware of family dynamics of juvenile prior to communication (abuse, etc.)
- Verify identity
- Maintain conversation at professional level (no slang or profanity)
- Don't be defensive if receive criticism
- Be clear and concise
- Stick to facts, don't speculate or draw conclusions
- Document conversation, if warranted

STEPS

- Specific to situation

AIDS AND RESOURCES

- Case files
- Logs
- Referral resources

COMMUNICATING WITH NON-COMPLIANT AND/OR DISRUPTIVE JUVENILES

RELEVANT CORE TASKS

64. Anticipate, monitor, and intervene in disputes between juveniles (before a fight occurs).
65. Break up fights between juveniles.
66. Break up "horseplay."
85. Notice subtle changes in group behavior patterns (e.g., noise level, type of interactions).
208. Verbally discourage "horseplay."

VALUE

- If handled effectively, prevents physical altercations and/or need for use of force
- Prevents assaults on staff or other juveniles
- Maintains control of group
- Creates opportunity for juvenile to learn appropriate conflict resolution skills

PREREQUISITES

- Ability to recognize signs of trouble
- Conflict resolution techniques
- Knowledge of group dynamics
- Indicators of gang affiliations

RULES AND CONCEPTS

- Remove "audience"
- Clearly state expectations
- Distract, if appropriate
- Do not raise voice
- Separate juveniles who may be in conflict
- Physically move closer to potential problem area
- Alert other staff
- Maintain an even tone of voice, volume and rate of speech

STEPS

- Specific to situation

AIDS AND RESOURCES

- Other staff and/or supervisor
- Communications equipment

CRISIS INTERVENTION AND COUNSELING COMMUNICATION**RELEVANT CORE TASKS**

67. Conduct on-the-spot (e.g., crisis intervention) counseling with juveniles.
109. Counsel juveniles on a one-to-one basis.
115. Provide positive feedback and encouragement to juveniles.
116. Informally counsel juveniles (e.g., regarding conduct, discipline, etc.).

VALUE

- Enhances juvenile's adjustment
- Prevents physical injury to self or others
- Establishes appropriate relationship/rapport between staff and juvenile
- Creates learning situation for juvenile to experience success managing feelings
- Gives juvenile immediate feedback to help them develop insight to their problems

PREREQUISITES

- Knowledge of available resources, referral process for medical/mental health care
- Knowledge of appropriate role of juvenile corrections officer
- Ability to communicate empathically

RULES AND CONCEPTS

- Juvenile corrections officers are expected to provide "emotional first aid" and make appropriate referrals (Title 15 Guidelines)
- Employ active listening skills
- Know difference between sympathy (pity, compassion) and empathy (understanding of another's emotions – to "walk in their shoes")
- Use communication skills that convey empathy
- Respond to juvenile's underlying message/feeling
- Document and alert appropriate medical/mental health, if warranted

STEPS

- Specific to situation

AIDS AND RESOURCES

- Medical/mental health staff
- Handouts from core training related to communication skills
- Referral procedures and forms

TESTIFYING IN COURT**RELEVANT CORE TASKS**

- 209. Testify in court.
- 268. Read court documents or other legal documents.

VALUE

- Quality of testimony may influence outcome of case
- Represent the department when testifying
- Provides accurate and objective information

PREREQUISITES

- Knowledge of court process, roles and procedures
- Communication skills

RULES AND CONCEPTS

- Answer only questions asked; do not elaborate or volunteer information
- Dress and act professionally
- Use common language; avoid legal, medical, institutional or psychological terminology
- Don't use humor or sarcasm; do not argue with attorneys (say instead, "that isn't how it was...etc.")
- Know how to answer the question: "Have you discussed this case with anyone?"
- It is permissible to discuss case with district attorney and to answer that you have spoken with them, if appropriate
- Know what perjury is; be honest

STEPS

- Find out why you are being called to testify
- Review case materials prior to going to court
- Notify supervisor of your request for appearance

AIDS AND RESOURCES

- Case file, log, notes
- Core course materials on testifying in court

RECORD KEEPING**RELEVANT CORE TASKS**

118. Prepare/update/file juveniles' records, roster, housing cards, personal data cards.
119. Update daily rosters recording special status (e.g., security risks, activity restrictions) and/or requests for special escort (e.g., to court, clinic).
120. Log all juvenile movement in and out of rooms, units, or facility (e.g., transportation, transfers, bookings, discharges, and work details).
121. Log movement of all others entering and leaving the facility (e.g., visitors, civilian workers, volunteers).
122. Prepare a list of juveniles going to court.
123. Update records of juvenile's court status.
124. Log facility /unit inspections, security checks, disposition of juvenile's property/clothing.
125. Log facility equipment (e.g., keys, OC spray, radios) in and out.
127. Log vehicles entering and leaving the facility.
128. Compute and record "good time", "work time", and release dates.
129. Do facility/unit population counts (e.g., weekly count of juveniles in the facility/unit, number of admissions and releases, transfers).
136. Fill out facility forms (e.g., repair requisitions, work requests, order forms).
137. Record all activities or incidents occurring during shift in daily journal or log.
146. Type reports/forms/correspondence.

VALUE

- Means of evaluation, used in court
- Lack of documentation increases potential for liability
- Good recordkeeping makes information easy to find
- Log entries assist in maintaining a secure facility and well being of juveniles
- Valuable means of communication among staff

PREREQUISITES

- Routing procedures
- What goes into records
- Objective writing
- Familiarity with various forms and documentation abbreviations

RULES AND CONCEPTS

- Clear, concise, accurate, specific
- Not general, ambiguous or verbose
- Neatness counts
- If typed, proofread
- Detention status can be changed by court, therefore, verify and/or update these records
- Include names, dates, time, location, identification of participants, summary of incidents

STEPS

- Various depending on type of report
- Double check for accuracy and clarity

AIDS AND RESOURCES

- Software manuals
- Procedures manuals
- Forms manuals
- Examples of other records
- Video recorder, if applicable

REPORT WRITING**RELEVANT CORE TASKS**

70. Interview juveniles following a serious rule infraction and make a written report.
106. Conduct and write initial evaluation on individual juveniles, including an assessment of youth's background, capabilities, problem areas.
138. Write incident reports for rule violations/unusual situations.
139. Write disciplinary reports.
142. Write escape reports and/or supplementary escape reports.
143. Write "use of force" reports.
144. Prepare individual evaluation reports (e.g., case review, committee reports).
145. Prepare correspondence, inter-departmental memos, and other administrative paperwork not specifically related to juveniles.
146. Type reports/forms/correspondence.

VALUE

- Proper documentation essential for any legal action
- Protects staff from false allegations
- Key source of information for management, between shifts, probation/court
- Used in making individual case treatment plans or classification decisions

PREREQUISITES

- How to record sequence of events
- Note-taking skills
- Writing skills including mechanics, organization and content
- Protocol for conducting investigations

RULES AND CONCEPTS

- Be factual, specific and descriptive
- Prepare notes as soon as possible after the incident; do not leave to memory
- Prepare reports as soon as possible, using notes and other information
- Be objective
- Do not make inflammatory remarks
- Do not include opinions unless warranted and identified as such

STEPS

- Assemble relevant information, notes
- Prepare outline
- Determine intended audience and purpose of report
- Prepare first draft
- Review for logic, clarity, objectivity, etc.
- Revise first draft
- Review second draft; proof

AIDS AND RESOURCES

- Policies and Procedures manuals, Penal, Welfare and Institutions Codes
- Writing manuals, spellcheckers, dictionary

CLEANLINESS**RELEVANT CORE TASKS**

36. Inspect rooms/dorms, room contents, and other areas for cleanliness.
37. Supervise juveniles cleaning rooms/dorms.
60. Inspect food for possible contamination prior to serving.
62. Supervise clean up of kitchen and dining area.
76. Clean up and dispose of contaminated or hazardous materials (e.g., blood, broken glass, feces).
103. Supervise juveniles working in juvenile institution areas (e.g., sweeping, cleaning, removing trash, working in kitchen, doing laundry).
124. Log facility/unit inspections, security checks, disposition of juveniles' property/clothing.
125. Log facility equipment (e.g., keys, OC spray, radios) in and out.
274. Clean living quarters and ensure that all facilities are maintained in a clean and orderly condition.

VALUE

- Maintains clean, safe and healthful environment
- Prevents spread of disease and infections
- Some infections pose significant group management problems (e.g., lice, scabies)
- Enhances positive adjustment

PREREQUISITES

- Universal safety precautions
- Types of contraband
- Work details suitable for juveniles

RULES AND CONCEPTS

- Follow schedule of housekeeping tasks, equipment and physical plant maintenance and inspections
- Inspections and cleaning should include pest control, seasonal cleaning, etc.
- Learn signs of lice and scabies (high potential in crowded living conditions)
- Know what type of cleaning juveniles can do versus what is best done by staff or specialized workers (pest control, HVAC professionals, etc.)
- Treatment for lice should not be done on a routine basis at intake, but rather, as indicated by symptoms/signs of infestation (if in doubt, separate until medical clearance)
- Usually lice and scabies are more a nuisance than health threat (except Scabies for HIV positive individuals)
- Laundering of infested clothing should be done in hot water and dried in hot cycle for at least 20 minutes
- If laundering not an option, seal infested clothing, bedding, articles in air tight plastic bag, tape securely
- Include restrooms and medical areas in inspections and cleaning; cleaning of medical care areas should be done according to policies and procedures of health administrator
- Know equipment, cleaning compounds, chemicals and related materials
- Sprays for clothing and other surfaces should not be used on people
- Make sure you receive proper training on specific equipment and cleaning substances
- Exercise universal safety precautions
- Document inspections and cleaning activities

STEPS

- Specific to facility

AIDS AND RESOURCES

- Gloves and biohazard bags
- Personal Protective Equipment (PPE) if dealing with massive amounts of fluid
- Facility Sanitation and Safety policy (Title 15, Section 1510)
- Local public health department
- Environmental health inspector
- Medical staff
- Inventory forms

CLOTHING AND BEDDING**RELEVANT CORE TASKS**

42. Conduct/supervise clothing and bedding exchange.
43. Sort/supervise sorting of dirty linen and clothing for the laundry.
44. Launder juveniles' clothing and/or bedding.

VALUE

- Promotes cleanliness/hygiene
- Prevents spread of diseases
- Cost control for facility operations
- Pieces of clothing/bedding can be used to compromise safety and security (e.g., nooses, gang affiliation).

PREREQUISITES

- Title 15 regulations and guidelines re: frequency of clothing and bedding exchanges
- Universal safety precautions
- Knowledge of contraband
- Search techniques
- Definition of strip search

RULES AND CONCEPTS

- Stay on schedule
- Supervise the way juveniles care for and wear clothing
- Dispense appropriate size clothing
- Consult facility policy re: affording privacy during removal of clothing (strip search issues)
- Consult facility's Search Authorization Form and checklists, if available
- Zippers and ties can be used for weapons, suicide attempts, assaults, etc.
- Watch for hoarding of clothes for use in escape or other problems (e.g., sniffing chemicals, using socks as weapons with soap bars in them, etc.)
- Exercise universal safety precautions: "if it's wet, don't touch it."
- Equitable distribution of clothing, bedding
- Don't be intimidated by juveniles: they may try to tell you they were shorted
- Only distribute to juvenile intended
- Exchange all goods "one-for-one"
- Watch for "deals" between juveniles

STEPS

- Set time for exchange
- Inform units of who/when exchange
- Review laundry exchange schedule
- Take inventory
- Check condition and fit of clothing
- Bag contaminated bedding/clothing separately

AIDS AND RESOURCES

- Title 15 regulations and guidelines
- CPOC (CAPIA) Guidelines for Strip Searches of Detained Juveniles
- Gloves and biohazard bags, laundry bags
- Inventory forms

WORK DETAILS**RELEVANT CORE TASKS**

99. Issue equipment/tools/cleaning supplies.
100. Assign job duties to juveniles (based on abilities and behavior).
101. Instruct/train and supervise juveniles in safety procedures and safe use of tools or equipment.
102. Inspect work equipment and work area for safety.
103. Supervise juveniles working in juvenile institution areas (e.g., sweeping, cleaning, removing trash, working in kitchen, doing laundry).
104. Supervise outside work details (e.g., vehicle maintenance, forestry crews).
105. Supervise clean up of work equipment.
157. Keep inventory of all dangerous tools/weapons/utensils.
165. Check to see that all equipment is functioning properly (i.e., not in need of repair).

VALUE

- Develops good work skills/habits
- Good clean up results in juvenile's positive self image
- Provides opportunity for juvenile to experience sense of accomplishment
- Prevents unsanitary conditions, bad odors, poor physical appearance of facility
- Inappropriate selection of juveniles for work details may lead to dangerous situations, possible injuries and uncompleted work

PREREQUISITES

- Ability to give instructions, lead and monitor activities
- Observational skill
- Knowledge of how to safely use equipment (e.g., buffer, lawn mower, etc.)
- Knowledge of CPR/First Aid
- Knowledge of classification system

RULES AND CONCEPTS

- Consider adjustment issues in juvenile hall before assigning work
- Check classification and any medical restrictions
- Learn how to use tools, operate equipment
- Instruct juveniles regarding touching, handling animals if engaged in managing
- Provide explanation of expectations and consequences of not following rules
- Inventory and ensure all equipment is returned; check condition
- Do not leave tools or equipment lying around
- Maintain constant visual supervision; position yourself so you can see entire group
- If possible, make sure juveniles know purpose of work assigned
- Provide safety orientation, precautions specific to each tool or piece of equipment
- Match juvenile's skill level with work assigned
- Provide positive feedback for good work
- Inspect all work and instruct juvenile to do over, if necessary

STEPS

- Specific to work detail

AIDS AND RESOURCES

- OSHA requirements
- Title 15 regulations and guidelines
- Health clearance from medical staff
- Safety equipment (e.g., goggles, gloves, hard hats, etc.)
- First Aid kit
- Communications equipment

GROUP DYNAMICS**RELEVANT CORE TASKS**

- 73. Lead group problem solving discussions/youth forums with juveniles.
- 83. Give instructions/directions orally to groups of juveniles.
- 85. Notice subtle changes in group behavior patterns (e.g., noise level, type of interactions).
- 88. Maintain discipline without causing unnecessary tension in a situation.
- 110. Conduct formal or structured group counseling sessions with juveniles.

VALUE

- Understanding of group dynamics important to juveniles adjustment, staff control of group, safety and security
- Prevents tension, arguments and fights among juveniles
- Management of group allows effective programs
- Promotes positive communication among juveniles
- Increases juvenile involvement and possibility of other counseling efforts

PREREQUISITES

- Effective interpersonal communication skills
- Knowledge of classification system
- Issues related to gangs and other subgroups
- Knowledge of street terminology
- Resources available in facility (e.g., recreation outlets, other staff availability, etc.)
- Knowledge of programs designed to promote social awareness and reduce recidivism
- Conflict resolution skills

RULES AND CONCEPTS

- Content of group activity may vary staff's role (e.g., program may be victim awareness, anger management, parenting skills, effective decision making, etc.)
- Be sure program content is current, consistent and relevant to group
- Set-up in location that promotes effective program delivery and safety for juveniles and staff
- Control group with clear boundaries and expectations
- Sometimes humor is effective, but never at anyone's expense
- Provide alternative activities if group not settling down
- If leading discussions, be clear ahead of time on what is desired goal and rules for positive discussions (e.g., select issue that can reasonably be resolved through group discussion process; no name calling, one speaker at a time, etc.)
- Prevent "grand standing" of juvenile(s) in front of "audience"
- Best to have another staff member co-lead to pick up on subtleties possibly missed
- Debrief with co-leader after group discussion and/or incident, etc. to hone skills, prevent any negative fall-out for juveniles from discussion (e.g., fights, hurt feelings, etc.)
- Can request confidentiality among juveniles related to group discussions, but don't count on it
- Protect juveniles from being emotionally victimized during group or once group session has ended

STEPS

- Develop plan for group management and/or discussion sessions
- Assess whether format is realistic based on circumstances, available resources, time

- Include other professionals with specialized expertise, if appropriate (e.g., alcohol, drug counselors, etc.)
- Document sessions/group activities of import
- Debrief with co-leader and supervisor

AIDS AND RESOURCES

- Specialized staff (mental health, substance abuse counselors, etc.)
- Review of training notes on group processes
- Case files and classification information
- Title 15 regulation and guidelines (Section 1378) re: Social Awareness Programs

RECREATION**RELEVANT CORE TASKS**

89. Supervise juveniles' activity in exercise room or yard.
90. Coach juveniles involved in athletic and/or recreational activities.
91. Participate in sports or game activities with juveniles.
92. Monitor and/or supervise juveniles playing sports or game activities.
93. Supervise juveniles in indoor game activities.
94. Supervise juveniles in library.
95. Supervise check out and return of indoor game materials and outdoor sports equipment.
96. Plan and schedule outdoor recreational activities.
97. Monitor television, movies, magazines, books, and radio for inappropriate content.
98. Plan and organize indoor games, field trips, and social activities.
270. Instruct/coach juveniles in vocational activities and projects (e.g., 4H projects, gardening, farming, forestry, auto mechanics, carpentry).
271. Instruct/coach juveniles participating during confinement in voluntary activities such as dramatics, speech.

VALUE

- Uses up energy
- Builds physical skills, self-esteem, and morale
- Abates boredom that spawns problems
- Provides opportunities for interaction with peers, following directions, teamwork, successful experience

PREREQUISITES

- Knowledge of various kinds of games and activities
- Ability to communicate rules of games
- Knowledge of Title 15 regulations and guidelines related to large muscle activity
- Knowledge of CPR/First Aid
- Understanding of competitive dynamics

RULES AND CONCEPTS

- Match activity with maturity and ability level of juveniles
- Keep all juveniles within range of vision
- Maintain adequate staff supervision ratio
- Behavioral sign of problems (e.g., non-participation, racial/ethnic grouping, arguments)
- Be alert for misuse/danger with equipment
- Provide equal access to equipment
- During outdoor recreation:
 - Have gender appropriate staff
 - Maintain close proximity to emergency communication equipment
 - Require a physical "warm-up"
 - Maintain adequate lighting for area
- During field trips:
 - Keep group together
 - Avoid contact with public or juveniles' friends in community
 - Take security restraints
 - Maintain confidentiality

STEPS

- Plan and schedule recreational activities according to level of group
- Strive to provide non-competitive activities if appropriate
- Check for suitable equipment and necessary safeguards
- Clearly explain rules and object of activity
- Teach game skills if needed, but not if it interferes with supervision responsibilities

AIDS AND RESOURCES

- Title 15 regulations and guidelines
- Instruction manuals on games
- Emergency communication equipment
- Security restraints

DISCIPLINARY PROCEDURES**RELEVANT CORE TASKS**

- 70. Interview juveniles following a serious rule infraction and make a written report.
- 71. Inform juvenile of reason for and type of disciplinary action to be enforced.
- 72. Enforce appropriate disciplinary action.
- 116. Informally counsel juveniles (e.g., regarding conduct, discipline, etc.).
- 138. Write incident reports for rule violations/unusual situations.
- 258. Serve on juvenile disciplinary review boards (to recommend disciplinary action before it is administered to juvenile).
- 277. Gather information necessary to effect administrative and disciplinary transfers.

VALUE

- Maintains control of group
- Facilitates smooth operation; enables treatment and programs to be effective
- Provides learning experience for juvenile; feedback on his/her behavior; conflict resolution skills; role modeling

PREREQUISITES

- Orientation policies
- Knowledge of facility rules
- Effective interpersonal communication skills
- Objectivity

RULES AND CONCEPTS

- Rules should be applied fairly and consistently
- Rules and consequences should be posted for juveniles and staff should go over what they are with juveniles ahead of time
- Confront and/or take action, if appropriate; don't look the other way
- Do not negotiate or debate with juvenile
- If a juvenile is able to "push your buttons", discuss this with supervisor
- Fully understand disciplinary options and grievance procedures for your facility
- Be firm, clear and concise; don't take negative response personally
- If necessary, isolate all juveniles or lock down unit to handle violation (get approval from supervisor)
- Follow through on consequences
- Document process

STEPS

- Follow facility specific procedures

AIDS AND RESOURCES

- Policies and Procedures
- Title 15 regulations and guidelines
- Probation officer

GRIEVANCE PROCEDURES**RELEVANT CORE TASKS**

69. Respond to juvenile's request forms (e.g., grievances, complaints, medical request).
257. Participate in juvenile grievance proceedings; hear grievances informally.
275. Assist juveniles in writing grievances.

VALUE

- Ensures fairness and consistency
- Affords appropriate avenue for juvenile's complaint/feelings
- Affords learning opportunity for juvenile in conflict resolution skills
- Provides insight to supervisory staff about facility operations/issues

PREREQUISITES

- Knowledge of facility rules and disciplinary procedures
- Effective interpersonal communication skills
- Objectivity
- Due process

RULES AND CONCEPTS

- No reprisals to juvenile for filing a grievance
- Must process in timely manner
- Must be filed whether or not you think it is appropriate
- Attempt to resolve at lowest level
- Take grievances seriously
- Respond professionally
- If a juvenile is able to "push your buttons", discuss this with supervisor prior to grievance hearing (will help you maintain composure)
- Fully understand disciplinary options and grievance procedures for your facility
- Be firm, clear and concise; don't take negative response personally

STEPS

- Follow facility specific steps and procedures

AIDS AND RESOURCES

- Title 15 regulations and guidelines
- Grievance forms and instructions
- Grievance hearing officer
- Supervisor
- Probation officer

MAIL**RELEVANT CORE TASKS**

133. Maintain a record of all mail/packages for any juvenile to ensure proper distribution.
160. Scan incoming and outgoing mail for contraband.
161. Distribute mail to juveniles or collect juveniles' outgoing mail.
173. Notify sender or receiver of seizure of unauthorized material (e.g., stickers, gang-related material).

VALUE

- Prevents incoming contraband
- Prevents unauthorized communication
- Identifies those who may be involved in gang activities
- Loss of case if privileged information divulged
- Important to observe strict legal requirements regarding legal mail

PREREQUISITES

- Indicators of gang affiliations/signs/symbols
- Knowledge of contraband
- Searching techniques

RULES AND CONCEPTS

- Mail should be processed as expeditiously as possible
- No limitation on volume of mail juvenile receives
- Juvenile may send two (2) letters per week, postage free
- Legal and non-legal mail (legal: mail from state and federal courts, judges, member of state bar, holder of public office, Corrections Standards Authority)
- Learn facility specific procedures to recognize legal mail
- Watch for mail designated "legal" when it is not
- Legal mail must be opened in front of juvenile
- Scan but do not read legal mail
- If mail not handled properly, can be an emotional issue for juvenile
- Non-legal mail may be read by staff only when there is reasonable cause to believe jeopardy to safety and security of facility, public safety or juvenile
- Document all instances and causes for reading a juvenile's non-legal mail
- If facility has practice of reading all non-legal mail at random (for security reasons), documentation may not be required for every letter
- If all non-legal mail for a particular juvenile is read, must have documentation and cause
- Issue receipts if warranted
- When possible, forward mail to juvenile who has left facility
- Notify sender of unauthorized mail using appropriate policies and procedures

STEPS

- Determine type of mail (legal vs. non-legal)
- Be systematic and thorough
- Document/record findings, issue receipts, notifications

AIDS AND RESOURCES

- Title 15 regulations and guidelines
- Policies and Procedures

VISITING**RELEVANT CORE TASKS**

121. Log movement of all others entering and leaving the facility (e.g., visitors, civilian workers, volunteers).
134. Maintain list or card file of authorized visitors.
174. Determine visitor's purpose and issue passes/badges to visitors.
175. Check visitors' passes or passes of non-facility personnel entering or leaving facility.
176. Admit/release visitors, including attorneys, clergy and juveniles' visitors.
177. Screen and/or search visitors or their belongings; deny visit to visitors who do not pass screen.
178. Supervise contact visits in order to prevent smuggling of contraband or other unauthorized or illegal activities.
179. Search articles, packages, property, money left by visitors for juveniles.
182. Arrange for special visits to the juvenile from parents or others (e.g., in case of a family death).

VALUE

- Visiting reduces tension, improves morale
- Strong family ties increase probability of juvenile's success upon release
- Control of contraband during visits important

PREREQUISITES

- PC 4030 and current case laws related to searches
- Pat down search techniques
- Effective interpersonal communication skills especially focusing on communications with parents
- Knowledge of family dynamics
- Identification of contraband

RULES AND CONCEPTS

- Juveniles shall be allowed visits by parents, guardians or persons standing in loco parentis
- Children of juveniles in custody also allowed
- Attorneys, clergy, health care providers also may visit (usually at different times than family visiting)
- Juveniles afforded minimum opportunity of one visit for time totaling one hour per week
- Special arrangements are sometimes made to accommodate parent's work schedule; refer to facility administrator
- Location for visiting should be consistent with overall security needs
- Visits may be supervised, but conversations shall not be monitored unless security or safety need
- Visitors need to be informed that they may be searched based on security requirements
- Non-contact visits should be limited to those visits requiring increased security
- Visiting should be encouraged

STEPS

- Report absence of visits to medical/mental health staff
- Relay information from parents about health needs to medical/mental health staff

- Maintain professional demeanor with parents and other visitors
- Be alert to how juvenile is behaving during and after visits
- Document any unusual observations, incidents associated with visits

AIDS AND RESOURCES

- Medical consent forms
- Monitoring log of any contraband found
- Search Authorization Form, if necessary
- Search “wands”

TELEPHONE

RELEVANT CORE TASKS

6. Provide incoming juveniles with any incoming phone calls.
84. Monitor and supervise juveniles' phone calls.

VALUE

- Conforms to legal responsibilities
- Assists in juvenile's adjustment
- Promotes family relationships

PREPREREQUISITES

- Ability to give instructions to juveniles (compliant and non-compliant)
- Crisis intervention counseling techniques

RULES AND CONCEPTS

- Phone calls can be potentially emotional
- One of few contacts with outside world and people close to them
- May receive information that is upsetting; bad news at home or with boyfriend/girlfriend
- Be alert to how juvenile reacts during and after call
- Juveniles may apply pressure on parents to get them released, bring treats when visiting
- May pass messages to friends through parents
- Make sure proper authorization for calls
- Juveniles may use phone calls as excuse to get out of room, etc.

STEPS

- Set schedule (time, name, to whom, etc.)
- Monitor when appropriate
- Observe behavior of juvenile during (arguing, crying) and after call
- Attend to any problems/upset
- Document

AIDS AND RESOURCES

- Court orders, case files, logs, schedules
- Title 15 regulations and guidelines

LOCK AND KEY CONTROL**RELEVANT CORE TASKS**

152. Lock and unlock manual or electronic rooms/dormitories and other gates/doors.
153. Operate main gate(s) or sallyport(s) leading into facility, using a control panel.
172. Account for facility keys (e.g., count keys, verify against key log).

VALUE

- Essential to safety and security of facility

PREREQUISITES

- Emergency procedures (for lock override)
- Defensive tactics techniques (to protect from grabbing keys)

RULES AND CONCEPTS

- Know facility policy and procedures related to locking, opening doors, etc.
- Know which keys go to which locks
- Facility should have key check in and out procedure
- Know purpose of Sallyport
- Know physical layout of facility, location of fuse boxes

STEPS

- Do not open front and back door of Sallyport at same time
- Never give keys to unauthorized personnel
- Never put keys down
- Keep keys attached to your body, on chain, etc.
- Never give keys to juvenile to unlock door for you
- Do not leave key in lock after locking or unlocking door
- When passing keys to another staff member, do not throw keys; make hand-to-hand contact
- Do not use keys for anything but locking or unlocking doors (e.g., as tools, etc.)
- Turn keys in when worn or bent
- Do not talk about door and key control around juveniles
- Never take keys home
- Report malfunctioning lock or door to maintenance promptly
- Document

AIDS AND RESOURCES

- Facility policy for lock and key control
- Maintenance staff
- Radio
- Physical plant specifications noting doors and corresponding keys
- Key pouches, rings, chains as appropriate

SAFETY AND SECURITY CHECKS**RELEVANT CORE TASKS**

- 52. Conduct surveillance using closed circuit television.
- 75. Monitor juveniles in dorms or rooms while sleeping.
- 147. Count juveniles.
- 148. Verify juvenile counts against roster, log, or computer-listed numbers.
- 151. Account for location and status of juveniles to ensure each is in his/her proper place.
- 155. Make security rounds/checks, make visual check of juveniles (e.g., room checks, hall checks).

VALUE

- Provides for safety of juvenile, staff and community
- Prevents escapes, contraband, crimes in facility
- Provides order and control

PREREQUISITES

- Search techniques
- Knowledge of contraband
- Emergency response procedures
- CPR/First Aid
- Knowledge of physical plant layout (blind spots, etc.)
- Classification system

RULES AND CONCEPTS

- Monitoring involves wide awake supervision of juveniles
- At least two wide-awake juvenile corrections officers on duty at all times
- Safety checks require direct visual observation every 15 minutes while juveniles sleeping or when juveniles are in their rooms
- Direct visual observation means “through the eyes of a person, not through the lens of a camera”
- Staff must see each juvenile to make sure he/she is alive and not experiencing any observable trauma
- Audio/visual monitoring may be used as a supplement, but not a substitute
- Safety checks shall be documented using ink or electronic entry
- Safety check documentation shall include date, name of staff, actual time check is performed, and any significant conditions observed
- Expectation is that staff will observe and respond appropriately

STEPS

- Specific to situation
- Advise other staff of your movements
- Document all safety checks
- Notify maintenance if necessary for repairs, etc.

AIDS AND RESOURCES

- Radio
- Safety check log
- Flashlight CPR/First Aid kit
- Co-workers, medical staff
- Radio
- Contraband log

ROUTINE MONITORING OF JUVENILES**RELEVANT CORE TASKS**

- 49. Monitor juveniles for behavioral characteristics (e.g., violence, gang affiliation).
- 50. Observe/monitor attitudes and conduct of juveniles, watching for signs of potential disturbance, medical or psychiatric needs, or signs of drug or alcohol use.
- 75. Monitor juveniles in dorms or rooms while sleeping.
- 85. Notice subtle changes in group behavior patterns (e.g., noise level, type of interactions).
- 147. Count juveniles.
- 150. Maintain visual contact with all juveniles.
- 151. Account for location and status of juveniles to ensure each is in his/her proper place.
- 282. Identify indicators of gang affiliation.
- 283. Interpret common street terminology.

VALUE

- Safety and security
- Expectation that staff will observe and respond appropriately to conditions

PREREQUISITES

- Indicators of gang affiliation
- Common street terminology
- Physical layout of facility
- Knowledge of blind spots
- Classification of juveniles
- Emergency procedures
- CPR/First Aid

RULES AND CONCEPTS

- Monitoring involves wide awake supervision of juveniles
- Use of intercoms or video monitoring does not replace presence of staff
- Direct visual observation means "...through the eyes of a person, not through the lens of a camera"; audio/visual monitoring is not intended or acceptable as a substitute
- Minimum of checks required every 15 minutes when juveniles are confined to their sleeping rooms or dorms
- Documentation of checks must include date, name of staff, actual time check is performed, any significant conditions that are observable; documentation must be handwritten in ink or electronically submitted
- Checks during programming may be performed using head counts; room checks must continue during group programming for all juveniles remaining in their rooms or dorms

STEPS

- Conduct checks pursuant to Title 15 regulations
- Document checks as required
- Respond to any observable difficulty or trauma, as appropriate
- Refer to medical staff, as appropriate

AIDS AND RESOURCES

- Rosters and logs
- Title 15 regulations and guidelines
- Radio

DISTURBANCES AND SUSPICIOUS ACITIVITIES**RELEVANT CORE TASKS**

- 50. Observe/monitor attitudes and conduct of juveniles, watching for signs of potential disturbance, medical or psychiatric needs, or signs of drug or alcohol use.
- 85. Notice subtle changes in group behavior patterns (e.g., noise level, type of interactions).
- 156. Conduct security checks of rooms, room fixtures, bars, locks, windows, doors, kitchen equipment.
- 166. Patrol areas within facility other than housing (e.g., hallways).
- 167. Conduct outside/perimeter checks or perform outside/perimeter patrol duty.
- 168. Investigate disturbances or suspicious activities.
- 181. Monitor movement of vehicles within the facility or in the immediate area.
- 199. Report suspicious activity inside and outside facility (e.g., vehicles, persons) to supervisor or central control.
- 251. Listen for unusual sounds or sounds that may indicate illegal activity or disturbance (e.g., whispering, scuffling, sudden quiet or change in noise level, horn honking, rattling of chain link fence).

VALUE

- Safety and security
- Prevents potentially dangerous situations, such as hostage taking or passing of contraband
- Expectation that staff will observe and respond appropriately

PREREQUISITES

- Physical layout of facility
- Classification of juveniles
- Emergency procedures

RULES AND CONCEPTS

- Be security conscious
- Don't run into situations without looking or thinking first
- Observe before going into an area of disturbance
- Call for back-up; maintain good communications with co-workers
- Maintain key security
- If possible, observe what is occurring until assistance arrives
- Be aware of areas surrounding the facility (e.g., work crews, traffic schools, etc.)
- Be aware of unusual noises, inside and outside
- Walk quietly
- Avoid predictable patterns; vary routine

STEPS

- Review log before starting shift
- Notify co-workers and/or supervisor before initiating investigation
- Secure juveniles, if appropriate
- Conduct investigation
- Respond as appropriate to situation
- Document observations and actions

AIDS AND RESOURCES

- Co-workers
- Flashlight
- Radio
- Facility keys and hardware
- Chemical agents, if appropriate
- Maintenance request form

CONTRABAND AND EVIDENCE**RELEVANT CORE TASKS**

164. Identify, seize, secure, preserve and/or dispose of evidence/contraband material.
171. Identify, isolate, preserve and secure crime scene.

VALUE

- Safety and security
- Expectation that juvenile corrections officers search for and identify contraband and evidence in a juvenile corrections facility
- Proper handling and documentation of contraband and evidence important for legal proceedings

PREREQUISITES

- Rules for “chain of evidence”
- Universal safety precautions
- Common street terminology
- Classification system
- Facility specific policies re: what constitutes contraband

RULES AND CONCEPTS

- Learn what constitutes contraband in your facility (unauthorized material, etc.)
- Learn types of weapons and what can be used as a weapon, and what juveniles can use to inflict self-harm
- Be aware that some commonly used materials may be modified so that they become contraband (e.g., combs into sharp instruments, strips of clothing into rope, etc.)
- Unauthorized items might include such materials as excess medication, shanks, razor keys, excess supplies, food, etc.)
- Be systematic in your search for contraband
- Document all findings
- Dispose of contraband as appropriate to situation
- Preserve and label any contraband to be retained for evidence or other disciplinary purposes

STEPS

- Specific to situation

AIDS AND RESOURCES

- Contraband log
- Packaging materials for contraband/evidence
- Tagging and ID materials
- Video/photographic equipment for supplemental documentation
- Evidence Code
- Gloves, flashlight

FACILITY AND ROOM SEARCHES**RELEVANT CORE TASKS**

158. Conduct search of rooms/units/dormitories.
159. Check/search all areas accessible to juveniles (e.g., dayrooms, kitchen, library, visiting rooms, recreational areas) for contraband, weapons, or other evidence of unauthorized or illegal activities.
223. Search areas for contraband that are not easy to access (e.g., under beds, in, behind, and around large equipment, vehicles).

VALUE

- Safety and security
- Expectation that juvenile corrections officers will conduct searches and respond appropriately
- Prevents contraband and weapons in facility
- Prevents materials that might cause disease, health problems
- Prevents wasted supplies

PREREQUISITES

- Privacy issues related to juveniles in detention
- Effective interpersonal communication skills if search conducted in presence of juvenile
- Universal safety precautions
- Knowledge of what constitutes contraband, weapons, items that can be made into weapons, or materials juveniles can use to hurt themselves

RULES AND CONCEPTS

- Searching may require physical exertion and physical flexibility
- Best to search in teams, with one person maintaining security while the other searches
- Limit and control juveniles when search is in progress
- Handle juveniles property respectfully
- Learn potential hiding places in your facility, such as:
 - Shower rod, ledge, curtain seam
 - Drains
 - Vents
 - Commodes
 - Door assemblies
 - Boxes
 - Bed posts
 - Soap, toothpaste
 - Mattress
 - Books
 - Garbage containers

STEPS

- Be systematic and thorough
- Do not destroy property
- Leave areas as found
- Search from top to bottom
- Be cautious of running your hands along areas (could contain sharp or dangerous objects)
- Look where your hands are going

- Expect that your clothing and hands may get dirty
- Use appropriate searching tools (e.g., screwdriver, flex mirror, etc.)
- When in doubt about findings, contact supervisor
- Seize all contraband and remove it from area
- Dispose of appropriately, or package and label
- Document in contraband log and any other required record

AIDS AND RESOURCES

- Contraband log
- Mirrors and flashlights
- Gloves, protection from body fluids

PAT DOWN SEARCHES**RELEVANT CORE TASKS**

- 32. Search juvenile for weapons, contraband, and/or drugs, before and after transporting.
- 162. Conduct pat search of juveniles.

VALUE

- Safety and security
- Control for contraband

PREREQUISITES

- What is contraband
- Universal safety precautions
- Defensive tactics and restraint techniques
- Effective interpersonal communication skills

RULES AND CONCEPTS

- Never assume delivering officer has searched thoroughly
- Searches may be conducted on a routine or random basis
- Searches may not be conducted for harassment or as a form of discipline or punishment
- Communicate professionally, no small talk
- Check facility policy regarding opposite sex searches
- Conduct search when you are not distracted
- Retain a safety vantage point (keep body in position to avoid being kicked, etc.)
- Remain alert
- Have juvenile remove excess outer garments first (jackets, coats, socks, shoes, etc.)
- Have juvenile remove everything from pockets, person
- Have juvenile turn pockets inside out
- Pat search as a matter of routine, or when suspicion warrants (someone tells you juvenile is carrying something, juvenile is known substance abuser, juvenile appears intoxicated, drugged)
- Follow facility specific policies and procedures

STEPS

- Have juvenile assume appropriate position for pat down search
- Work systematically and thoroughly
- Use “spider crawl” with fingers
- Remove contraband as appropriate
- Log contraband
- Dispose of contraband
- If contents of pockets are removed, go through contents thoroughly
- Look for specialty items such as belt buckle knives, penknives, belt buckle guns, metal combs, narcotic paraphernalia, etc.

AIDS AND RESOURCES

- Contraband log
- Gloves and biohazard bags, metal detectors
- Property checklist
- Search Authorization Form and checklist

STRIP SEARCHES**RELEVANT CORE TASKS**

32. Search juvenile for weapons, contraband, and/or drugs, before and after transporting.
163. Conduct strip searches of juveniles.

VALUE

- Safety and security of juveniles and staff
- Compliance with law
- Staff could face misdemeanor charge if search conducted inappropriately
- High litigation/liability area

PREREQUISITES

- In loco parentis concept
- Definition of “reasonable suspicion”
- Knowledge of detention status (pre-detention, post-detention, adjudicated)
- Infraction, misdemeanor, felony

RULES AND CONCEPTS

- PC 4030 and current related case law provisions important to know
- Learn definition of strip search
- Shifting area of law
- State and federal law may not be consistent with each other
- Especially important to know policy and practice at your facility
- Balance between safety and security of juveniles and staff with the safety, privacy and dignity of juvenile being searched
- Learn continuum of searches and requirements for each type
- Type of offense not necessarily, in and of itself, sufficient basis for strip search
- All strip searches should be:
 - Consistent with PC 4030 and current case law
 - Policy driven
 - Consistently applied
 - Non-punitive
 - Non-arbitrary
 - Defensible
 - Based on individualized reasonable suspicion
 - Documented as to both reason(s) for and findings of the search

STEPS

- Know your facility’s policy!
- Make sure know custody status
- Typically conduct less intrusive search first
- If strip search, conduct with same sex staff
- Conduct in areas of privacy
- Don’t conduct as group searches
- Consult facility’s checklist as an aid, but supplement with specific documentation
- Complete a Search Authorization Form, if available
- Document in specific Search Log
- Document for what reason search was conducted and what, if anything, was found

AIDS AND RESOURCES

- PC 4030 and current case laws
- CPOC (CAPIA) Strip Search Guidelines
- Checklist of potential factors
- Search Authorization Form
- Contraband log
- Supervisor/superintendent
- County counsel

USE OF FORCE**RELEVANT CORE TASKS**

- 143. Write “use of force” reports.
- 240. Defend oneself or others using less than lethal force (e.g., OC spray, baton, hand holds, etc.).
- 241. Defend oneself or others using lethal force.

VALUE

- May be necessary to prevent injury/death
- Training in use of force critical
- Use of force may result in injury and/or emotional trauma to juvenile and/or staff

PREREQUISITES

- Effective interpersonal communications skills especially related to verbal intervention in a situation that is beginning to escalate
- Self-awareness and self-control
- Observational skills
- Defensive tactics techniques and appropriate use of security restraints

RULES AND CONCEPTS

- Use of force generally defined as an immediate means of overcoming resistance to control the threat of imminent harm to self or others and may occasionally be necessary for the safety of staff and juveniles in custody
- Facilities may vary on the definition of force and when different levels are appropriate
- Strong verbal intervention may be considered a type of force or may be considered a prelude to force intervention
- Use of force may be needed to control incidents of “gassing” (juvenile intentionally throwing any mixture of human excrement or other bodily fluids or substances onto someone)
- Force should never be applied as punishment, discipline or treatment
- Avoid use of force whenever possible
- Only use force when less restrictive methods have failed
- Use only amount of force necessary to ensure safety of juvenile and others
- Use of force brings hazard of injury and/or emotional trauma to both juvenile and staff
- Lack of obvious injury may not mean injury has not occurred
- Medical/mental health care may be needed following use of force
- Timely and complete documentation of use of force critical; should be submitted prior to end of shift or no later than 24 hours after incident
- Documentation should include a statement from the juvenile

STEPS

- Learn facility specific policies and procedures related to use of force
- Chemical weapons such as pepper spray may be prohibited or may be what is permitted before “hands-on” force
- Notify/consult with health care staff after use of force incident
- Submit comprehensive and timely documentation

AIDS AND RESOURCES

- Facility specific policies and procedures
- Security restraint devices (handcuffs, shackles, waist chains)
- Other juvenile corrections officers
- Health care staff
- Incident report log/form

DEFENSIVE TACTICS**RELEVANT CORE TASKS**

215. Physically subdue or restrain a violent juvenile by yourself.
216. Physically subdue or restrain a violent juvenile with the help of another person.
217. Physically subdue or restrain a resisting juvenile by yourself.
218. Physically subdue or restrain a resisting juvenile with the help of another person.
219. Physically separate two fighting juveniles by yourself.
220. Physically separate two fighting juveniles with the help of another person.
221. Defend self against a juvenile armed with a weapon (e.g., knife).
222. Disarm and subdue juvenile armed with a weapon.

VALUE

- Safety and security of juveniles, staff and community
- Prevents property damage

PREREQUISITES

- Knowledge of Use of Force policy
- Effective interpersonal communication skills especially to verbally intervene in a situation beginning to escalate
- Ability to work as a team with other staff
- Observational skills to assess mood of juvenile, group
- Knowledge of how to use restraint gear (e.g., handcuffs)
- CPR/First Aid

RULES AND CONCEPTS

- Make sure techniques taught in training comply with facility policy
- Use least restrictive means of compliance
- Only use force necessary to control juvenile, situation
- Best to have assistance
- Know when to call for back-up
- Sometimes different staff will have better effect on juvenile (through interpersonal communication skills or particular rapport with juvenile); ask for assistance
- Usually entails emotional as well as physical reaction for both juvenile and staff
- Know what “pushes your buttons” and take into account before taking action
- Important to refer to medical/mental health staff after use of force, regardless of whether obvious injury
- Self-confidence of juvenile corrections officer important to successful defense and restraint techniques
- Good performance-based conditioning important to maintain so that defensive tactics are successful and prevent injury to staff and juvenile

STEPS

- Anticipate and evaluate situation that might require use of defensive tactics
- Employ effective interpersonal communication skills to prevent use of physical intervention
- Call for back-up
- Apply agency specific defensive tactics techniques if warranted
- Secure area, if necessary
- Once juvenile/situation under control, notify medical/mental health for evaluation
- Document by end of shift or within 24 hours after the use of force

AIDS AND RESOURCES

- Facility policy re: use of force
- Restraint equipment, chemical agents (if allowed)
- Medical/mental health staff
- CPR/First Aid kit

HANDCUFFS AND SECURITY RESTRAINTS**RELEVANT CORE TASKS**

242. Handcuff a non-resisting juvenile.
243. Handcuff a resisting juvenile.
244. Secure resisting juvenile in restraint devices such as leg irons, travel restraints, leather restraints, restraint chair.
245. Apply restraint devices such as leg irons, travel restraints, leather restraints to a non-resisting juvenile.

VALUE

- Safety and security of juvenile, staff, community
- Prevention of escape

PREREQUISITES

- Effective interpersonal communication skills
- Facility specific use of force policy
- Defensive tactics techniques
- Classification system

RULES AND CONCEPTS

- Handcuffs, shackles, or other devices to restrain juvenile for security or transportation purposes (short-term use)
- For use as an immediate means of overcoming resistance to control the threat of imminent harm to self/others
- Not for prolonged use to manage major out of control behavior (see Use of Physical Restraints, Map 10.5)
- Not for discipline, punishment or treatment
- Practice and become familiar with different restraint devices
- Position of juvenile relative to staff important
- Important to give clear directions to juveniles
- Display confidence in what you are doing
- Realize that a non-resisting juvenile may become resisting, especially if scared or upset
- Interpersonal communication skills during application of restraints important to keep or get situation under control
- Be safety conscious when removing restraints

STEPS

- Select appropriate restraints for situation
- Smaller or larger hands may require special equipment
- Make sure restraints in working order; make sure you have right keys for restraints
- Follow specific order of applying restraints (e.g., handcuffs on before leg restraints when applying; leg restraints off before handcuffs when removing, etc.)
- Do not apply restraints too tightly (or too loosely)

Handcuffs:

- Hands to rear
- Backs of hands together (palms out)
- Handcuffs above (away) from wrist bone

- Keyholes toward you and away from juvenile's fingertips
- Secure on arm tightly enough so cuffs don't slip over wrist bone
- Double Lock

Leg Restraints:

- Position yourself so juvenile can't kick you
- Position yourself so that restraint can be applied while other staff can see juvenile's movements
- Place restraint on leg above anklebone
- Secure so that leg cuffs are not too tight when juvenile stands (finger width from leg)
- Keyholes toward floor
- Double lock

Waist Restraints/Travel Restraints

- Make sure you have key
- Make sure restraints work – restraints proper size for particular juvenile
- Double lock waist restraint

AIDS AND RESOURCES

- Facility specific policy and procedures
- Restraint equipment
- Radio
- CPR/First Aid kit

ROOM EXTRACTIONS**RELEVANT CORE TASKS**

247. Perform room extractions.

VALUE

- Safety and security
- Protection of juvenile if in need of special care (e.g., suicide watch, medical emergency)

PREREQUISITES

- Effective interpersonal communication skills
- Defensive tactics techniques
- Proper use of restraints
- Physical layout of facility
- Use of force policy
- Universal safety precautions
- Teamwork skills with other staff

RULES AND CONCEPTS

- Important to accomplish using coordinated, planned team approach
- Team members can accidentally hurt each other and/or juvenile if lack of coordination
- Know when extractions are warranted (e.g., to comply with court order for appearances, medical emergency, suicide attempts or risk, etc.)
- Universal safety precautions may be necessary (e.g., gassing situation)
- Room may need cleaning/decontamination after juvenile is removed
- Important to document prior to end of shift or within 24 hours of removal
- Video taping is a supplemental way of documenting

STEPS

- Assess appropriateness
- Obtain authority
- Get adequate assistance
- Discuss plan with team
- Perform extraction
- Secure juvenile
- Obtain medical/mental health care for juvenile, staff
- Search and secure room
- Clean/decontaminate room, if necessary
- Refer damage to maintenance, if necessary
- Debrief with team, supervisor
- Document within required time frames

AIDS AND RESOURCES

- Facility specific policies and procedures
- Restraint equipment, chemical agents (if allowed), spit mask
- Video camera
- Gloves, universal safety equipment and supplies

USE OF PHYSICAL RESTRAINTS**RELEVANT CORE TASKS**

244. Secure resisting juvenile in restraint devices such as leg irons, travel restraints, leather restraints, restraint chair.

VALUE

- High potential for litigation
- Carries numerous medical/mental health risks
- Can protect juvenile from self-inflicted harm

PREREQUISITES

- Distinctions between use of physical restraints and security restraints
- Effective interpersonal communication skills
- Room extraction procedures
- CPR/First Aid
- Defensive Tactics

RULES AND CONCEPTS

- Physical restraints are devices that immobilize a juvenile's extremities or limit physical mobility to prevent self-inflicted harm
- Not to be confused with restraints for general security or to prevent escape (e.g., handcuffs, shackles, waist chains)
- Examples of physical restraints include soft ties, padded belts and cuffs, metal hand and ankle cuffs and restraining chairs or boards
- For use only when it appears less restrictive alternatives would be ineffective in controlling disordered, major out of control behavior
- Not to be used for discipline, punishment or treatment
- Shall be used only for those juveniles who present an immediate danger to themselves or others or exhibit behavior that reveals the intent to cause self-inflicted physical harm
- Circumstances leading to the application of restraints must be documented
- Documentation of less restrictive means attempted or evaluated
- Physical restraints may only be used with the approval of the facility manager or designee
- The facility manager may delegate authority to a physician
- Because physical restraints might be used for prolonged periods of time, there is significant emphasis on medical concerns and involvement of medical staff
- Some of conditions prompting, or resulting from, the use of restraints are potentially life threatening
- Juvenile must be provided nutrition, fluids and access to toilet (see Monitoring of Juveniles in Physical Restraints, Map 10.6)

STEPS

- Observe and anticipate behavior that may result in use of restraints
- Use least restrictive means first
- Obtain facility manager approval prior to placing juvenile in restraints
- Apply restraints properly; use only restraints specifically manufactured for restraining persons
- Never affix hands and feet together behind back (hogtying)
- Some medical conditions will contraindicate certain restraint devices and/or techniques; consult with medical staff

- Begin monitoring checks (see Map 10.6)
- Document circumstances leading to the application of restraints

AIDS AND RESOURCES

- CPR/First Aid kit
- Appropriate restraints (soft ties, padded cuffs, etc.)
- Policy and Procedures Manual
- Facility Administrator
- Medical staff

MONITORING JUVENILES IN PHYSICAL RESTRAINTS**RELEVANT CORE TASKS**

77. Monitor juveniles at high risk (e.g., suicide, medical)

VALUE

- Very precise and specific procedures and requirements for monitoring
- Juvenile in restraints carries numerous medical/mental health risks
- High potential for litigation
- Can prevent juvenile from self-inflicted harm

PREREQUISITES

- Definition of direct visual supervision
- CPR/First Aid

RULES AND CONCEPTS

- Juveniles should not be restrained if medical assessment cannot be conducted within two hours of being placed in restraints
- If no on-site medical evaluation possible, it may be necessary to transport juvenile to off-site medical facility to meet the two hour deadline
- Juveniles in restraints should never be housed with juveniles who are not in restraints
- Requires continuous direct supervision (staff always in presence of the juvenile)
- Documentation of continuous direct supervision is to record full sequence of juvenile's behavior from time of restraint throughout de-escalation process
- There are six types of checks required (see Steps below)
- Follow procedures for "range of motion" exercises as prescribed
- Provide necessary nutrition, fluids and access to toilet
- Risks include the following:
 - Neurological or muscular injuries
 - Circulatory impairment
 - Dehydration
 - Exhaustion (especially related to struggling)
 - Respiratory and cardiac collapse
 - Fractures
 - Kidney damage
 - Strangulation
 - Aspiration
 - Failure to diagnose a reason for behavior that underlies medical condition
 - Possibility of exacerbating mental condition

STEPS

- Check #1: Continuous direct visual supervision
- Check #2: Reviewed for continued retention a minimum once every hour; review must be documented
- Check #3: As soon as possible, but within two (2) hours of placement in restraints, medical assessment
- Check #4: Must be medically cleared and approved for remaining in restraints every three (3) hours thereafter
- Check #5: As soon as possible, but within four (4) hours, evaluated by a licensed medical health professional to assess whether juvenile needs immediate and/or long-term mental health treatment

- Check #6: During continuous direct visual supervision, document juvenile's behavior and condition, as well as any staff intervention, at intervals not to exceed 15 minutes; actual time of documentation must be noted

AIDS AND RESOURCES

- Facility administrator or designee
- Medical/mental health staff
- Monitoring log
- CPR/First Aid kit

USE OF SAFETY ROOM

RELEVANT CORE TASKS

- 77. Monitor juveniles at high risk (e.g., suicide, medical).
- 246. Place and secure juvenile in safety room.

VALUE

- Can prevent juvenile from self-inflicted harm
- Medical/mental health ramifications related to use of safety room
- High potential for litigation

PREREQUISITES

- PC 4030 and current case laws related to strip searches
- Definition of direct visual supervision
- Effective interpersonal communication skills
- Defensive tactics
- CPR/First Aid

RULES AND CONCEPTS

- Facilities are not required to have a safety room; if have one, clear policies and procedures for use are necessary
- Only to be used to hold juveniles who present an immediate danger to themselves or others; or behavior that reveals intent to cause self-inflicted physical harm
- Some acting out behavior may be symptomatic of serious or life threatening illness
- Not to be used for discipline, punishment or treatment
- Not for “attitude adjustment”
- Not a detoxification/sobering cell
- Requires facility management approval prior to use (only exception is in most volatile circumstances)
- Reserved for major, out of control behavior that cannot be controlled by other alternatives
- Documentation of circumstances leading to placement in safety room important
- Specific and precise monitoring required while juvenile is in safety room (see Monitoring, Map 10.8)
- Necessary nutrition, fluids and access to toilet must be provided
- Fluids especially important given that juvenile is likely to have high fluid replacement needs due to elevated physical exertion
- Use of paper cups, plates etc. helpful
- Suitable clothing for privacy must be provided
- Be alert for possibility of “gassing”

STEPS

- Observe and anticipate behavior that may lead to use of safety room
- Use least restrictive means of controlling behavior first
- Obtain approval from facility manager or designee prior to safety room use
- After placement in room, follow direct supervision requirements and monitoring (see Map 10.8)

- Provide privacy clothing, fluids as necessary
- Document circumstances that led to safety room use
- Obtain medical/mental health evaluation as outlined in Title 15 regulations
- Remove juvenile from safety room as soon as it is safe

AIDS AND RESOURCES

- Documentation log
- Facility manager or designee
- Medical/mental health staff
- Policy and Procedures Manual
- Title 15 regulations and guidelines
- Special privacy clothing, if indicated
- Paper plates, cups

MONITORING JUVENILES IN SAFETY ROOMS**RELEVANT CORE TASKS**

77. Monitor juveniles at high risk (e.g., suicide, medical).
86. Notice subtle changes in individual behavior patterns (e.g., change in eating or sleeping behavior).

VALUE

- Very precise and specific procedures and requirements for monitoring
- Can prevent juvenile from self-inflicted harm
- Medical/mental health ramifications related to use of safety room
- High potential for litigation

PREREQUISITES

- Effective interpersonal communication skills related to juveniles who are upset
- Definition of direct visual supervision
- PC 4030 and current case laws related to strip searches
- Protection from “gassing”

RULES AND CONCEPTS

- High fluid replacement needs due to elevated physical exertion
- Medical and mental health evaluations critical
- Provide for continuous direct visual supervision (constantly in the presence of juvenile)
- Document juvenile’s behavior and any staff interventions at intervals not to exceed 15 minutes
- Documentation requires actual time recorded
- Juvenile shall be evaluated by facility manager or designee every four (4) hours
- Provide for immediate medical assessment, or at the next daily sick call
- Provide mental health evaluation within 24 hours
- Document reasons for continued placement, including attempts to use less restrictive means of control, and decisions to continue and end placement

STEPS

- Maintain continuous direct visual supervision
- Note all activity in monitoring log
- While continuously supervising, document juvenile’s behavior/condition and staff interventions at intervals not to exceed 15 minutes
- Arrange for facility manager or designee to evaluate juvenile and use of safety room every 4 hours
- Provide assessments by medical/mental health as required in Title 15
- Provide for fluids, nutrition and access to toilet as necessary
- Follow facility specific procedures for escorting juvenile to toilet from safety room
- Be alert for possibility of being “gassed”
- Juvenile should be removed from safety room as soon as it is safe

AIDS AND RESOURCES

- Monitoring log
- Shield (for possible “gassing”)
- CPR/First Aid kit
- Gloves

ESCORTING WITHIN FACILITY**RELEVANT CORE TASKS**

27. Verify juvenile's identity before escorting or transporting.
28. Escort juveniles individually or in groups to and from locations within facility (e.g., classrooms, work details, infirmary, court holding room, interview, visiting or phone rooms).

VALUE

- Escape, assault risk is high
- Opportunity to pass contraband from one juvenile to another
- Maintain control of the situation
- Maintain security and safety of staff, juvenile and the facility

PREREQUISITES

- Physical layout of facility
- Classification system
- Use of security restraints
- Identification of contraband
- Search techniques, laws and policies

RULES AND CONCEPTS

- Know how to get to destination efficiently
- Know process for getting help in case of a problem during escort
- Know facility's escort policy
- Know policies re: opposite sex escort
- Risk status of juvenile(s) being escorted
- Walk where you can see them at all times – not in front
- Count continually
- Keep keys and equipment secure and away from juveniles
- Take most secure route
- Notify appropriate staff that escort is in progress – obtain coverage
- Be alert to movements of juveniles during escort
- Be sure to not escort juvenile in isolated area – if this is not possible, log time out, proceed directly to destination and immediately log in at destination. Leave no time blocks unaccounted

STEPS

- Explain expectations to juveniles
- Headcount
- Notify appropriate staff of escort in progress
- Escort to destination
- Headcount again
- Search when appropriate

AIDS AND RESOURCES

- Policy manual
- Facility map
- Identification devices (e.g., clothing, badges, wristbands)
- Communication equipment

- Restraints, handcuffs, shackles, chemical agents when appropriate
- Wheelchairs or medical devices for injured minors
- Medical staff, if needed

TRANSPORTING OUTSIDE FACILITY**RELEVANT CORE TASKS**

27. Verify juvenile's identity before escorting or transporting.
29. Transport juveniles individually or in groups to and from locations outside the facility (e.g., other facilities, recreational centers, law enforcement agencies, hospitals, courts, airports).

VALUE

- Escape, assault risk is high
- Maintain security and safety of staff, juvenile and community
- Opportunity for juvenile to obtain contraband
- Reputation of department reflected when in community

PREREQUISITES

- Search techniques, laws and policies
- Classification system
- Emergencies procedures, CPR, First Aid

RULES AND CONCEPTS

- Know risk status and classification of juvenile
- Know relevant procedures re: transportation (e.g., use of restrooms, illness, meals, etc.)
- Follow department policy re: opposite sex transport
- Security issues such as being followed, night driving, use of caged vehicle
- When applicable, keep transport confidential
- Observe vehicle codes
- Never allow juvenile out of your sight (e.g., to go to bathroom)
- Minimize public contact
- Maintain professional demeanor

STEPS

- Apply appropriate security restraints for transportation
- Search juvenile for contraband before and after transport
- Record time and mileage (record or call in)
- Take directly to destination and return – no side trips
- Do not discuss juvenile with public
- Maintain confidentiality of information (e.g., medical issues, destinations)
- Keep potential weapons out of reach of juvenile (e.g., pencil, screwdriver, keys)
- Take appropriate documentation with you
- Notify medical/mental health care staff prior to transfer to another facility (for records/medications/continuity of care)

AIDS AND RESOURCES

- Policy manual
- Title 15, Section 1437 (f)
- Security restraints and chemical agents

- Communication and safety equipment
- Maps and directions
- Identification devices (e.g., clothing, badges, wristbands)
- Location of law enforcement agencies if assistance needed

PREPARING FOR TRANSPORT**RELEVANT CORE TASKS**

30. Plan transportation route.

VALUE

- Having well planned route will prevent many problems
- Avoids unnecessary delays

PREREQUISITES

- Know vehicle transporting issues (e.g., being followed, darkness, use of caged vehicle)
- Know Title 15, Section 1437(f) re: transportation

RULES AND CONCEPTS

- Procedures for use of restrooms, illness, meals, etc.
- Procedures and policies re: attempted escapes, injuries, illness
- Necessary paperwork
- Communications equipment
- Security restraint policies and procedures
- Important to notify health care/school prior to transport if transferring juvenile to another facility

STEPS

- Plan route using maps and/or internet search
- Get specific directions
- Find out type of facility transporting to/from (e.g., hospital, airport, jail, hall)
- Know who will be at delivery site (e.g., gang friends, family members, enemies, etc.)
- Obtain information on special entrances, parking
- Develop alternate route
- Know location of law enforcement offices on route in case of emergency
- Assess traffic patterns
- Obtain necessary paperwork
- Carry proper driver license and agency identification
- Notify health care/school if transfer to another facility (for continuity of care/program)

AIDS AND RESOURCES

- Communication equipment
- Security restraint devices
- Policy and Procedures Manual
- Appropriate vehicle

TRANSPORT VEHICLE INSPECTIONS**RELEVANT CORE TASKS**

33. Search transportation vehicles for weapons, contraband, and/or drugs, before and after transporting.
34. Conduct Vehicle safety check/inspection prior to transporting.

VALUE

- Prevents accidents and breakdowns
- Checks for contraband

PREREQUISITES

- Basic knowledge of vehicle mechanical checks
- Identification of contraband, weapons, etc.
- Searching techniques

RULES AND CONCEPTS

- Know where contraband can be hidden in vehicle
- Vehicle safety warning signs
- Security and safety can be significantly impacted by disabled vehicle

STEPS

- Check gas, oil, brakes, running condition, tires, water, lights and emergency kit
- Be familiar with how vehicle operates (location of turn signal, wipers, etc.)
- Adjust seat, mirrors
- Search transportation vehicle for weapons or contraband before and after transport
- Conduct vehicle safety check both before and after transport
- Report any problems to supervisor
- Locate or place personal safety equipment in vehicle
- Maintain log for vehicle, credit cards, communication and safety equipment

AIDS AND RESOURCES

- Vehicle operation manual
- Transportation Policy and Procedures Manual
- Search Procedures Manual

PROVIDING ASSISTANCE IN EMERGENCIES

RELEVANT CORE TASKS

- 185. Dispatch help in emergencies or disturbances.
- 186. Assist personnel in another unit/cottage in an emergency.
- 187. Respond according to facility policies in emergency situations (e.g., suicide, bomb threat, medical emergencies).

VALUE

- Protection of safety and security of juveniles and staff

PREREQUISITES

- Group management skills
- Interpersonal communication skills that focus on giving instructions and commands to juveniles
- Security awareness
- First Aid/CPR

RULES AND CONCEPTS

- Emergencies include escape, disturbances, taking of hostages, civil disturbance, fire and natural disasters
- Learn facility-specific plan for emergency responses
- Plan may be separate from other policy and procedures manuals to ensure security
- Plan must include the following:
 - Floor plans indicating evacuation routes
 - When and how exit keys are checked
 - Procedures for checking exit locks
 - Locations for housing juveniles after evacuation
 - Locations of necessary security equipment
 - How emergency transportation is to be provided
- Plan should also include schedule for testing emergency equipment such as the following:
 - Emergency generators
 - Fire alarms
 - Flashlights
 - Air packs (if available)
 - Hoses
 - Fire extinguishers
- Know where to store chemical agents during emergency
- Coordination will be required with other responding agencies (police, sheriffs, paramedics, etc.)

STEPS

- Specific to type of emergency

AIDS AND RESOURCES

- Fire and Life Safety in Local Juvenile and Adult Detention Facilities; An Instructor's Manual (see Corrections Standards Authority website)
- Inspection checklists

FIRE AND LIFE SAFETY**RELEVANT CORE TASKS**

- 184. Activate alarm system to alert all staff in case of an emergency (e.g., medical, fights, fire).
- 188. Extinguish or help extinguish fire.
- 190. Conduct fire, earthquake, or evacuation drills.

VALUE

- Safety of juveniles and staff
- Preparation and planning crucial
- Compliance with Title 15 and 19, Penal Code provisions related to fire and life safety

PREREQUISITES

- Group management skills
- Interpersonal communication skills that focus on giving instructions and commands to juveniles
- Security awareness
- First Aid/CPR

RULES AND CONCEPTS

- Must be at least one staff member on every shift who is trained in Fire and Life Safety
- If self-contained breathing apparatus (SCBA) required by local fire authority, or are available, staff must be trained on use
- Juvenile corrections staff should conduct routine (at least monthly) maintenance checks of internal fire alarms, smoke detectors, and other equipment
- Detention facility fires are usually intentionally started
- Four classes of fire:
 - Class A: ordinary combustible materials such as wood, paper, grass, litter, bedding and similar materials
 - Class B: flammable and combustible liquids such as gasoline, kerosene, grease and similar materials
 - Class C: energized electrical equipment such as motors, switchboards, wiring
 - Class D: combustible metals such as magnesium, sodium and others
- Fire extinguishers are designed to fight one or more classes of fire.
 - Class A fires most commonly extinguished with water
 - Class B fires most commonly extinguished with dry chemical or type of gas
 - Class C fires contain an agent that does not conduct electricity such as carbon dioxide gas, special chemicals or halogenated liquids
 - Class D fires generally require a specialized agent such as graphite or sodium chloride
- Pressure gauges on extinguishers should be checked regularly
- Copious amounts of smoke can be generated from normal combustibles in housing units, particularly from foam padding and bedding
- Smoke and heat can lessen visibility and create panic which may lead to injuries and death
- Fire, heat and smoke can travel horizontally and vertically
- Hot gasses will rise and carry fire to upper levels
- Fires in areas opening into escape corridors, stairways, walkways and ramps are particularly hazardous
- Toxic gasses and smoke can fill the exiting system within a very short period of time
- In event of fire, possibility of having to relocate juveniles

- Juveniles in custody may resist firefighting or relocation efforts
- Of relocation is necessary, such movement should not conflict with or hamper firefighting efforts or permit the spread of smoke
- Juvenile corrections officer must provide access for fire fighters and equipment and still maintain security

STEPS

- Issue clear and concise instructions
- Maintain control of situation
- Stay calm, juveniles will follow your example
- If fire is located in an area where it cannot be extinguished immediately, ensure all juveniles/staff are removed from area and confine fire by closing doors around it
- Know where emergency number of fire department is posted
- Know what type of information to give the fire department about the specific fire
- Know alternative means of contacting the fire department
- Know the locations of fire alarm sending stations
- Know how to activate the fire alarm
- Routinely conduct inspections of fire safety equipment
- Be familiar with facility specific Fire Safety Plan and pre-plan
- Report and document any fire hazards and/or equipment problems
- Know location of fire doors, barriers, evacuation procedures
- Know location of internal equipment (hoses, standpipes, breathing apparatus, etc.)
- Know the type (class) of fire and which type of extinguisher controls it
- Know how to use fire hoses and extinguishers
- Know location of fire department access to secured areas
- Know where fire engines, trucks, etc. will be strategically positioned to combat a fire

AIDS AND RESOURCES

- PC 6031.1, Health and Safety Code 13416.1 (a) and (b)
- Title 19, Title 15
- Fire and Life Safety Guidelines for Instructors
- Local fire authority
- Pre-plan for fire safety
- Facility specific Fire and Life Safety Plan
- Flashlights, extinguishers, air packs (if available)

EVACUATIONS**RELEVANT CORE TASKS**

189. Evacuate juveniles from area or facility (e.g., because of fire).
190. Conduct fire, earthquake, or evacuation drills.

VALUE

- Safety and security of juveniles and staff

PREREQUISITES

- Group management skills
- Interpersonal communication skills that focus on giving instructions and commands to juveniles
- Security awareness
- First Aid/CPR

RULES AND CONCEPTS

- Evacuation plan critical component of safety and security
- Plan should include routes of egress, transportation of juveniles and staff to a secure and safe location
- Plan should also provide for evacuation of juveniles with special needs who lack mobility due to disability or restraints; or for juveniles who may be sight or hearing impaired
- Plan, policies and procedures may be contained in a separate manual for security
- Juveniles in custody may resist firefighting or relocation efforts
- Escape potential high during evacuation process
- Fire, smoke and heat can impede evacuation process, lessen visibility and create panic
- Exit ways may be particularly hazardous
- Proper maintenance of corridors and stairways is important to provide clear, unobstructed and well-lighted evacuation route
- Practice of evacuation procedures critical and should be done at least quarterly

STEPS

- Be observant, watch for possible escape
- Know evacuation routes and relocation areas
- Count juveniles frequently during evacuation
- Facilitate evacuation of juveniles in need of special assistance (disabled, in restraints, on crutches, sight or hearing impaired, etc.)
- Keep outsiders out of area
- Keep juveniles together
- Issue clear and concise instructions
- Maintain control of situation
- Stay calm, juveniles will follow your example

AIDS AND RESOURCES

- Evacuation plan
- Radio
- Flashlight

RUNNING TO THE SCENE OF AN EMERGENCY

RELEVANT CORE TASKS

213. Run to the scene of a disturbance or emergency.

VALUE

- Render aid
- Intervene in disturbance
- Protection of juveniles and staff

PREREQUISITES

- Knowledge of facility's physical layout
- Knowledge of alarm signals
- Aerobic capacity, physical coordination and lower body strength

RULES AND CONCEPTS

- Pace efforts to ensure ability to perform other physically demanding tasks once at the scene (such as rendering CPR, physically controlling juvenile, etc.)
- Watch for obstacles such as chairs, mops and buckets, other equipment
- Check to see if you need to take special equipment with you (e.g., fire extinguisher, radio, etc.)
- Speed required: quickly

STEPS

- Quickly assess situation before taking action
- Call for back-up, if required

AIDS AND RESOURCES

- Special equipment, if indicated

JUMPING OVER OBSTACLES

RELEVANT CORE TASKS

229. Jump over obstacles.

VALUE

- Render aid
- Intervene in disturbance
- Protection of juveniles and staff

PREREQUISITES

- Aerobic capacity, physical coordination, lower body strength and agility
- Knowledge of physical layout of facility
- Knowledge of alarm signals

RULES AND CONCEPTS

- Common obstacles include furniture, mops and buckets, counters 2-5 feet high
- Most common areas: booking area and housing unit
- Speed required: quickly
- Physical demands required before jump: running or from standing still
- Physical demands after jump: run, or if at scene, restrain juvenile and/or administer CPR/First Aid
- Pace efforts to ensure ability to perform other physically demanding tasks once at the scene (such as CPR, extinguishing fire, physically controlling juvenile)
- Use hands for assistance; sometimes slide or roll over obstacle

STEPS

- Quickly assess situation before taking action
- Call for back-up, if required

AIDS AND RESOURCES

- Special equipment if indicated (radio, CPR/First Aid kit, security restraints, fire extinguisher)

RUNNING UP AND DOWN STAIRS

RELEVANT CORE TASKS

231. Run up one or more flights of stairs.
232. Run down one or more flights of stairs.

VALUE

- Render aid
- Intervene in a disturbance

PREREQUISITES

- Aerobic capacity, physical coordination, lower body strength and agility
- Knowledge of physical layout of facility
- Knowledge of alarm signals

RULES AND CONCEPTS

- Usually occurs on housing unit or emergency stairwell
- Possibly require carrying of fire extinguisher, First Aid kit, radio
- Typically one flight of stairs
- May be preceded by running to stairs, followed by running after climbing or descending
- Adequately pace yourself to ensure ability to perform other physically demanding tasks once at the scene

STEPS

- Quickly assess situation before taking action
- Call for back-up, if required

AIDS AND RESOURCES

- Special equipment if indicated (radio, CPR/First Aid kit, security restraints, fire extinguisher)

LIFTING HEAVY OBJECTS

RELEVANT CORE TASKS

225. Lift heavy objects (e.g., injured or unconscious juvenile or piece of equipment).

VALUE

- Prevent death from suicide/homicide attempt
- Remove obstacles preventing the rendering of assistance, or evacuation

PREREQUISITES

- Muscular strength and endurance
- Knowledge of facility's physical layout
- CPR/First Aid
- How to use "911" knife, if available
- Knowledge of alarm signals

RULES AND CONCEPTS

- Most common locations: booking area and housing unit
- Pace yourself if need to run to scene
- Brace back, lift with legs
- Practice techniques during simulation exercises
- Remove any choking articles (noose, clothing, cords, etc.)
- May have "911" knife at your disposal

STEPS

- Pace yourself if run to scene
- Call for back-up
- Position yourself to maximize efforts and prevent injury to juvenile/staff

AIDS AND RESOURCES

- Radio
- "911" knife
- Other juvenile corrections officers
- Medical staff

DRAGGING HEAVY OBJECTS

RELEVANT CORE TASKS

226. Drag heavy objects (e.g., injured or unconscious juvenile or piece of equipment).

VALUE

- Render aid
- Remove juvenile or staff from life-threatening situation (e.g., fire, physical altercations, riot, etc.)
- Remove obstacles preventing the rendering of assistance, or evacuation

PREREQUISITES

- Knowledge of facility's physical layout
- Muscular strength and endurance
- CPR/First Aid
- Knowledge of alarm signals

RULES AND CONCEPTS

- Protect lower back
- Practice techniques using simulation exercises
- Avoid ballistic movements (short bursts)
- Bend knees and position majority of weight bearing on quadriceps
- Tilt your face upward to assist with keeping back straight
- Practice using smooth movements

STEPS

- Pace yourself if run to scene
- Call for back-up
- Position yourself to maximize efforts and prevent injury to juvenile/staff

AIDS AND RESOURCES

- Radio
- Medical staff
- CPR/First Aid kit