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Champaign County Probation & Court Services Department Detention Services Manual

Staff and Resident Contact

512.1 PURPOSE AND SCOPE

Frequent contact and interaction with residents allow for continual assessment of the safety and security of the facility and the health and welfare of the residents under supervision. This policy provides guidelines for interaction between staff and residents.

512.2 POLICY

The Superintendent shall ensure that residents have adequate ways to communicate with the detention staff and that staff communicate and interact with the residents in a timely and professional manner.

515.3 GENERAL CONDUCT GUIDELINES

Staff members are encouraged to interact with the residents under their supervision on a continual basis and are expected to take prompt and appropriate action to address health and safety issues that are discovered or brought to their attention.

All detention staff, including support staff, contractors, and volunteers, will always present a professional and command presence in their contact with residents. Staff shall address residents in a professional, civil manner and treat the residents with respect and courtesy. The use of profanity or derogatory comments based on race, sex, age, personal appearance, or sexual identity is strictly prohibited.

Written communication (request slips, grievances) shall be answered in a timely manner. Such communication shall be filed with the resident's records.

Detention staff shall not dispense legal advice, opinions or recommend attorneys. Staff shall not allow personal feelings to interfere with the provision of their required functions or the legal rights detained juveniles in this facility.

Special favors or privileges that are not permitted or required by division policies or at the direction of the Superintendent shall not be provided.

Detention staff shall not engage in sexual acts or salacious conversations or exchange inappropriate notes or letters with the residents.

Staff shall promptly report all attempts by residents to initiate sexual acts, salacious conversations and forward any correspondence from a resident or former resident to the Superintendent.

Staff shall not allow a condition to exist that implies the residents are in control of other residents or any area of the facility.

Staff shall report all attempts to intimidate or instill feelings of fear, immediately to their supervisor.

While profanity and harsh language are prohibited, the division recognizes the necessity for staff to give residents direction at times in a firm, determined and authoritative manner to maintain proper supervision and control. Authoritative directions to residents are particularly indicated when activities or events pose a threat to the safety or security of this facility.

Effective 01/01/2023

Policy

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Champaign County Probation & Court Services Department Detention Services Manual

Transportation of Residents outside the Secure Facility

513.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the transportation of juvenile residents outside of this facility and to ensure that staff assigned to transportation duties are qualified and adequately trained.

513.2 POLICY

It is policy of the Champaign County Juvenile Detention Center to provide safe, secure and humane transportation for all juvenile residents and other persons as required by law.

The Champaign County Juvenile Detention Center shall transfer all juvenile residents from the Juvenile Detention Center to the place of incarceration pursuant to the sentence of the Court as soon as practicable after the sentence.

513.3 PROCEDURES

Only staff members who have completed Juvenile Detention Center-approved training on juvenile detainee transportation should be assigned transportation duty. All staff members who operate transportation vehicles shall hold a valid driver's license for the type of vehicle being operated.

Any staff member who transports a juvenile detainee outside the secure confines of the facility is responsible for:

- (a) Obtaining all necessary paperwork for the juvenile detainee being transported (Resident file for Court, medical/dental records, and commitment documents).
- (b) Ensuring juvenile detainees are thoroughly searched and appropriate restraints are properly applied.
 1. Detainees who are known to be pregnant will not be handcuffed behind their back or placed in leg restraints or transport belts while being transported (see the Use of Restraints Policy).
- (c) Ensuring that all vehicle security devices are in good repair and operational.

- (d) Thoroughly searching the transporting vehicle for contraband before any juvenile detainee is placed inside, and again after removing the detainee from the transporting vehicle.
- (e) Only county owned, official vehicles shall be used to transport juvenile detainees.
- (f) A minimum of two officers shall accompany the transport unless authorization is obtained from the Superintendent of Detention or their designee.
- (g) The number of passengers shall not exceed the occupancy rating of the vehicle, with all doors and windows locked.
- (h) If a transport van is used, an officer shall be seated also in rear passenger section with the juvenile detainee.

513.4 TRANSPORT TO COURT HEARINGS

- (a) Transport Vehicle is to drive into the secure sally port area of the Champaign County Courthouse.
- (b) After removal from transport vehicle, transporting officer(s) shall walk the juvenile detainee to the appropriate elevator for the appropriate court room.
- (c) Juvenile detainee shall be placed in the appropriate secure temporary holding facility. The temporary secure holding facility shall be sight and sound separated to prevent physical or visual auditory contact from adults in custody. A Juvenile Detention Officer must maintain a constant, immediate presence with the juvenile detainee always.
- (d) Sight and sound separation shall be maintained from adult inmates in custody at the Champaign County Courthouse. If inadvertent or accidental contact does occur, reasonable efforts shall be taken to end the contact.

Effective Date: 01/01/2023

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Champaign County Probation & Court Services Department Detention Services Manual

End of Term Release

514.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the end of term release of juvenile residents and to ensure that juvenile residents are not released in error.

514.2 POLICY

It will be the policy of the Champaign County Juvenile Detention Center to provide timely, efficient, and legal release of juvenile residents.

514.3 RELEASE PROCEDURE

Juvenile residents who have reached the end of their Court-ordered sentenced term or who are released by the Court will be positively identified by the staff prior to being released from the facility. Identities should be verified using biometric scans or using the intake records bearing the residents name and photograph.

Before a juvenile resident is released, the following conditions must be met:

- (a) The identity has been verified.
- (b) All required paperwork for release is present. Checking the file for other release related or pending matters, including:
 1. Verifying calculations and release-date adjustments for good time.
 2. Any pending arrangements for follow-up, such as medications needed, appointments or referral to community or social resources.
- (c) Release staff must complete National Crime Information Center (NCIC) and Law Enforcement Agency Data Systems (LEADS) to ensure that there are no outstanding warrants or other data associated with the individual which requires an enforcement or investigative action.
- (d) If a resident has known medical or mental health concerns, a summary of those issues must be completed by the authorized QMP or QMHCP to facilitate the needs of the resident to the legal guardian or the receiving agency accepting the resident.
- (e) Residents on probation or parole should be directed to contact their probation or parole officer within 24 hours or sooner of their release

- (f) Residents shall be informed of any pending Court dates in writing by the releasing staff.
- (g) Arrangements shall be made for completion of any pending action, such as grievances or claims of damaged or lost possessions.
- (h) All property shall be released to the resident and or legal guardian.

The housing/pod sheet, and the resident's file shall be updated after the resident's release. The Supervisor shall ensure all release documents are complete and properly signed by the resident and the staff where required.

Effective Date: 01/01/2023

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Champaign County Probation & Court Services Department Detention Services Manual

Over-Detention and Inadvertent Releases

515.1 PURPOSE AND SCOPE

This policy is intended to provide guidance to staff and management in the event of over-detention or inadvertent release.

515.1.1 DEFINITIONS

Definition related to this policy include:

Inadvertent release – Any instance of a juvenile resident being mistakenly released.

Over-detention – Any instance of a juvenile resident being mistakenly detained beyond his/her scheduled release date.

515.2 POLICY

It is the policy of this division to reasonably ensure that over-detention and inadvertent releases do not occur.

515.3 OVER-DETENTION

Any detention staff member who discovers or receives information of an over-detention, or a complaint from a resident regarding over-detention should immediately notify the shift supervisor and the Superintendent.

The shift supervisor should immediately investigate to determine the correct release date and time of the resident and report the findings to the Superintendent.

Juvenile residents who are found to be over-detained shall be processed for immediate release in accordance with the End of Term Release Policy. The shift supervisor shall make an informational report and forwarded the completed report to the Superintendent.

515.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the detention staff member making the discovery shall immediately notify the shift supervisor. The notification shall be documented in the detention record.

515.4.1 INADVERTENT RELEASE INVESTIGATION

The shift supervisor shall conduct an immediate investigation to determine the cause of the inadvertent release.

The shift supervisor will coordinate a response based upon the seriousness of the threat the resident may pose to the community. The threat assessment should be based upon the prior history, the reason for custody, among other factors.

In the case of an inadvertent release, the detention supervisor should immediately notify the Superintendent and ensure a report is completed. The Superintendent shall notify the Director and the Champaign County States Attorney's Office.

An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

The shift supervisor shall make an incident report and forward the completed report to the Superintendent.

515.4.2 RETURNING THE JUVENILE RESIDENT TO CUSTODY

When the juvenile resident is located and returned to the facility, the appropriate notifications shall be made as soon as practicable.

Effective Date: 01/01/2023

**Champaign County Probation & Court Services Department
Detention Services Division**

CHAPTER 6 – RESIDENT DUE PROCESS

Policy

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Champaign County Probation & Court Services Department Detention Services Manual

Disciplinary Administrative Intervention

601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary administrative intervention and guiding principles relating to the conditions attached to that intervention. It will provide guidance to the staff on acceptable practices about management of residents in this status or classified as requiring special management needs.

601.1.1 DEFINITIONS

Disciplinary administrative intervention – A status to a resident, in which the resident was found to be in violation of a detention facility rule or state or federal law. This status results in separating the resident from daily group activities to serve the consequence imposed.

601.2 POLICY

The Champaign County Juvenile Detention Services Division will maintain a disciplinary administrative intervention program for residents who, are being sanctioned for violating one or more detention facility rules. Restrictions on privileges may be subject to the disciplinary process and in accordance with this policy.

601.3 DISCIPLINARY ADMINISTRATIVE INTERVENTION

Residents may be placed on administrative intervention for moderate to major rule infractions. All request for Administrative Intervention must be made on the Administrative Intervention Request form and approved by a supervisor. Administrative Intervention may be approved for 3 days or 6 days.

601.4 RESIDENT ACCESS TO SERVICES

The ability to discipline residents for conduct violations is not absolute. Absent legitimate government reason, residents continue to have a right to receive certain services. However, residents in administrative intervention, in accordance with the Resident Discipline Policy, or special management residents, who are disciplined for one or more rule violations, may be subject to loss of privileges.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All detention staff will adhere to the following policy sections to guide them in the supervision of residents held in administrative intervention or classified as requiring special management needs.

601.4.1 MEDICATION, CLOTHING AND PERSONAL ITEMS

Residents placed on administrative intervention or considered special management residents shall not be denied prescribed medication.

Absent orders from the Superintendent, Assistant Superintendent, a Qualified Health Care Professional or Qualified Mental Health Care Professional will continue to have the same clothing as the general population residents have.

Absent unusual circumstances, special management residents will continue to have the same access to items as general population residents have, including the following:

- Clean clothing
- Clothing exchanges
- Proper bedding
- Hygiene items

Residents on administrative intervention or special management residents shall not be deprived bedding or clothing except in cases where the resident destroys such articles or uses them to injure/harm themselves. The decision to continue to deprive the resident of these articles must be made by the Superintendent or their authorized designee and reviewed every 12 hours.

601.4.2 SHOWERING AND PERSONAL HYGIENE

Residents on administrative intervention shall be allowed to shower with the same frequency as the general resident population, if reasonably practicable, but at minimum, shall be afforded the opportunity to shower every other day.

Whenever the resident is not allowed to shower as the same frequency of the general resident population, it must be reviewed and approved by the shift supervisor. The circumstances necessitating a restriction must be clearly documented in the file.

601.4.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld when it reasonably appears that the items will be destroyed by the resident, or it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever a resident in administrative intervention is denied a personal care items or activities that are usually authorized to the general population residents, except for restrictions imposed

by the Superintendent or their designee, the detention officer taking such action shall prepare a report describing the circumstances that necessitated the need to restrict personal items or activities. The report shall be submitted to the shift supervisor for review and approval, who will forward the report to the Superintendent. A copy of the report shall be placed in the resident's file.

601.4.4 MAIL AND CORRESPONDENCE

Residents in administrative intervention status shall have the same privileges who write and receive correspondence as residents in general population, except in cases where residents violated correspondence regulations. In such cases, outgoing and incoming mail privilege to/from a certain individual may be prohibited. The Superintendent or the authorized designee shall be notified of the correspondence violation.

601.4.5 VISITATION

Residents on administrative intervention status shall have the same opportunities for visitation as general population residents, except when visitation privileges are modified pursuant to a sanction imposed by the Superintendent or their designee. Disciplinary sanctions that modify visitation must be clearly documented and approved by a detention supervisor and forwarded to the Superintendent.

610.4.6 EXERCISE

Residents on administrative intervention should be given a minimum on one (1) hour of exercise per day. Exceptions to this may occur if there are legitimate security or safety considerations. The circumstances relating to the limitation of exercise shall be documented in memorandum report to the shift supervisor. The memorandum shall be reviewed, and the restriction shall be approved by a supervisor.

610.4.7 TELEPHONE PRIVILIGES

Residents on administrative intervention may have their telephone privileges modified or restricted based on legitimate security or safety considerations. Exceptions include the following:

- (a) Attorney Phone calls
- (b) Responding to verified family emergencies, as approved by a detention manager.

601.4.8 BEDDING AND CLOTHING

Residents on administrative intervention shall not be deprived of bedding or clothing except in cases where the resident destroys articles or uses the items to harm him/herself or others or for something that the intended purpose. Articles of clothing and bedding shall be returned to the resident as soon as it is reasonable to believe the behavior that caused the action will not continue. The decision to continue deprive the resident of these articles must be made by the

Superintendent or the authorized designee and reviewed at least every two (2) hours. The review shall be documented and placed into the resident's file.

601.5 MEALS

Under no circumstances will a resident be denied food as a means of punishment. The detention shift supervisor may modify how the meal is served as to the container. Residents on administrative intervention or special management residents, their meal trays may be modified to a flex tray or Styrofoam tray at the discretion of the detention supervisor.

Effective Date: 01/01/2023

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Champaign County Probation & Court Services Department Detention Services Manual

Room Restriction

602.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines, supervisory oversight, and requirements for placing a juvenile on room restriction.

602.1.1 DEFINITIONS

Major Rules Violation:

1. Battery
2. Fighting
3. Attempted Escape or Escape
4. Possession of Dangerous Contraband (Weapons)
5. Inappropriate Sexual Behavior- Intentional and purposeful touching of a sexual nature of the body
6. Behavior that puts the health and welfare of residents, visitors, and staff at risk.

602.2 POLICY

Residents who engage in a Major Rule Violation or exhibit extreme threatening or destructive behavior may be placed on room restriction to control aggressive, disruptive, or threatening behavior that is a clear and present danger to the juvenile, other detained youth, staff, or the security of the facility.

602.3 PROCEDURE

The use of room restriction status is an immediate measure to control and observe a juvenile and not a form of punishment. These are control measures which preserve order, safety and security of the juvenile and the Detention Center.

Room confinement shall not be used unless appropriate lesser means of intervention have failed to prevent or manage the behavior.

For a juvenile to be placed on room restriction, there must be reasonable cause to believe that failure to do so would result in:

1. Conduct which threatens the immediate physical harm to self or others.
2. Engagement in a Major Rule Violation that is a threat to the safety and security of the Detention Staff and its residents.
3. Conduct seriously disruptive to the security, order, and discipline of the facility.
4. An immediate threat of escape for only if the intent to escape persists.

Room restriction shall not exceed four (4) hours without the authorization of the Superintendent of Detention, their designee and/or mental health developing a plan to address the illegal or violent behavior of the resident.

Room restriction shall only be used for behavior management purposes, not for punishment.

Juveniles on room restriction shall not be denied food, medical services, and mental health services or subjected to abusive or degrading treatment.

Juveniles placed on room restriction shall be checked on every fifteen (15) minutes and the check shall be recorded. Additionally, the shift supervisor shall visit with the juvenile at least twice per shift.

Whenever room confinement is utilized, an Incident Report and a Room Restriction Request form, which documents all relevant information, shall be submitted to the shift supervisor and the Superintendent. The following information contained in the Incident Report shall include but need not be limited to the following:

1. The specific behavior that necessitated room restriction.
2. Alternative interventions that were unsuccessful in managing the behavior.
3. Authorization by the shift supervisor (Assistant Superintendent) and the Superintendent.
4. The time and date room restriction commenced, and time and date room restriction is to end.
5. A plan for the juvenile to re-integrate back to the general population group.

Juveniles placed on room restriction must be afforded living conditions and rights approximating those available to the general population, unless clear and substantial evidence justifies an exception and administrative approval has been granted. During room restriction potentially dangerous articles may be removed and the physical needs of the juvenile shall be met.

Effective Date: 01/01 2023

Policy

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Champaign County Probation & Court Services Department Detention Services Manual

Residents with Disabilities

603.1 PURPOSE AND SCOPE

This policy provides guidelines for addressing the needs and rights of residents detained by this facility, in accordance with the Americans with Disabilities Act (ADA).

603.1.1 DEFINITIONS

Definitions related to this policy include:

Disability – The ADA defines a disability as a physical or mental impairment that limits one or more major life activities. These include, but are not limited to, any disability that would substantially limit the mobility of an individual or an impairment of vision and or hearing, speaking, or performing manual task that require some level of dexterity.

603.2 POLICY

The Champaign County Juvenile Detention Center will take all reasonable steps to accommodate residents with disabilities while they are in custody and will comply with the ADA and any related state laws. Discrimination based on disability is prohibited.

603.3 SUPERINTENDENT RESONSIBILITIES

The Superintendent in coordination with the County's ADA Coordinator will establish procedures to assess and reasonably accommodate disabilities for residents. Procedures will include, but not be limited to:

- Establishing housing units that are equipped to meet the physical needs of disabled residents, including areas that allow for personal care and hygiene in a reasonably private setting and for reasonable interaction with residents.
- Establishing classification criteria to make housing assignment with residents with disabilities.
- Establishing transportation procedures for moving residents with disabilities.
- Establishing guidelines for services, programs, and activities for the disabled and ensuring that residents with disabilities have an equal opportunity to participate from all aspects

of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.316).

- Enlisting or contracting for trained service personnel who have experience working with disabled people.
- Establishing procedures for the request and review of accommodations.
- Establishing guidelines for the accommodation of individuals who are deaf or hard of hearing, have common disabilities such as sight and mobility impairments, developmental disabilities, and common medical issues, such as epilepsy.

The Superintendent is responsible for ensuring the Champaign County Juvenile Detention Center facility is designed or adapted to reasonably accommodate residents with disabilities. At a minimum this includes:

- Access to telephones equipped with telecommunications device for the deaf (TDD) for residents who are deaf, hard of hearing or speech impaired.
- If orientation videos are used to explain facility rules to newly admitted residents, subtitles may be displayed on the video presentation to assist residents who have impaired hearing.
- Some cells and housing units should be equipped with wheelchair accessible toilet and shower facilities.

603.4 DETENTION OFFICERS RESPONSIBILITIES

Detention officers should work with qualified health care professionals to aid in making accommodations for those with physical disabilities.

Detention officers and supervisors who work with the initial classification process should be aware of residents with disabilities before making housing decisions. For example, persons with mobility issues may require a housing unit and cell with accessible toilet and shower facilities. When necessary or required a supervisor should consult with a qualified health care professional.

Detention officers should assist a resident with a disability by accommodating the resident consistent with any guidelines related to the resident's disability. If there are no current guidelines in place, detention officers receiving a resident request in writing or assist the resident in doing so, as needed. The written request should be brought to the on-duty supervisor as soon as practicable. Generally, requests should be accommodated upon request if the accommodation would not raise a safety concern or affect the orderly function of the detention facility. The formal written request should still be submitted to the on-duty supervisor.

Requests that are minor and do not reasonably appear related to a significant or ongoing need may be addressed informally.

603.5 ACCOMMODATION REQUESTS

Residents shall be asked to reveal any accommodation requests during the intake classification process. Any such request will be addressed according to the classification process.

Requests for accommodations after initial entry into the facility should be made through the standard facility request process and should be reviewed by a supervisor within 12 hours of the request being made. The reviewing supervisor should evaluate the request and, if approved, notify the Superintendent and any other staff as necessary to meet the accommodation. The supervisor should make a record of the accommodation in the resident's file.

A supervisor who does not grant the accommodation, either in part or full, shall forward the request to the Superintendent within 24 hours of the request being made. The Superintendent, with the assistance of the County's ADA Coordinator and/or legal counsel, should decide regarding the request within 48 hours.

602.6 TRAINING

The Superintendent should work with the training manager to provide periodic training on such topics as:

- (a) Policies, procedures, forms, and available resources for disabled residents.
- (b) Working effectively with interpreters, telephone interpretive services and related equipment.
- (c) Training for supervisory staff, even if they may not interact regularly with disabled individuals, so they are fully aware of and understand policy and can reinforce its importance and ensure its implementation.

Effective Date: 01/01/2023

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Champaign County Probation & Court Services Department Detention Services Manual

Resident Access to Courts and Counsel

604.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of juveniles to access the courts and legal counsel, while holding juvenile residents accountable to the rules and regulations that govern conduct in the facility. The staff at every level is reminded the fundamental constitutional right of access to courts does not end when a person is incarcerated.

604.2 POLICY

It is the policy of this department that all residents will have access to the courts and the ability to consult with legal counsel.

604.3 RESIDENT ACCESS

Staff should not unreasonably interfere with a resident's attempts to seek counsel and should assist residents with contacting attorneys and authorized representatives.

Access to courts and legal counsel may occur through court-appointed counsel, attorney or legal assistant visits, telephone conversations or written communication. To facilitate access, the facility will minimally provide:

- Confidential attorney visiting area that include how the attorney and the resident can share legal documents.
- Telephone that enables attorney-client calls.
- Reasonable access to legal materials.
- A means of providing assistance through the court process by individuals trained in the Juvenile Court Act. This assistance will be available to illiterate residents and those who cannot speak or read English or who have disabilities that would impair their ability to access.
- Writing materials, envelopes, and postage for residents for legal communications and correspondence.

The Superintendent shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the resident handbook, which is provided during resident orientation.

603.4 CONFIDENTIALITY

All communication between residents and their attorneys is confidential, including telephone conversations, written communication, and video conferencing. The content of written attorney will not be reviewed or censored but the documents may be inspected for contraband.

Outgoing and incoming legal correspondence shall be routed through staff, who have received training in inspecting confidential documents and who are accountable for maintaining confidentiality. Incoming legal correspondence shall be opened and inspected for contraband in the presence of the recipient resident.

603.5 VISITATION RELATED TO LEGAL DEFENSE

Visits with juvenile residents that are related to legal defense, including attorneys, paralegals, and investigators, will be permitted in areas designated for legal visitation or by the way of video visitation to assure confidentiality.

- (a) Visits shall be a reasonable length of time, visits shall be such a length of time that they do not interfere with the security, order, and discipline of the facility. The permissible time for visitation should be flexible but should not substantially interfere with pertinent facility schedules, such as medical examinations, heavy court transport, meal services or other required activities.
- (b) Only materials brought to the facility by an approved legal assistant shall be allowed.
- (c) All materials shall be subject to security inspections by staff and shall be routed through the supervisor for logging and distribution.

603.5 MAIL

Legal mail shall be handled in accordance with the Resident Mail Policy.

Effective Date: 01/01/2023

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Champaign County Probation & Court Services Department Detention Services Manual

Resident Rights – Protection from Abuse

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that juvenile residents are afforded a safe, healthful environment free from abuse, corporal punishment or harassment, and that resident property is protected.

605.2 POLICY

It is the policy of the Champaign County Detention Services Division to make every reasonable effort to protect juvenile residents from personal abuse, corporal punishment, personal injury, disease, property damage and harassment by other residents or staff. Staff shall take reasonable actions to safeguard vulnerable residents from others and shall use the classification process to make housing decisions that will provide for resident safety. Abuse of residents by staff or other residents will not be tolerated.

605.3 RESPONSIBILITY

It shall be the responsibility of all facility staff to adhere to policies, procedures, and practices, and to make every reasonable effort to prevent resident injury, harassment, and abuse, to prevent theft or damage to resident property and to eliminate conditions that promote disease. These procedures include, but are not limited to:

- Following the classification guidelines for resident housing.
- Closely supervising resident activities and interceding as needed to prevent violence, harassment, or abuse of residents.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all resident injuries, investigating the cause of reported injuries, and documenting these efforts in an incident report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of residents conducting “kangaroo” courts or dispensing discipline toward any other resident.
- Conducting required safety checks of all residents housing areas.
- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or the Superintendent.

- Referring sick or injured residents to a qualified health care professional without unnecessary delay.
- Maintaining high standards of cleanliness throughout the facility.
- Documenting all abuse protection efforts in incident reports as applicable.

605.4 TRAINING

The training manager shall be responsible for developing and delivering a training curriculum on the topic of protecting residents from abuse to all staff. A list of attendees shall be maintained from each training. Training completion documents shall be filed in each employee's training file.

Effective Date: 01/01/2023

Policy 607

Champaign County Probation & Court Services Department Detention Services Manual

Prison Rape Elimination Act (PREA)

607.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.311).

607.2 POLICY

This facility has a zero tolerance about sexual abuse and sexual harassment in this facility. This facility will take appropriate affirmative measures to protect all juvenile residents of sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.

607.3 DEFINITIONS

Definitions related to this policy include:

Agency head: Principal official of an agency.

Community confinement facility: A community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as a part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during non-residential hours.

Contractor: A person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Detainee: Any person detained in a lockup, regardless of adjudication status.

Direct staff supervision: When security staff are in the same room with, and within reasonable hearing distance of, the resident or inmate.

Employee: A person who works directly for the agency or facility.

Exigent circumstances: A set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of the facility.

Facility: A place, institution, building (or part thereof), set of buildings, structure, or area (whether enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.

Facility head: The principal official of a facility.

Full compliance: Compliance with all material requirements of each standard except for *de minimis* violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Inmate: Any person incarcerated or detained in a prison or jail.

Intersex: A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders

Jail: A confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

Juvenile: Any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

Juvenile facility: A facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.

Law enforcement staff: Employees responsible for the supervision and control of detainees in lockups.

Lockup: A facility that contains holding cells, cell blocks, or other secure enclosures that are: (1) under the control of a law enforcement, court, or custodial officers; and (2) primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.

Medical practitioner: A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner: A mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search: The running of hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband.

Prison: An institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

Resident: Any person confined or detained in a juvenile facility or in a community confinement facility.

Secure juvenile facility: A juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows resident’s access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be a secure juvenile facility.

Security staff: Employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.

Staff: Employees.

Strip search: A search that requires a person to remove or arrange some or all clothing to permit a visual inspection of the person’s breasts, buttocks, or genitalia.

Transgender: A person whose gender identity (i.e. internal sense of feeling male or female), is different from the person’s assigned sex at birth.

Substantiated allegation: An allegation that was investigated and determined to have occurred.

Unfounded allegation: An allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation: An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether the event occurred.

Volunteer: An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Youthful inmate: Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

Youthful detainee: Any person under 18 who is under adult court supervision and detained in a lockup.

Sexual abuse includes:

1. Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such an act by overt or implied threat of violence, or is unable to consent or refuse:
 - (a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
 - (b) Contact between the mouth and the penis, vulva, or anus.
 - (c) Penetration of the anal or vaginal opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - (d) Any intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
2. Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:
 - (a) Contact between the penis and the vulva and the penis or the anus, including penetration, however slight.
 - (b) Contact between the mouth and the penis, vulva, or anus.
 - (c) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
 - (d) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
 - (e) Any other intentional contact, either directly or through clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
 - (f) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in (a)-(e) of this section.
 - (g) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and

- (h) Voyeurism by a staff member, contractor, or volunteer. (Note: Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident using a toilet in his or her cell to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.)

Sexual harassment:

- (a) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another: and
- (b) Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

607.4 PRESERVATION OF ABILITY TO PROTECT DETAINEE'S

The Champaign County Probation & Court Services Department shall not enter or renew any employee bargaining agreement or other agreement that limits the department's ability to remove alleged staff sexual abuser from contact with any juvenile detainee's pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted (28CFR 115.366).

607.5 PREA COORDINATOR

The Superintendent shall appoint an Assistant Superintendent with sufficient time and authority to develop, implement and oversee the agency efforts to comply with PREA standards. The PREA coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Superintendent (28 CFR.115.311). In the event the PREA coordinator position become vacant, the Superintendent will designate a new coordinator within thirty (30) days of the vacancy.

The PREA coordinator's responsibilities shall include:

- (a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the agency's approach to identifying imminent sexual abuse toward juvenile residents and preventing and detecting such incidents (28 CFR 115.311; 28 CFR 115.365; 28 CFR 115.362)
- (b) Ensuring that within three (3) days on intake, juvenile residents are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for

reporting such incidents and regarding the agency's policies and procedures to responding to such incidents (28 CFR 115.333)

- (c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, to protect detainees from sexual abuse (security staff ratio that is 1 to 8 during waking hours and 1 to 16 during sleeping hours). This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into considerations (28 CFR 115.313).

1. Generally accepted detention practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from state or federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant, including blind spots or areas where staff or detainees may be isolated.
6. The composition of the detainee population.
7. The number and placement of supervisory staff.
8. Agency programs occurring on a particular shift.
9. Any applicable state or local laws, regulations, or standards.
10. The prevalence of substantiated or unsubstantiated incidents of sexual abuse.
11. Any other relevant factors.

- (d) Ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system or other monitoring technology, consideration is given to the agency's ability to protect detainees from sexual abuse (28 CFR 115.318).

- (e) Ensuring that any contract for the confinement of Champaign County Juvenile Detention detainees include the requirement to adopt and comply with PREA standards, including obtaining incident-based and aggregated data, as required in 28 CFR 115.387. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards (28 CFR 115.312).

- (f) Making reasonable efforts to enter into agreements with community service providers to provide detainees with confidential, emotional support services related to sexual abuse. The facility shall provide detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainee's mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant service agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential manner as possible.

- (g) Ensuring protocol describing the responsibilities of the agency and of another investigating agency, if a law enforcement agency will be responsible for conducting any

sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exist (28 CFR 115.322).

- (h) Implementing a process by which juvenile detainee's may be report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the agency and that the outside entity or office is able to receive and immediately forward the detainee reports of sexual abuse and sexual harassment to the Detention Superintendent, allowing the detainee anonymity (28 CFR 115.351).
- (i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at the facility, using a standardized instrument and set definitions. Upon request, the agency shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.387):
 - 1. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice.
 - 2. The data shall be aggregated at least annually.
- (j) Establishing a process to monitor the conduct and treatment of detainee's or staff who have reported sexual abuse and the conduct and treatment of detainee's who were reported to have suffered sexual abuse.
- (k) Ensuring that the following are published on the agency website or by other means, if no website exist:
 - 1. Agency policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment unless the allegation does not involve potentially criminal behavior) (28 CFR 115.322)
 - 2. Information on how to report sexual abuse and sexual harassment on behalf of a detainee (28 CFR 115.354).
- (l) Ensuring audits are conducted pursuant to 28 CF 115.401 through 28 CFR 15.405 (28CFR 115.393).
- (m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur unless it is necessary for operational considerations (28 CFR 115.313).
- (n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to the agency informed of the progress of the investigation (28 CFR 115.371).

607.6 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION

Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against detainee's or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.361). Staff may also privately report sexual abuse or sexual harassment of detainee's (e.g., report to Detention Superintendent) (28 CFR 115.351).

The facility shall provide information to all visitors or third parties on how they may report any incident or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54).

Detainees may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all detainee requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports (28 CFR 115.351).

Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.361).

607.6.1 REPORTING TO OTHER FACILITIES

If there is an allegation that a detainee was sexually abused while he/she was confined at another facility, the Detention Superintendent shall notify the administrator of that facility as soon as possible but no later than 72 hours after receiving the allegation. The Detention Superintendent shall ensure that the notification has been documented (28 CFR 115.363).

607.7 RETALIATION PROHIBITED

All detainee's and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area and support services for detainee's or staff who fear retaliation shall be utilized (28 CFR 115.367).

The Detention Superintendent or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of detainee's or staff who report sexual abuse or sexual harassment, as well as detainee's who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall

act promptly to remedy any such retaliation. The assigned supervisor shall consider detainee disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Detainee monitoring shall also be included periodic status checks. The Detention Superintendent should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.367).

607.8 FIRST RESPONDERS

If an allegation of detainee sexual abuse is made, the first detention officer to respond shall (28 CFR 115.364):

- (a) Separate the parties.
- (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate health care and mental health professionals (28 CFR 115.382).
- (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- (d) If the time allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating).
- (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.
- (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a detention officer, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a detention officer.

Should an investigation involve detainees who have disabilities or who have limited English proficiency, the first responder shall not rely on detainee interpreters, detainee readers or other types of detainee assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise detainee safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.316).

607.9 SEXUAL ABUSE VICTIMS

Detainees who are victims of sexual abuse shall be transported to Carle Hospital-Emergency Department for treatment of injuries and the collection of evidence, and for crisis intervention services (28 CFR 115.382). Depending on the severity of the injuries, transportation may occur by staff members transporting or by Emergency Medical Services, in either case with appropriate security to protect the staff, the detainee and the public, and to prevent escape.

A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the agency shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the agency, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as services specified in 42 USC 14043g(b)(2)(C), to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28CFR 115.321).

607.10 EXAMINATION, TESTING AND TREATMENT

Examination, testing and treatment shall include the following:

- (a) Forensic medical examinations shall be performed as evidentiary or medically appropriate, without financial cost to the victim. These examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If neither a SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination by the hospital medical staff. The agency shall document its efforts to provide SAFEs or SANEs (28 CFR 115.321).
- (b) If requested by the victim, a victim advocate, qualified agency staff member or a qualified community organization staff member shall accompany the victim through the forensic medical process and the investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.321).
- (c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.382).
- (d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.
- (e) Victims shall be offered information about, and given access to, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases (28 CFR 115.382; 28 CFR 115.383). This shall be done in a timely manner.
- (f) Victims of a sexually abusive vaginal penetration while detained, shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive

comprehensive information about and timely access to all lawful pregnancy-related medical services (28 CFR 115.383).

- (g) Victims shall be provided with follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, placement in, other facilities or their release from detainment (28 CFR 115.383).
- (h) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.382).
- (i) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State or local law (28 CFR 115.381).

607.11 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS

An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.322). Administrative investigations shall include an effort to determine whether staff actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed agency-approved training on sexual abuse and sexual harassment investigations shall be assigned to investigate these cases (28 CFR 115.371).

When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to a detainee sexual orientation, sex, or gender identity. Investigators should not assume that any sexual activity among detainees is consensual.

The departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation (28 CFR 115.371).

If the investigation is referred to another agency (Champaign County Sheriff's Office or the Illinois State Police-Division of Criminal Investigation) the agency shall request that the investigating agency follow the requirements as provided in 28 CFR 115.321 (a) through (e). Such referral shall be documented in a formal written report. The agency shall cooperate fully with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.371). If criminal acts are identified as result of the investigation, the case shall be forwarded to the Champaign County States Attorney Office or the appropriate prosecution office.

Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on recent edition of the U.S. Department of Justice Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similar comprehensive and authoritative protocols developed after 2011 (28 CFR 115.371).

Detainee's alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.371).

607.11.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Detention Superintendent or, if the allegations may reasonably be the Detention Superintendent, to the Director of Court Services. The Detention Superintendent or Director of Court Services shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by preponderance of the evidence (28 CFR 115.371; 28 CFR 115.372).

The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanctions for staff members who have engaged in sexual abuse or sexual harassment. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.376).

607.11.2 REPORTING TO DETAINEE'S

The Detention Superintendent or the authorized designee shall inform the victim detainee in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the agency did not conduct the investigation, the agency shall request relevant information from the investigative agency to inform the detainee.

If a staff member is the accused (unless the agency has determined that the allegation is unfounded) the detainee shall also be informed whenever:

- (a) The staff member is no longer assigned to the detainee's unit or employed at the facility.
- (b) The agency learns that the staff member has been charged, indicted, or convicted on a charge of sexual abuse within the facility.

If another detainee is the accused, the alleged victim shall be notified whenever the agency learns that the alleged abuser has been charged, indicted, or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the detainee is in custody, the detainee will sign a copy of the notification letter. The letter will be added to the investigative file.

The agency's obligation to report under this standard shall terminate if the detainee is released from the agency's custody (28 CFR 115.373).

607.12 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF AND DETAINEES

Sexual abuse and sexual harassment between staff, volunteers or contract personnel and detainee's is strictly prohibited. The fact that a detainee may have initiated a relationship or sexual contact is not a defense to violating this policy.

Any incident involving allegations of staff-on-detainee sexual abuse or sexual harassment shall be referred to the Superintendent or the PREA Coordinator for investigation or referral to a law enforcement agency.

607.12.1 SEXUAL ABUSE BY VOLUNTEER OR CONTRACTOR

Any contractor or volunteer who engages in sexual abuse or sexual harassment within the facility shall be immediately prohibited from having any contact with detainees. He/she shall promptly be reported to the Superintendent and the PREA Coordinator and a referral to a law enforcement agency for investigation. If the activity was clearly not criminal, a referral to a relevant licensing body (28 CFR 115.377).

607.13 SCREENING FOR RISK OF SEXUAL VICTIMIZATION OR ABUSIVENESS

Within 72 hours of the detainee's arrival at the facility and periodically throughout the detainee's confinement, the agency shall obtain and use information about each detainee's personal history and behavior to reduce the risk of sexual abuse by or upon another.

Such assessments shall be conducted by using an objective screening instrument. At a minimum, the agency shall attempt to ascertain information about:

- (a) Prior sexual victimization
- (b) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.
- (c) Current charges and prior offense history.
- (d) Age.

- (e) Level of emotional and cognitive development.
- (f) Physical size and stature
- (g) Mental illness or mental disabilities.
- (h) Intellectual or developmental disabilities.
- (i) The detainee's own perception of vulnerability.
- (j) Any other specific information about the individual that may indicate heightened awareness for a need of supervision, additional safety precautions or separations from certain other residents.

The information gathered by staff shall be ascertained through conversations with the resident during the initial intake process and medical and mental health screenings, classification assessments, and by reviewing court records, case files, facility behavioral records and reports, and any other relevant documentation for the detainee's file.

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the standard to ensure that sensitive information is not exploited by staff or another detainee's (28 CFR 115.341).

607.14 PROTECTIVE CUSTODY

Detainees at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. During any period of protective custody, the agency will not deny daily large-muscle exercises and any legally required educational programming or special education services. Detainees in protective custody shall receive daily visits from a medical or mental health care professional. Detainees shall also have access to other programs to the extent as possible.

If an involuntary protective custody assignment is made because of a high risk for victimization, the Detention Superintendent or the authorized designee shall clearly document the basis for the concern for the detainee's safety and the reasons why no alternative means of separation can be arranged.

The facility shall assign these detainees to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days.

Every 30 days, the Superintendent or authorized designee shall afford each such detainee a review to determine whether there is a continuing need for protective custody (28 CFR 115.342).

607.15 SEXUAL ABUSE INCIDENT REVIEW

An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.386). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and or mental health professionals as appropriate:

- (a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification status or perceived status; or gang affiliation; or other group dynamics at the facility.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
- (d) Assess the adequacy of staffing levels in the area during different shifts.
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- (f) Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to (a)-(e) of this section, and any recommendation for improvement. The report shall be submitted to the Superintendent and the PREA Coordinator.

The Detention Superintendent or the authorized designee shall implement the recommendations for improvement or document reasons for not doing so.

607.16 DATA REVIEWS

The agency shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detections and response policies, practices, and training, by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.
- (e) Assessing the agency's progress in addressing sexual abuse.

The report will be completed by the PREA Coordinator and shall be approved by the Detention Superintendent and the Director of Court Services and made available to the public through the agency website or, if it does not have one, through other means. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and

security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.388).

607.17 RECORDS

All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance to confidentiality laws.

The agency shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the agency, plus 5 years, unless the abuse was committed by a juvenile detainee and applicable law requires a shorter period of retention (28 CFR 115.371).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of its initial collection, unless federal, state, or local laws requires otherwise (28 CFR 115.389).

Effective Date: 01/01/2023

Policy

608

Champaign County Probation & Court Services Department Detention Services Manual

Resident Grooming

608.1 PURPOSE AND SCOPE

The purpose of this policy is to allow residents to have freedom in personal grooming, except when legitimate government interest justifies the development of grooming standards that are based upon orders of the court, resident classification, safety and security, or health and hygiene.

608.2 POLICY

It is the policy of this facility to allow residents freedom in personal grooming, except when a valid government interest justifies grooming standards to be established. The Superintendent or the authorized designee shall establish resident grooming standards specific to resident classification, facility safety and security or resident health and hygiene. Any established standards should not unreasonably interfere with religious observance. Grooming standards should be identified in the resident handbook.

608.2 SHOWERING

Residents shall be permitted to shower after intake and prior to assignment to a housing unit, at least every other day and more often if practicable. Daily showers should be encouraged.

608.3 PERSONAL CARE ITEMS

Residents are expected to maintain their hygiene using approved personal care items; to include toothbrush, toothpaste, comb, brush, soap, deodorant, lotion, hair care products, feminine hygiene items. No resident will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared.

608.4 NAILS

Nail clippers will be kept at the staff station and the medical unit and will be issued to residents upon request. Residents with long nails may be required to trim their nails if there is a security concern.

608.5 HAIR CARE SERVICES

The Superintendent or the authorized designee shall establish written procedures for resident hair care.

Residents shall generally be permitted to receive hair care services once per month. A detention supervisor may suspend access to hair care services if the resident appears to be a danger to him/herself or others or to the safety and security of the facility.

Residents shall not cut names, numbers, or other designs into their hair.

608.6 SHAVING

Residents shall not be required to shave; however, residents shall be permitted to shave as often as necessary. Female residents shall be provided with shaving supplies appropriate for personal hygiene needs.

Residents may be denied access to razors if he/she appears to be a danger to him/herself or others or if such access may jeopardize the safety and security of the facility.

Effective Date: 01/01/2023

Policy

609

Champaign County Probation & Court Services Department Detention Services Manual

Resident Non-Discrimination

609.1 PURPOSE AND SCOPE

The constitutional rights of juvenile residents regarding discrimination are protected during detainment. These protections extend to administrative decisions, e.g. classification, access to programs and availability of services. This policy is intended to guide staff toward non-discriminatory and administrative decisions by defining classes protected by the 1964 Civil Rights Act detailing a resident complaint and discrimination investigation process.

609.2 POLICY

All decisions concerning residents housed at this facility shall be based on reasonable criteria that support the health, safety, security, and good order of the facility. This policy prohibits the staff from discriminating against a juvenile resident based upon age, sex, race, religion, national origin, or sexual orientation. It establishes a process by which the resident can report possible discrimination.

Reasonable and comparable opportunities for participation in educational and religious programs shall be made available to all residents. Males and females housed at the same facility shall have comparable access to all services and programs. Neither sex shall be denied opportunities based on its smaller representation in the total population.

The Superintendent should periodically conduct interviews with residents and staff members to identify and resolve potential problem areas related to discrimination before they occur.

609.3 JUVENILE RESIDENTS REPORTING DISCRIMINATION

Residents who wish to report an allegation of discrimination may communicate with facility management by way of the following:

- (a) Resident Grievance Form provided by the facility staff
- (b) Confidential correspondence addressed to the Superintendent of Detention Services or the Director of Court Services or other government officials, including the Courts or legal representative.
- (c) Verbally to any supervisor or other staff member of this facility.

609.3.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination to their immediate supervisor. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved and any other pertinent information that would be useful to investigating the allegation.

Unless the grievance or written complaint submitted by the resident is clearly identified and addresses to the Superintendent, Director, or other official, the detention shift supervisor shall review the complaint and attempt to resolve the issue. In any case, the detention supervisor shall document the circumstances of the allegation and what actions, if any, were taken to investigate or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Chief Deputy for review and further investigation, or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

- (a) The resident's classification
- (b) Past criminal history
- (c) Current and past behavior and disciplinary history
- (d) The availability of programs
- (e) The ability to safely provide requested services
- (f) Housing availability

609.4 DISCRIMINATION GRIEVANCE/COMPLAINT FORMS

The Superintendent should perform an annual audit of all resident discrimination grievances and complaints to evaluate whether any policy or procedure changes or training are indicated. The Superintendent should record these findings in a confidential memorandum to the Director. Specific details of complaints and identifying information, such as names of involved persons, dates or times, are not part of this process and should not be included in the memorandum. If the audit identifies any recommended changes or content that may warrant a critical revision to this Policy Manual, the Superintendent should promptly notify the Director.

Any training issues identified because of the audit should be forwarded to the Training Manager, who shall be responsible for ensuring all necessary and required training is scheduled and completed.

Effective Date: 01/01/2023

Policy

610

Champaign County Probation & Court Services Department Detention Services Manual

Resident Grievances

610.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which juvenile residents may file grievances and receive a formal review regarding conditions of their confinement.

610.2 POLICY

It is policy of this division that any resident may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures, and allegations of sexual abuse.

Grievances will not be accepted if they are challenging the rules and policies themselves, state or local laws, Court decisions and probation/parole actions.

Retaliation for use of the grievance system is prohibited.

610.2.1 ACCESS TO THE GRIEVANCE SYSTEM

All residents shall be provided with a grievance process for resolving complaints arising from facility matters with at least one level of appeal.

Residents will receive information concerning the grievance procedure during orientation process. Information will also be contained in the resident handbook. Information regarding the grievance process will be provided to residents in the language they understand.

The information will include:

- A grievance form or instructions for registering a grievance.
- Instructions for the resolution of the grievance at the lowest appropriate staff level.
- The appeal process to the next level of review.
- Written reasons for a denial of a grievance at each level of review.
- A provision of required timeframes for responses.
- Consequences for abusing the grievance system.

610.3 RESIDENT GRIEVANCE PROCEDURES

Staff shall attempt to informally resolve all grievances at the lowest level. If there is no resolution at this level, the juvenile detainee may request a grievance form. When appropriate, staff should document their attempts to resolve the complaint in a log entry in the juvenile detainee behavior log, documenting their contact, their understanding of the complaint, and the efforts undertaken prior to filing a formal grievance.

The juvenile resident is given a grievance form along with affixed pre-label envelop, indicating "Grievance Officer". The juvenile resident is also given the necessary tools to complete the grievance. If the juvenile resident has difficulty in writing, he/she may request and shall receive assistance from a non-involved custody staff in writing the grievance. A grievance should be filed by a juvenile resident within five (5) days of the complaint or issue.

610.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Residents may request to submit the grievance to a supervisor or direct it directly to the Superintendent if they reasonably believe the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other residents.

610.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed grievance form, the investigating grievance officer shall ensure that the grievance is investigated and resolved or denied in a timely manner, as established by the Superintendent.

The Grievance Officer must conduct a hearing with the resident or may give the resident a written resolution within three (3) days after receipt of the grievance, not including weekends or holidays.

The hearing of emergency grievances (those that concern life, health, and safety issues or when a substantial risk of imminent sexual abuse exist) must occur within eight (8) hours and a final decision must occur within three (3) calendar days.

All grievances shall be investigated by a designated grievance officer (Assistant Superintendent's) who is not the subject of the grievance.

610.3.2 APPEALS TO GRIEVANCE FINDINGS

Juvenile residents may appeal the finding of a grievance to the Superintendent of Detention as the final level of appeal within five (5) days of receiving the findings of the ordinal grievance. The Superintendent will review the grievance and either confirm or deny it. If the

Superintendent confirms the grievance, he/she will initiate corrective actions. In either case, the juvenile resident shall receive a written response to the appeal.

610.3.4 RECORDING GRIEVANCES

The original grievance shall be retained in a file maintained by the Superintendent or the authorized designee and shall be retained in accordance with established records retention schedules. The complaint and resolution of the grievance to include appeals and decisions shall be entered into the detainee's electronic file.

610.3.5 FRIVOLOUS GRIEVANCES

Juvenile residents shall use the grievance process for legitimate problems or complaints. If there is concern that a juvenile resident is abusing the grievance process, he/she shall be informed that continued behavior may be reported to the Court.

610.4 TRAINING

The Training Manager shall ensure that all custody staff receive initial and periodic training regarding all aspects of the Resident Grievance Policy. All training delivered should include testing to document that employees understand the subject matter.

Effective Date: 01/01/2023

**Champaign County Probation & Court Services Department
Detention Services Division**

CHAPTER 7 – MEDICAL & MENTAL HEALTH

Policy

700

Champaign County Probation & Court Services Department Detention Services Manual

Access to Health Care

700.1 PURPOSE AND SCOPE

The purpose of adequate health services in a detention setting is a constitutional right afforded to all residents. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly detained juvenile residents of the procedure to access health care services and how to use the grievance system, if necessary.

700.2 POLICY

It is the policy of the Champaign County Juvenile Detention Services Division that all residents of the facility, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgement and appropriate treatment.

The Detention Services Division will provide medical, dental, and mental health services necessary to maintain the health and well-being of all residents to a reasonable and socially acceptable standard.

700.2.1 CONTRACT HEALTH PROVIDER

Medical, dental, and mental health services may be provided by a contracted authority. Policies and procedures regarding all care related services are retained in the Medical Unit and shall comply with applicable laws. The site Registered Nurse, Clinical Operations Manager and Responsible Physician from the contracted authority shall be responsible for compliance and quality assurance.

700.3 ACCESS TO CARE

Juvenile resident's medical request shall be evaluated by qualified health care professionals. Health care services will be made available to residents from the time of admission until they are released. Information regarding how to contact the medical staff will be published in the resident handbook. Medications and community health resources and referral may be provided upon request when the resident is released.

Unreasonable barriers shall not be placed on a juvenile resident's ability to access health services. Health Care that is necessary during a period of detainment shall be provided. Such unreasonable barriers include:

- Punishing residents for seeking care for their health needs.
- Deterring resident's from seeking care for their health needs.

All routine requests for medical attention shall promptly route to a qualified health care professional.

Any incident of a resident causing a disruption in the delivery of health care services shall be documented by detention staff in an incident report. The report will be made available to the Clinical Operations Manager.

700.4 HEALTH CARE GRIEVANCES

Detention personnel should authorize and encourage resolution of resident complaints and requests on an informal basis whenever possible. To the extent practicable, detention personnel should provide residents with opportunities to make suggestions to improve programs and conditions.

Residents will be informed of the grievance process during resident orientation. The grievance process is also explained in the resident handbook, which all residents receive. Grievances will be handled in accordance with the Resident Grievances Policy.

Detention personnel should minimize technical requirements for grievances and allow residents to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, residents may meet with a qualified health care professional or may submit written correspondence.

Resident grievances regarding health care issues will be investigated by an uninvolved member of the medical staff. The resident should be provided with a written response in accordance with the schedule set forth in the Resident Grievances Policy. Responses to resident grievances should be based on the community standard of health care.

Copies of grievances and facility response shall be sent to the Superintendent, who, in consultation with the Responsible Physician, shall serve as the final authority in response to all resident grievances.

If a resident is not satisfied with the response, the resident may appeal the grievance as outlined in the Resident Grievances Policy.

700.5 POSTING AVAILABLE RESOURCES

A listing of telephone numbers for medical, dental, mental health, EMS shall be posted at the facility's medical area, staff station and control area.

Effective Date: 01/01/2023

Policy

701

Champaign County Probation & Court Services Department Detention Services Manual

Health Authority

701.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority as arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for resident health program, and assuring that juvenile residents have access to all health services.

The policy also establishes properly monitored processes, policies, procedures, and mechanisms to ensure that the contracted scope of services is adequately and efficiently delivered.

The health authority is defined as the Responsible Health Physician and the Clinical Operations Manager for providing all health care services or coordinating the delivery of all health care services

701.2 POLICY

The contracted health authority is responsible and accountable for all levels of health care and has the final authority regarding clinical issues within the detention facility. The contracted health authority is responsible for establishing, implementing, and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsive of care and treatment.

701.3 SELECTION PROCESS

The Director and the Superintendent shall assist in selecting a health authority using existing procurement or selection process in conjunction with the Sheriff Office of Champaign County. The individual or organization selected shall be designated the health authority for all juvenile resident health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the department and the selected individual or organization shall minimally include:

- (a) Language establishing the scope of services being contracted and the type of health care services needed.

- (b) Job description, minimum qualifications, and performance expectations for contract personnel.
- (c) Language requiring the contractor to develop appropriate measures and review processes for accessing the quality, effectiveness and timeliness of the services provided and periodically reporting those findings to the facility.
- (d) Identification of a Responsible Physician, who shall serve as the medical authority on treatment matters requiring medical expertise and judgement.
- (e) Language regarding the minimum frequency that the health authority shall be present at the facility.
- (f) The roles and responsibilities of staff ensuring the contractor may adequately deliver services in a safe and secure environment.
- (g) A written plan for coordinating medical care from multiple health care services.
- (h) A written plan for the collection and maintenance of resident health records that is compliant with the Health Insurance Portability and Accountability Act (HIPPA).
- (i) Identification of a dispute resolution process for the contracted parties and for residents who may be questioning treatment plans.
- (j) Language and a plan addressing liability and indemnification for issues related to resident health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgements shall rest with a single, designated, Responsible Physician.

The health authority or the authorized designee will meet at least monthly with the Superintendent to discuss the health care program and any issues that require correction or adjustment.

Security regulations and protocol are applicable to facility staff and health care personnel.

701.4 PROVISION OF HEALTH CARE

The health authority is responsible for the availability of health care services. The qualified health care professionals should determine what medical services are needed on a case-by case basis. The Superintendent shall provide administrative support for making the health services available to residents. Clinical decisions are the sole province of qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside of the facility, all division policies regarding treatment, transfer, transportation, or referral of emergencies shall be followed.

The health authority is responsible for ensuring that the health services manual complies with all applicable state and federal law and that a review and update is conducted annually.

Effective Date: 01/01/2023

Policy

702

Champaign County Probation & Court Services Department Detention Services Manual

Mental Health Services

702.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all juvenile residents have access to mental health services and that resident's identified as needing these services are referred appropriately.

702.1.1 DEFINITION

Definition related to this policy include:

Mental health services – A variety of psycho-social and pharmacological therapies, wither individual or group, including biological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

702.2 POLICY

It is the policy of this division that a range of mental health services shall be available for any juvenile resident who requires them.

702.3 MENTAL HEALTH SERVICES

The Superintendent should collaborate with the contractor, local public and private organizations that offer mental health services, treatment, and care to those juvenile residents in need of such services.

Services may include:

- Assistance with mental health screening, diagnosis, and care, including intake screening.
- Referral to services for detection, diagnosis and treatment of mental illness and follow up care after release from custody.
- Crisis response, intervention, and the management of psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Psychotropic medication management and psychotherapy.
- Suicide prevention
- Crisis rounds by qualified health care professionals
- Treatment of severe adjustment disorders.

- Referral, transportation, and admission to licensed mental health facilities for residents whose psychiatric needs exceed the treatment or housing capability of the detention facility.
- Obtaining and documenting informed consent
- Release planning services.

702.4 BASIC MENTAL HEALTH SERVICES

Juvenile residents may be referred to a qualified health care professional through a variety of methods, which include the medical screening process, the mental health appraisal process and self-referral or staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

- (a) If the resident has received previous mental health treatment a release of information should be completed, so his/her treatment records can be obtained.
- (b) Residents who have been determined to need ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources.
- (c) Residents who are identified as being developmentally disabled should be evaluated for special housing needs if appropriate. The qualified health care professional should work in cooperation with detention management to establish the best reasonably available housing option.
- (d) Residents who are suspected or known to be developmentally disabled should receive a mental health appraisal by a qualified health care professional as soon as reasonably practicable as but no later than 24 hours after booking.
- (e) A treatment program should be established for all residents enrolled in mental health services.
 1. Psychiatric and special need treatment plans shall be reviewed every 21 days, at a minimum. Residents classified as requiring mental health special needs should be seen at least daily by a qualified health care professional.
 2. Residents enrolled in other outgoing forms of mental health treatment should have treatment plans updates every 21 days, at a minimum.
 3. Residents who present to the qualified health care professional as having notable difficulty adjusting to the detention environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health care professional and the facility staff working together to address the issues that may be affecting the resident's ability to adjust to detainment.
- (f) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of resident's who present with a risk of self-harm.
 1. Qualified health care professionals should be assigned to daily rounds in the special needs population to determine the mental health status of residents.

2. Residents on Administrative Intervention may be referred by the detention facility staff to a qualified health care professional for follow-up if concerns arise regarding their ability to function in Administrative Intervention.
- (g) If the qualified health care professional has concerns about the level of mental health services that are required to manage a resident housed in the facility, the health authority shall be notified, and the Responsible Physician shall be the decision-maker regarding the health care needs of the resident.
1. The Responsible Physician may consult with a psychiatrist, specialist, or other health care service in determining whether the resident should be transferred to a facility that is better equipped to handle the resident's psychiatric needs.
 2. The Responsible Physician should notify the Superintendent or the authorized designee of the request to transfer the resident for medical treatment.
 3. The case review and disposition of the patient should be documented in the resident's health record and retained in accordance with established records retention schedules.

Juvenile resident's determined to be in need of substance abuse treatment services, local substance abuse counseling agency shall be contacted for evaluation and treatment options.

Effective Date: 01/012023

Policy

703

Champaign County Probation & Court Services Department Detention Services Manual

Mental Health Screening and Evaluation

703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which juvenile residents receive an initial mental health screening by a qualified mental health staff or health-trained detention staff using an instrument developed by qualified health care professionals. The initial mental health screening takes place at the time of intake and is for the safety of the resident and the general population. It also assists the detention staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the resident are met.

703.2 POLICY

It is the policy of this division that all individuals detained into the facility shall receive an initial mental health screening by a qualified mental health professional, qualified mental health staff or health-trained detention staff. A more comprehensive medical appraisal should be conducted within the first three (3) days of detainment to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the resident is in place.

703.3 MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the resident being placed in general housing and should include:

- (a) Inquiry of the resident, is or has
 1. Thoughts or history of suicidal behavior
 2. Been prescribed or is taking psychotropic medication or antidepressants.
 3. Been treated for mental health issues.
 4. A history of mental health treatment.
 5. A history of substance abuse or been treated for substance abuse.

(b) Any observations of:

1. Appearance and behavior.
2. Abuse, injury, or trauma.
3. Symptoms of aggression, depression, psychosis.

(c) A determination of whether the resident is cleared for or referred to:

1. General housing.
2. General housing with mental health referral.
3. Mental health housing.
4. Mental health emergency treatment.

This information shall be recorded on the receiving screening form. It will become part of the resident's health record and be retained in accordance with established records retention schedules.

704.4 MENTAL HEALTH APPRAISAL

All new residents shall receive a mental health appraisal by a qualified mental health professional as soon as applicable if symptoms indicate the need for an exam. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous mental health treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.381)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.381)

704.5 MENTAL HEALTH REFERRALS

Qualified mental health professionals should administer a complete and thorough evaluation of residents referred for treatment as soon practicable, but not later than 3 days from the referral. The evaluation should include:

- Review of the residents screening and appraisal information.
- Observations of the resident's behavior.
- Information gathered from interviews and testing to determine the resident's mental health condition, intellect, personality, problems, and ability to deal with a detention environment.

- Mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the resident's needs.

Effective Date: 01/01/2023

Policy

704

Champaign County Probation & Court Services Department Detention Services Manual

Communicable Diseases

704.1 PURPOSE AND SCOPE

It is the policy of this department and division to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up, and proper reporting to local, state, and federal agencies of communicable diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility.

704.1.1 EXPOSURE CONTROL OFFICER

The Superintendent shall designate an Exposure Control Officer (ECO) who shall be responsible for:

- (a) Establishing and updating written procedures and a training program related to Blood Borne Pathogens (BBP).
- (b) Establishing written procedures and a training program related to Aerosol Transmissible Disease (ATD).
- (c) Working with the Superintendent and the Health Authority to develop and administer any additional related policies and practices necessary to support the effective implementation of an Exposure Control Plan (ECP), including specific symptoms that require segregation of a resident until a medical evaluation is completed.
- (d) Acting as a liaison during any OSHA inspection and conducting audits to maintain a current ECP.
- (e) Maintaining a current list of facility staff requiring training, developing, and implementing a training program, maintaining class rosters and quizzes, and periodically reviewing the training program.
- (f) Reviewing and updating the ECP annually.

Supervisors are responsible for exposure control in their respective duties. They shall work directly with the ECO and the affected employees to ensure that the proper procedures are followed.

704.1.2 PROCEDURES

The ECO shall be responsible for establishing, implementing, and maintaining effective written procedures for the following:

- (a) Incorporating the recommendations contained in the CDS's "Respiratory Hygiene/Cough Etiquette in Healthcare Settings".
- (b) Screening and referring cases of ATD to appropriate facilities within five (5) hours of identification.
- (c) Creating a multidisciplinary team, including the Health Authority, and detention and administrative representatives, who will meet annually to review and discuss communicable issues and other related procedures. The ECO shall coordinate with the local public health entity on appropriate policy and procedure.
- (d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility's population and surrounding community. If the statistics indicate a risk, the ECO shall develop a written plan that addresses the management of TB, from testing to follow up care.
- (e) Communicating with employees, other employers, and the local health facility regarding the suspected or diagnosed infectious diseases status of referred residents, including notification of exposed employees.
- (f) Reducing the risk of ATD's through the ECP and reviewing the plan annually.
- (g) Reducing the risk of exposure to BBP's (HIV hepatitis).
- (h) Providing a system of medical services for employees who may become exposed to communicable diseases during their employment.
- (i) Making all exposure and treatment plans available for employees.

704.2 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the resident manifests signs and symptoms of lice or scabies.

- (a) Any resident who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.
- (b) Any resident suspected of having lice/scabies may be referred to sick call by detention officer.
- (c) Any resident may access sick call if they believe they have lice/scabies.
- (d) A qualified health care professional shall evaluate any resident with a lice/scabies complaint. If there are positive findings, the resident shall be treated for infestation accordingly.
 - 1. The lice and scabies treatment guidelines will be followed by the qualified health care professional if a physician's order for the medication administration is obtained.

- (a) The prescribing physician shall be notified if the resident is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.
 - (b) Documentation in the medical records should include the patient's symptoms, observations regarding the condition, patient education and prescribed treatment.
2. The resident's clothing and bed linen shall be removed from his/her cell placed in a plastic bag and sent to the laundry room. The items are considered contaminated and must be disinfected by:
- (a) Machine washing (hot cycle), machine drying (hot cycle).
 - (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.
 - (c) Medical isolation is not necessary as long as clothing and bedding are properly disinfected, and residents do not have items.
 - 1. Gloves are to be used for direct contact until the resident has been treated and the clothing and bedding have been removed for disinfecting.

704.3 EMPLOYEE EXPOSURE CONTROL

All facility staff that may meet another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be worn, if reasonably possible, before making physical contact with any resident and when handling the personal belongings of a resident.

Should gloves meet blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, applying lip balm, and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

704.3.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care

services is predicated on a safe and secure working environment where employees feel safe to do their work and assures public safety.

The HBV immunization shall be available to all employees who have direct resident contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to the employee. Employees who decline the offer of immunization and/or test shall be required to sign a declination form. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

704.3.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all detention officers to assist in the protection against such exposures.

- Disposable gloves
- Safety glasses or goggles
- Rescue mask with one way valve
- Alcohol or similar substance to flush skin
- Facial covering for mouth and nose

The PPE should be inspected at the start of the shift and replaced immediately after each use and when it becomes damaged.

704.3.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable, it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included in the waste.

704.3.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately be the exposed part of their body with soap

and warm water or an approved disinfectant as soon as practicable. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap or an approved disinfectant. Medical treatment should be obtained.

Contaminate non-intact skin (injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin and mucous-membrane washing shall be done in the medical room.

704.3.5 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as seats, radios, and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as possible.

704.4 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps unless they are assisting medical personnel or collecting them for evidence. If collecting evidence, a photo of the sharps can be taken. Sharps must be placed into a puncture-proof biohazard container.

All sharps and items that cut or puncture shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. Touching it with hands shall be avoided. Rather, use a device such as pliers, forceps, tongs, or a broom and dustpan to clean up debris. If the materials must be touched, protective gloves shall be worn.

704.5 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

704.5.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee's immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases. The ECO shall contact the States Attorney's Office and request a Court order for medical testing.

704.5.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

- (a) Name and employee identification number of the employee exposed.
- (b) Date and time of incident.
- (c) Location of incident.
- (d) What potentially infectious material were involved.
- (e) Source of material or person.
- (f) Current location of material or person.
- (g) Work being done during exposure.
- (h) How the incident occurred or was caused.
- (i) PPE in use at the time of the incident.
- (j) Actions taken post-event.

The supervisor shall advise the employee of the laws and regulation disclosure of the identity and infectious status of the source, and of the information contained in this policy regarding source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the Superintendent to ensure testing is sought according to the guidelines in this policy.

704.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional to ensure testing is sought according to guidelines. The employee will be sent to Carle Occupational Medicine for examination.

The qualified health care professional will provide the employee and the County Insurance Risk Manager with a written opinion/evaluation of the espoused employee medical condition. The opinion should contain the following information:

- If a post-exposure treatment is indicated for the employee.
- If the employee received a post-exposure treatment.
- Confirmation that the employee received the evaluation results.
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required.
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing shall include.

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

704.5.4 COUNSELING

The department shall provide the exposed employee the opportunity for counseling and consultation.

704.5.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures.

This information is confidential and shall not be disclosed to anyone without the employee's written consent. Test results from persons who may have been the source of an exposure are to be kept confidential as well.

704.5.6 SOURCE TESTING

Testing of a person who was the source of an exposure to a communicable disease should be sought when it is desired by the exposed employee or when it is otherwise appropriate.

The methods to obtain such testing are as follows:

- (a) Obtaining voluntary consent from any person who may be the source of an exposure to test for any communicable disease.
- (b) Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under a statutory scheme for testing.

705.5.7 EXPOSURE FROM A NON-RESIDENT

Upon notification of an employee's exposure to a non-resident of the facility, the ECO should attempt to determine if the person who was the source of the exposure will consent to testing. If consent is provided, the following steps should be taken:

- (a) A qualified health care professional should notify the person to be tested of the exposure and make a good faith effort to obtain voluntary informed consent from the person or his/her authorized legal representative to perform a test for HIV, hepatitis B, hepatitis C and other communicable diseases the qualified health care professional deems appropriate.
- (b) The voluntary informed consent obtained by the qualified health care professional must be in writing and include consent for three specimens of blood. The ECO should document the consent as a supplement to the Exposure Control Report.
- (c) The results of the tests should be made available to the source and the exposed employee.

If consent is not obtained, the ECO should consult with the States Attorney's Office and consider requesting that a Court order be sought for testing.

Effective Date: 01/01/2023

Policy

705

Champaign County Probation & Court Services Department Detention Services Manual

Aids to Impairment

705.1 PURPOSE AND SCOPE

This policy acknowledges the high priority of resident health and recognizes that some residents will require adaptive devices to assist them with daily living activities on a temporary or permanent basis.

The Champaign County Juvenile Detention Center has established this policy for physicians and dentist to review and evaluate the need for adaptive devices, while considering facility security concerns regarding the use of such items.

When a physician or dentist determines that the medical condition of a resident indicates that an adaptive device is clinically appropriate, the parameters of this policy will determine if authorization for the use of such item during detainment should be granted, and if any equipment modifications are indicated for safety and security purposes.

705.1.1 DEFINITIONS

Definitions related to this policy include:

Adaptive device- Any orthotic, prosthetic or aid to impairment that is designed to assist a individual with activities of daily living or that is clinically appropriate for health, as determined by the Responsible Health Authority.

Aids to impairment- Includes, but is not limited to eyeglasses, hearing aids, pacemakers, canes, crutches, walkers, wheelchairs.

Orthoses- Specialized mechanical devices, such as braces, shoe inserts or hand splints that are used to support or supplement weakened or abnormal joints, limbs and/or soft tissue.

Prostheses- Artificial devices designed and used to replace missing body parts, such as limbs, teeth, or eyes.

705.2 POLICY

It is the policy of this division that, in accordance with security and safety concerns, medical and dental orthosis or prostheses and other adaptive devices should be permitted or supplied in a timely manner when the health of the resident would otherwise be adversely affected or when such device are necessary to reasonably accommodate a disability recognized under the American Disabilities Act (ADA) (42 USC 1201 et seq.) as determined by the Responsible Health Authority , Responsible Physician , Responsible Physician or dentist.

705.3 MEDICAL OR DENTAL ORTHOSES, PROSTHESES OR ADAPTIVE DEVICES

The following applies to residents with any orthopedic or prosthetic devices:

- (a) A resident shall not be deprived of the possession or use of any orthopedic, orthodontic, or prosthetic device that has been prescribed or recommended and fitted by a physician or dentist.
- (b) Any such device that may constitute an immediate risk of bodily harm to any person in the facility or that threatens the security of the facility should be brought to the attention of the Superintendent or their designee. If the Superintendent or their designee has probable cause to believe such device constitutes an immediate risk of bodily harm to any person in the facility or threatens the security of the facility, the Superintendent or their designee may remove the device and place it in the resident's property.
- (c) The Superintendent or their designee shall return the device to the resident if circumstances change and the cause for removal no longer exist.
- (d) The Superintendent or their designee shall have the resident examined by a physician within 24 hours after a device is removed.
- (e) The Superintendent or their designee shall review the facts with the county ADA Coordinator and shall address the issue in conjunction with the Resident's with Disabilities Policy.
- (f) The Superintendent or their designee should consider alternatives to removal of the device:
 - Reclassifying the resident to another housing unit, or segregating the resident from the general population
 - With physician or dentist approval, modify the adaptive device to meet the medical needs of the resident and the safety and security needs of the facility.

Once a adaptive device has been approved for use, the qualified health care professional shall enter the authorization into the resident's health file. If the resident requires special housing, the qualified health care professional shall document this in writing and notify detention staff appropriately. The qualified health care professional shall document the general condition of the prosthesis and have the resident sign in the medical record that he /she received the device.

Any prostheses that are brought to the facility by family members or others after the resident has been detained shall be subject to a security check. The facility shall accept no responsibility for loss or damage to any adaptive device.

705.4 REQUESTS FOR MEDICAL AND DENTAL PROTHESES

All requests for new or replacement medical or dental prostheses shall be individually evaluated by the Responsible Physician or dentist and reviewed for approval by the Superintendent. Consideration for approval shall be based upon:

- Medical needs of the resident.
- The anticipated length of detainment.
- The safety and security of the facility.

Effective Date: 01/01/2023

Policy

706

Champaign County Probation & Court Services Department Detention Services Manual

Suicide Prevention and Intervention

706.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention program to identify, monitor and when necessary, provide for emergency response and treatment of juvenile residents who present a suicide risk while housed at the Champaign County Juvenile Detention Center.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts or a juvenile resident unspoken indication that suicide is being considered. The three key components of this plan are evaluation, training, and screening with intervention.

706.2 POLICY

It is the policy of the Detention Services Division to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify juvenile residents who are at risk of suicide and to intervene appropriately whenever possible. The program shall be developed by the Responsible Health Authority (RHA)/Health Services Administrator (HAS and the Facility Superintendent).

A comprehensive Suicide Prevention Program includes, at a minimum, the following components:

- Training
- Identification
- Referral
- Evaluation
- Mental Health Treatment
- Housing and Monitoring
- Communication
- Intervention
- Notification and reporting
- Review
- Debriefing

706.2.1 Staff perform focused screening at intake and ongoing monitoring to identify potentially suicidal juveniles throughout the juvenile resident stay.

706.2.2 Suicide watch is initiated without delay when potentially suicidal individual is identified.

706.2.3 Suicidal individuals are evaluated promptly by a Qualified Mental Health Care professional (QMPH) who directs intervention and arranges follow-up as needed.

706.2.4 Acutely suicidal individuals (who engage in self-injurious behavior or threaten suicide with a specific plan) are placed on constant suicide watch, in a close observation room. All personal property shall be removed from the resident, he/she shall be given a suicide smock or gown, suicide-resistant bedding to include suicide resistant blanket.

706.2.5 The qualified mental health professional will utilize a step-down process for juvenile residents on close observation suicide watch. Juvenile residents will be downgraded from close observation suicide watch to a mental health observation prior to being cleared, unless rationale is made by the qualified mental health professional to by-pass the step-down process.

706.2.6 non-acutely suicidal residents (individuals who express current suicidal ideation without specific threat or plan, have a recent history of self-destructive behavior indicating the potential for self-injury) are placed on mental health watch and monitored at unpredictable intervals with no more than 10 minutes between checks.

706.2.7 While anyone can place a juvenile resident on suicide watch, only QMHP's can move a resident from constant watch to mental health watch or move a juvenile off mental health watch.

706.2.8 For residents on constant suicide watch or mental health watch, a treatment plan addressing suicidal ideation and its re-occurrence is developed by the mental health professional during the Suicide Watch Initial Assessment. The QMHP will utilize interventions such as Collaborative Safety Planning as part of the juvenile resident's treatment plan to lower/mitigate self-harm risk.

706.2.9 The juvenile resident is followed by the QMHP daily and/or a health care professional when the QMHP is not on site. The resident will also be visited by the Supervisor of the shift, at least twice and the visit will be documented.

706.3 SUICIDE PREVENTION TEAM

The Superintendent along with the Responsible Health Authority and the Health Services Authority should establish a suicide prevention team. The team will evaluate and approve the suicide prevention and intervention program annually. The suicide prevention teams will consist of qualified health care professionals and the Superintendent. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic, and consistent with the mission of the program. The program and policies will be updated as needed.

706.4 DEFINITIONS

Close Observation Suicide Watch: Reserved for juvenile residents who are not actively suicidal but express suicidal ideation, and/or have recent prior history of self-destructive behavior.

Constant Observation Suicide Watch: Reserved for juvenile residents who are actively suicidal or self-harming, either threatening or engaging in suicidal behavior.

Mental Health Assessment: Refers to the mental history portion of a 3-day or sooner Initial Health Assessment. A mental health assessment may also be based on a referral from staff or juvenile resident self-referral.

Mental Health Evaluation: A comprehensive mental health evaluation completed by a QMHP in response to positive findings on the mental health screening and/or assessment, referral from detention or health care staff, or juvenile resident request for Mental Health Services.

Mental Health Observation Watch: Indicated for juvenile residents who acknowledge some degree of suicidal ideation but deny any intent or plan. They are deemed unlikely to self-injure.

Mental Health Screening: The portion of the receiving screening form focused on mental health history and findings completed as soon as possible upon arrival by QHP or trained staff.

Multi-Disciplinary Mental Health Treatment Plan: A juvenile resident specific, individualized mental health treatment plan with input and documentation from available disciplines including, but not limited to: QHP, QMHP, detention staff, community resources, etc.

Psychiatric Evaluation: A comprehensive mental health evaluation by a Psychiatric Provider in response to positive findings on the mental health screening and/or assessment, referral from detention or health care staff, or juvenile resident request for Mental Health Services.

RHA/HAS: Responsible Health Authority/Health Services Administrator

Qualified Health Care Professional (QHP): includes physicians, physician's assistants, nurses, nurse practitioners, dentist, dental hygienists, dental assistants, mental health professionals, and others who by virtue of education, credentials, and experience are permitted by law to evaluate and care for juveniles.

Qualified Mental Health Professional (QMHP): Includes licensed psychiatrist, licensed psychologist, licensed psychiatric social workers, licensed professional counselors, licensed psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of juveniles. QMHPs have consultation resources available from the Regional Director of Mental Health and the regional psychiatry providers.

Suicide Attempt: A self-injurious act committed with at least some intent to die as a result of the act. There does not have to be an injury or harm, just the potential for harm. As recommended by the CDC, the terms *suicide gesture* and *suicide threat* are not used.

Suicide Progress Note: A daily suicide watch progress note completed by a QMHP or QHP for juvenile residents currently housed in suicide watch/safety cells, during each follow up visit as result of suicide watch, and placement after discharge from suicide watch.

Suicide Risk Assessment: A comprehensive suicide risk questionnaire completed by a QHP and or QMHP to assess suicide potential, including, but not limited to: current mental status, affect, cognition, judgement/insight, speech, mood, hallucinations, memory, plan, history, etc.

Detention Staff: includes line security, supervisors and detention administrators to support the implementation of clinical decisions.

Health Care Staff: Qualified health care professionals as well as administrative and support staff.

Critical Clinical Event (CCE): Events involving serious potential or actual serious harm that require medical intervention.

Emergency Medical Services (EMS): Emergency medical response service that provide on-site medical treatment and transportation to the nearest medical trauma center who cannot transport themselves. To include Paramedics, Emergency Medical Technicians, Firefighters, First Responders.

Collaborative Safety Planning (CSP): A safety plan developed collaboratively with persons at risk of suicide to identify behavior, actions and situations that help them stay safe.

706.5 STAFF TRAINING

All facility staff members who are responsible for supervision of juvenile residents shall receive initial and annual training on suicide risk identification, prevention, and intervention, to include, at minimum:

- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide. Including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations of precipitating factors.
- Responding to suicidal and depressed juvenile residents.
- Communication between detention and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of juvenile residents who attempt suicide.

Recommendations for modification to suicide training should be directed to the Superintendent, who shall review the recommendations and approve, if appropriate.

706.6 SCREENING AND INTERVENTION

All juvenile residents shall undergo medical and mental health screening during the intake process. A portion of the intake medical screening is devoted to assessing the juvenile residents at risk for suicide. Upon a juvenile resident entering the facility, he/she should be assessed by detention staff for the ability to answer medical and mental health screening questions.

Any juvenile resident who appears to be unable to answer the initial medical screening questions shall be examined by a qualified health care professional at a designated medical facility and receive medical clearance before acceptance into the detention center. Juvenile residents who refuse to answer these questions shall be placed under observation until the screening can be completed, or until sufficient information is obtained to allow staff to make appropriate decisions concerning housing and care.

Staff members shall promptly refer any juvenile residents who is at risk for suicide to a QMHP. The juvenile resident shall remain under direct and constant observation in a safe setting until a QMHP makes the appropriate health care and housing decisions.

706.7 MENTAL HEALTH OBSERVATION WATCH

This status is lowest level of crisis. This level is for juvenile residents who acknowledge some degree of suicidal ideation, but deny any intent or plan, history of self-injurious behavior, under a specific identifiable stressor, displays symptoms or behavior that the evaluator believes heightened awareness.

These juvenile residents may remain in general population room, and may have essential clothing and bedding, are subject to visual check twice every fifteen (15) minutes.

706.8 CLOSE OBSERVATION SUICIDE WATCH

This level is for juvenile residents who are not actively suicidal but express suicidal ideation with a plan, and/or have a recent history of self-destructive behavior.

Juvenile residents should only be housed on this status with the approval a qualified health professional/qualified mental health care professional and/or a detention supervisor. If a QHCP/QMHCP is not present in the facility, the detention supervisor may make the decision to place the juvenile resident Close Observation Suicide Watch but should notify a QMHCP as soon as practicable. Juvenile Residents on this status shall be closely monitored and housed in a room that has been designed and designated to be suicidal resistant. Prior to housing the juvenile resident, staff should carefully inspect the room for objects that may pose a threat to the juvenile resident's safety.

Qualified health care professionals are primarily responsible for the treatment of juvenile residents on suicide watch. Detention Officer and general employee's (master control) are responsible for the physical safety. All staff members should coordinate their efforts to ensure that juvenile residents do not have the means or the opportunity to injure themselves.

On this status, standard issue clothing and bedding would present a security and/or medical risk to the resident, the resident shall be supplied with a security garment that is designed to promote safety and not cause unnecessary humiliation or degradation. Use of the security garment shall be documented in the health record also. Juvenile residents on this status shall not be permitted to retain undergarments or socks, the room shall remain a sterile environment. Food shall be served on a flex tray, or Styrofoam, with a "soft spoon". Snacks shall be served on a paper plate only, there shall be no paper or plastic bags or wrappers. Trays or paper plates must be promptly removed from the room, when the resident has completed eating.

An observation log shall be maintained for each resident on suicide watch. A staff member shall be designated to make direct visual observation of the resident at least once every fifteen (15) minutes, while housed in their room. The shift supervisor and a QHCP, must observe the resident at least once every five (5) hours and document such visit. Each staff member who is required to observe the resident shall make notations in the observation log documenting the time of observation and brief description of the resident's behavior.

Juvenile residents will be permitted out of their rooms, and standard issued clothing may be worn when out of their assigned room, the juvenile resident must always be monitored by a staff member.

706.9 SUICIDE CONSTANT WATCH

This level is for juvenile residents who are actively suicidal, self-harming or engaging in suicidal behavior.

At this level, detention staff will observe the juvenile resident continuously-eye contact basis.

Juvenile residents should only be housed on this status with the approval a qualified health professional/qualified mental health care professional and/or a detention supervisor. If a QHCP/QMHCP is not present in the facility, the detention supervisor may make the decision to place the juvenile resident on Suicide Watch Constant Watch but should notify a QMHCP as soon as practicable. Juvenile Residents on this status shall be constantly monitored and housed in a room that has been designed and designated to be suicidal resistant. Prior to housing the juvenile resident, staff should carefully inspect the room for objects that may pose a threat to the juvenile resident's safety.

On this status, standard issue clothing and bedding would present a security and/or medical risk to the resident, the resident shall be supplied with a security garment that is designed to promote safety and not cause unnecessary humiliation or degradation. Use of the security garment shall be documented in the health record also. Juvenile residents on this status shall not be permitted

to retain undergarments or socks, the room shall remain a sterile environment. Food shall be served on a flex tray, or Styrofoam, with a "soft spoon". Snacks shall be served on a paper plate only, there shall be no paper or plastic bags or wrappers. Trays or paper plates must be promptly removed from the room, when the resident has completed eating.

An observation log shall be maintained for each resident on Suicide Constant Watch. A staff member shall always be designated to have direct visual observation of the resident. The shift supervisor and/or a QHCP, must observe the resident at least once every five (5) hours and document such visit. Each staff member who is required to observe the resident shall make notations in the observation log documenting the time of observation and brief description of the resident's behavior every fifteen minutes.

Juvenile residents will be confined to their assigned room or to a defined crisis area until released from this level. Juvenile residents will be allowed time out of their rooms, one (1) hour per shift and will always be continually monitored by detention staff, unless the resident is deemed unsafe by a QMHP. When the juvenile resident is allowed out of their room, suicide precaution garments will be worn.

A juvenile resident classified under this watch must be continuously monitored by direct visual observation of a detention officer. While monitoring may be supplemental by video monitoring, it may never be a substitute for direct visual monitoring.

Physical restraints should only be used as a last resort measure. The decision to use or discontinue to use restraints should be made in consultation with QHCP, or in an emergency deemed necessary by a detention supervisor with follow-up with a QHCP, as soon as possible.

706.10 STATUS PROGRESSIONS

Juvenile residents on any crisis status will be evaluated by a designated evaluator every 12 to 24 hours after being placed on a status.

A QMHP or a QHP may discontinue at Mental Health Observation Watch.

A QMHP or QHP may discontinue Close Observation Suicide Watch, but the juvenile resident must be downgraded to Mental Health Observation Watch.

A QMHP or QHP may discontinue Suicide Constant Watch, but the juvenile resident must be downgraded to Close Observation Watch and then Mental Health Observation Watch, prior to complete discharge from all crisis status.

Maximum length of time on any one level is forty-eight (48) hours. If more than forty-eight (48) is required on any of the three (3) crisis levels, a staffing of mental health professionals will be required to establish stabilization.

706.11 DOCUMENTATION

Documentation and recording of mandated checks shall be in accordance to policy and procedures established by directive, post order, medical order, or by a detention supervisor.

- All checks for Close Observation Suicide Watch and Suicide Constant Watch shall be documented on the *Special Observation Monitoring Sheet*.
- Documentation shall include the time and the specific behavior of the juvenile resident being observed/check on.
- The time of the checks shall not be documented or written prior to the actual time of the observation.
- The documentation of any check or written entry shall contain legible last name and badge number of the detention staff seeing or check. It is essential that related records be accurately completed and serve as a reliable record of activity.

Situations may arise which prevent detention officers from completing a mandated check due to another emergency, distractions, or other unusual occurrences.

- Should a situation arise when a detention staff cannot make a scheduled check of a juvenile resident, they should immediately notify a detention supervisor and request assistance.
- If a detention officer discovers that they have missed a mandated check, or someone else has missed a mandated check, they should immediately conduct the check and notify a detention supervisor. A record of the discrepancy shall be recorded on the Special Observation Monitoring Sheet, and an Incident Report shall be written.
- Under no circumstances shall a detention officer or staff member record or document a check that has not actually occurred or falsify any related document(s) in any other way.
- A detention officer who discovers that they have not documented a mandated check that was made, should contact a detention supervisor immediately, a post log entry to that effect shall be recorded.

It will be the responsibility of each detention shift supervisor to visit and review the operation of each post on their shift, they shall specifically:

- Review the status of individuals on any mandated observation check.
- Observe that checks are being made according to established policies and procedures.
- Ensure that detention staff are accomplishing and documenting all mandated checks.
- Complete an Incident Report documenting any irregularities regarding mandated checks.
- Review and sign all observation sheets as mandated.
- Ensure that observation checks are completed in a timely fashion.

706.12 INTERVENTION

Any suicide attempt is considered a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. Qualified health care professional should be summoned immediately any time staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the juvenile resident to injure him/herself and should consider establishing and maintaining non-threatening conversation with the juvenile resident while awaiting assistance. If a qualified health care professional is not immediately available, the juvenile resident should be placed in an appropriate and safe location until such time as qualified health care professionals, or the responsible physician is available.

Following a suicide attempt, detention staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals.

The arriving medical staff or EMS should perform the appropriate medical evaluation and intervention. The responsible physician or the authorized designee should be notified in situations when referral and transportation to the emergency room of a trauma hospital is required.

706.13 NOTIFICATION

In the event of an attempted or completed suicide, the Superintendent should be promptly notified. The Superintendent shall notify the Director of the department.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the juvenile resident has been removed from the area or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate law enforcement investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report.

All in-custody deaths, including those resulting from suicide, shall be investigated by law enforcement authorities.

In the event of an in-custody death the Superintendent of Detention, and the Champaign County Coroner's Office will jointly work together in the notification of death, however it is responsibility of the Champaign County Coroner's Office to conduct the notification of death.

706.14 TRANSPORTATION

Juvenile residents at risk for suicide pose additional challenges during transport and while being held in court holding facilities. Transportation staff should take reasonable steps to closely

monitor at-risk juvenile residents whenever they are transported or held in any cell that is not designated as a suicide resistant room. All additional security and monitoring measures implemented by staff should be documented in the resident's detention record. The transporting officers should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

706.15 CRITICAL INCIDENT DEBRIEFING

Any suicide attempt or death of a juvenile resident or on-site staff member required a staff debriefing. Information will be communicated from the Superintendent to staff to apprise detention staff of the incident and the actions taken regarding the incident.

The Superintendent along with the Regional Director of Mental Health Services will ensure a mental health debriefing is held with health staff, custody staff and juvenile residents who have been affected by a suicide attempt, suicide, or other death.

For affected juvenile residents in need of mental health services beyond crisis counseling, a QMHP shall perform a mental health evaluation and based on that evaluation, develop a plan providing necessary mental health service to prevent psychological decomposition and restore optimal functioning of the juvenile resident within the detention setting.

Any staff member appearing to require additional services after debriefing sessions shall be referred to the established Employee Assistance Program (EAP).

Effective Date: 01/01/2023

Policy

707

Champaign County Probation & Court Services Department Detention Services Manual

Resident Health Care Communication

707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and detention personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

707.2 POLICY

It is the policy of this division that effective communication shall occur between the Superintendent and the treating qualified health care professionals regarding significant health issues of a resident. All health issues should be considered during classification and housing decisions to preserve the health and safety of the occupants of the facility.

When a qualified health care professional recognizes that a resident will require accommodation to a medical or mental health condition, detention personnel shall promptly notify.

The Superintendent shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the detention staff. The Superintendent should review documents annually for any necessary revisions or updates in support of continuous in the delivery of health care services.

707.3 MANAGING SPECIAL NEEDS RESIDENTS

Upon a resident's arrival at the facility, the qualified health care professional, in conjunction with the detention staff, should determine if the resident has any special needs.

- (a) If staff determines that a resident has special needs, communication shall be directed to the detention supervisor. This is to ensure that the resident is assigned to a housing unit that is equipped to meet his/her special needs.
- (b) The qualified health care professional should arrange for the appropriate follow-up evaluation.
- (c) The health care of special needs residents should be continuous and ongoing. At minimum, the resident should be seen by the Responsible Physician or a qualified health

care professional at least once every 7 days to evaluate his/her continued designation as a special needs resident.

- (d) Residents who have been determined by qualified health care professionals to require a special needs classification should be seen at least daily by a qualified health care professional.
- (e) Prior to transfer to another facility, a medical transfer summary should be completed detailing special requirements that should be considered while the resident is in transit and upon their arrival at the destination. Discharge planning should be included, as appropriate
- (f) A treatment plan should be developed for each resident and should include, at a minimum:
 1. The frequency of follow-up medical evaluation and anticipated adjustments of treatment modality.
 2. The type and frequency of diagnostic testing and therapeutic regimens.
 3. When appropriate, instructions about diet, exercise, adaption to the detention environment and using prescribed medications.
- (g) When clinically indicated, the qualified health care professionals and the detention personnel should consult regarding the condition and capabilities of residents with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:
 1. Housing assignment
 2. Programming
 3. Admissions to, and transfers between institutions
 4. Disciplinary measures for mentally ill residents
- (h) Qualified health care professionals and detention personnel should communicate about residents who require special accommodations. These include, but are not limited to, residents who are:
 1. Chronically ill
 2. Undergoing medical treatment
 3. Physically disabled
 4. Pregnant
 5. Malnourished
 6. Mentally ill, suicidal, homicidal
 7. Developmentally disabled

707.4 NOTIFICATION TO SUPERVISORS

If there is no mutual agreement regarding an individual or group of residents who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care authority and detention care will address these issues.

Effective Date: 01/01/2023

Policy

709

Champaign County Probation & Court Services Department Detention Services Manual

Medical Aid and Response

709.1 PURPOSE AND SCOPE

This policy recognizes that staff encounter individuals who appear to need medical aid and establishes a response to such situations.

709.2 POLICY

It is the policy of this department that all officers and other designated staff be trained to provide emergency medical aid and to facilitate an emergency medical response.

709.3 RESPONDING STAFF RESPONSIBILITIES

Whenever practicable, staff should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, and use of an automated external defibrillator (AED)) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the staff member can safely do so.

Prior to initiating medical aid, METCAD shall be contacted and request response by emergency medical services (EMS).

Staff members should follow universal precautions when providing aid such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Members should use a barrier device to perform rescue breathing.

When requesting EMS, staff should provide METCAD with information to relay to EMS personnel to enable an appropriate response including:

- (a) The location where EMS is needed.
- (b) The nature of the incident.
- (c) Any known hazards.
- (d) Information on the individual in need of EMS, such as:
 - Signs and symptoms as observed by the responding member.
 - Changes in apparent condition.
 - Number of patients, sex, age

- Whether the person is conscious, breathing, alert, or is believed to have consumed drugs or alcohol.
- Whether the person is showing signs or symptoms of agitated chaotic behavior.

Staff members should stabilize the scene whenever practicable while awaiting the arrival of EMS.

709.4 TRANSPORTING ILL OR INJURED PERSONS

Under no circumstances, staff members should not transport persons who are unconscious, who have serious injuries or who may be seriously ill. EMS personnel shall be called to handle patient transportation.

Detention officer shall search any person who is in custody before releasing a person to EMS for transport.

A detention officer shall accompany any individual in custody during transport in an ambulance. A follow detention vehicle will accompany the ambulance to the hospital when directed to do so by a detention supervisor.

709.5 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A staff member should use an AED only after he/she has successfully completed a course of instruction in accordance with the standards of a recognized organization or rules existing under the AED Act, (410 ILCS 4/20).

709.5.1 AED USER RESPONSIBILITY

AED will be in Master Control Room.

Following use of an AED, the device shall be cleaned and or decontaminated as required. The electrodes and/or pads will be replaced as recommended by the AED manufacturer.

Any staff member using an AED shall notify METCAD promptly and request response by EMS (410 ILCS 4/20).

709.5.2 AED REPORTING

Any staff member using an AED will complete an incident report detailing the circumstances of its use.

709.5.3 AED TRAINING AND MAINTENANCE

The training manager shall ensure the Champaign County Detention Center is equipped with at least one operational and functional AED and that all AED are appropriately maintained and tested (410 ILCS 4/20).

Records of all maintenance and testing should be maintained in accordance with the established records retention schedule

The training manager shall ensure that an adequate number of members receive training in the use of an AED.

Effective Date: 01/01/2023

Policy

710

Champaign County Probation & Court Services Department Detention Services Manual

Privacy of Care

710.1 PURPOSE AND SCOPE

This policy recognizes that juvenile residents have a right to privacy and confidentiality regarding their health-related issues. It also recognizes the resident's right to health care services that are provided in such a manner as to ensure that privacy and confidentiality and encourage resident's use and trust of the facility's health care system.

710.1.1 DEFINITION

Definitions related to the policy include:

Clinical encounters – Interactions between resident's and health care professionals involving a treatment and/or an exchange of confidential health information.

710.2 POLICY

It is the policy of this division that, to instill confidence in the health care system by the resident population, all discussions of health-related issues and clinical encounters, absent an emergency, will be conducted in a setting that respects the resident's privacy and encourages the resident's continued use of health care services.

710.3 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Superintendent and the Health Care Authority shall establish a process for staff, residents or any other persons to report the improper access or use of medical records.

710.4 TRAINING

All detention personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/resident encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with resident health care.

Effective Date: 01/01/2023

**Champaign County Probation & Court Services Department
Detention Services Division**

CHAPTER 8 – ENVIROMENTAL HEALTH

Policy

800

Champaign County Probation & Court Services Department Detention Services Manual

Hazardous Waste Disposal

800.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system for disposing of hazardous waste. The department recognizes that the effectiveness of a disposal system depends not only on the written policies, procedures, and precautions, but on adequate supervision and the responsible behavior of the staff and residents. It is the responsibility of everyone in the facility to follow hazardous waste disposal instructions, utilizing prescribed precautions and using safety equipment properly.

800.1.1 DEFINITION

Definitions related to this policy include:

Hazardous waste – Material that poses a threat or risk to public health or safety or is harmful to the environment.

800.2 POLICY

It is the policy of this department/division that any sewage and hazardous waste generated at the facility shall be handled, stored, disposed of safely in accordance with all applicable federal and state regulations. The Superintendent or the authorized designee shall be responsible for:

- Contracting with a hazardous waste disposal service.
- Developing and implementing a storage and disposal plan that has been reviewed and approved by a regulatory agency.
- Developing and implementing procedures for safe handling and storage of hazardous materials until such time as the contractor removes the items from the facility.
- Ensuring staff is trained in the proper identification of hazardous waste and the appropriate handling, storage, and disposal of such items.

800.3 DISPOSAL PROCEDURE

800.3.1 SEWAGE DISPOSAL

All sewage and liquid waste matter must be disposed of into a public system of sewage.

800.3.2 HAZARDOUS WASTE

Hazardous waste generated in the facility shall be properly disposed of in designated containers and stored until removed by the contractor. Staff shall use universal standard precautions when in contact with hazardous materials, at a minimum, unless directed otherwise.

800.4 SAFETY EQUIPMENT

The Superintendent or the authorized designee shall ensure that appropriate safety equipment is available. All supervisors shall be knowledgeable in how to always access the safety equipment.

800.5 TRAINING

The Training Manager shall be responsible for ensuring that all facility personnel receive appropriate training in the use of appropriate safety equipment and the identification, handling, and disposal of hazardous waste.

800.6 SUPERVISOR RESPONSIBILITY

Supervisors are responsible for monitoring any hazardous waste containment issue, ensuring that employees have the appropriate safety equipment, that any persons exposed receive immediate medical treatment, and that the appropriate measures are taken to lessen the exposure to others. Supervisors shall ensure that incident reports are completed and forwarded to the Superintendent in the event of an exposure to staff, residents, or visitors.

Effective Date: 01/01/2023

Policy

801

Champaign County Probation & Court Services Department Detention Services Manual

Housekeeping and Maintenance

801.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that the facility is kept clean and in good repair in accordance with accepted federal, state and county standards.

801.2 POLICY

The Superintendent or the authorized designee shall establish housekeeping and maintenance plans that address all areas of the facility. The plan should include, but is not limited to:

- Schedules that determine the frequency of cleaning activities on a daily, weekly or monthly timetable, by area of the facility.
- Supervision of the staff and residents to ensure proper implementation of the procedures and to ensure that no resident supervises or assigns work to another resident.
- Developmental and implementation of an overall sanitation plan.
- All resident responsibilities, which should be included in the resident handbook.
- A process to ensure deficiencies identified during inspections are corrected and documented.
- Detailed process for the procurement, storage and inventory of cleaning supplies and equipment.
- Staff supervision of the provision and use of cleaning tools and supplies.

To the extent possible, cleaning, and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic or otherwise harmful substances used for cleaning shall be clearly labeled and kept in a locked storage area.

801.3 SANITATION SCHEDULE

A daily, weekly, and monthly cleaning schedule will be established by the Superintendent or their authorized designee. The facility staff should implement a site-specific plan for cleaning and maintenance of each area of the facility.

801.4 TRAINING

All custodial staff and resident workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques and areas of responsibility.

Effective Date: 01/01/2023

Policy

802

Champaign County Probation & Court Services Department Detention Services Manual

Physical Plant Compliance with Codes

802.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process and responsibilities for facility maintenance, inspections and equipment testing in compliance with all applicable federal, state, and local building codes.

802.2 POLICY

It is the policy of this department/division that all construction of the physical plant (renovations, additions, new construction) will be reviewed and inspected in compliance with all applicable federal, state, and local building codes and regulations. All equipment and mechanical systems will be routinely inspected, tested, and maintained in accordance with applicable laws and regulations.

802.3 RESPONSIBILITIES

The Superintendent shall be responsible for establishing and monitoring the facility maintenance schedule, the inspection schedules of Supervisors and detention officers, and ensuring that deficiencies discovered are corrected in a timely manner.

802.4 PROCEDURE

All safety equipment (emergency lighting, generators and an uninterruptible power source shall be tested with a schedule developed by the County's Physical Plant and Building Operations Division. All completed inspection forms shall be kept on file for review by the appropriate office.

Any remodeling or new construction shall have prior approval of local fire, building, and health and state authorities. Any required plans and permits will be procured to the commencement of changes to the facility.

The following areas of the facility shall be inspected and evaluated for the functionality, wear and rodent or pest infestation. The list is not meant to be all inclusive:

- Intake
- Kitchen and dining area
- Resident housing

- Laundry
- Water and plumbing chases
- Sally port
- Medical
- Mechanical room
- Supply rooms
- Property room
- Visitation
- The entire structure of the facility, including roof, walls, exterior doors, mechanical systems, and lighting

802.5 PLUMBING – FLOOR DRAINS

Floor drains must be flushed monthly, and all traps must contain water to prevent the escape of sewer gas. Grids and grates must be present.

Policy

803

Champaign County Probation & Court Services Department Detention Services Manual

Vermin and Pest Control

803.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification and eradication process designed to keep vermin and pests controlled in accordance established by applicable laws, ordinances, and regulations.

803.2 POLICY

It is the policy of this division that vermin and pests be controlled within the facility. The Superintendent or the authorized designee shall be responsible for developing and implementing protocol for the sanitation and control of vermin and pests. The Superintendent along with Responsible Health Authority should establish medical protocols for treating resident clothing, personal effects and living areas, with specific guidelines for treating an infested resident.

803.3 PEST CONTROL SERVICES

The Champaign County Physical Plant and Building Operations Division shall be responsible for procuring the services of a licensed pest control professional to perform inspections of the facility at least monthly and to treat areas as required to ensure vermin and pests are controlled.

803.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted individual who is vermin infested or whose property is vermin infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Residents with lice or motes should be treated with approved pediculicides as soon as the infestation is identified to avoid further spread.

Because the use of the treatment chemicals could cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and under medical care.

Clothing, bedding, and other property that is suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the Responsible Health Authority:

- Washing in water at 140 degrees for 20 minutes.
- Dry cleaning
- Storing in sealed plastic bags for 30 days
- Treating with an insecticide specifically labeled for this purpose

Head lice and their eggs are generally found on head hairs. There may be some uncertainty about the effectiveness of some available pediculicides to kill eggs of head lice. Therefore, some products recommend a second treatment 7 to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch and there is a possibility that lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arm and eyelashes.

Pubic lice and their eggs are generally treated by the available pediculicides. However, when the eyelashes are infested with pubic lice and their eggs, a physician should perform the treatment.

Successful treatment on careful inspection of the individual and proper application of the appropriate product. The area used to treat individuals needs to be separate from the rest of the housing area. All the surfaces in the treatment area must be sanitized. There must be a shower as part of the treatment area.

The supervisor shall document the date of treatment, the area treated, the pest treated, and treatment used.

Effective Date: 01/01/2023

Policy

804

Champaign County Probation & Court Services Department Detention Services Manual

Resident Safety

804.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a safety program to reduce resident injuries by analyzing causes of injuries and identifying and implementing corrective measures.

804.2 POLICY

The Champaign County Juvenile Detention Center will provide a safe environment for individuals detained in this facility, in accordance with all applicable laws and regulations, by establishing an effective safety program, investigating resident injuries, and taking corrective actions as necessary to reduce accidents and injury.

The Superintendent shall appoint an Assistant Superintendent who will be responsible for the development and implementation and oversight of a safety program. This program will include, but not be limited to:

- A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- Analysis of resident injury reports to identify causes and recommended corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

804.3 INVESTIGATION OF REPORTED RESIDENT INJURY

Whenever there is a report of an injury to a resident that is the result of an accident or intentional acts, other than an authorized use of force by detention staff, the Superintendent or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from the use of force incidents will be investigated in accordance with the Use of Force Policy.

804.4 INVESTIGATION REPORTS

The detention supervisor shall ensure that reports relating to a resident's injury are completed and should include the following:

- Incident reports
- Investigative reports
- Health record entries
- Any other relevant documents

Effective Date: 01/01/2023

Policy

805

Champaign County Probation & Court Services Department Detention Services Manual

Resident Hygiene

805.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure personal hygiene of every resident in the Champaign County Juvenile Detention Center is maintained. The Detention Center recognizes the importance of each resident maintaining acceptable personal hygiene practices by providing adequate bathing facilities, hair care services, the issuance and exchange of clothing, bedding, towels and other necessary hygiene items

805.2 POLICY

It is policy of the Champaign County Juvenile Detention Center to maintain a high standards of hygiene in accordance with the requirements established by the Illinois Department of Juvenile Justice. Compliance with regulations relating to good resident hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all residents, but for the safety of the detention staff, volunteers, contractors and visitors. The Superintendent shall ensure the basic necessities related to personal care are provided to each resident at the time of housing. Appropriate additional personal care items may be available through the behavior level system and commissary.

804.3 INVENTORY

The inventory of clothing, bedding and towels should exceed the maximum resident population so that a reserve is always available.

The facility should have clothing, bedding, personal hygiene items, cleaning supplies and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The staff shall ensure that the inventory is properly maintained and stocked.

804.3.1 BEDDING ISSUE

Upon admission to the living area of the Detention Center, every resident who is expected to remain overnight shall be issued standard bedding:

- (a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.
- (b) One clean, firm, fire-retardant mattress.
 - 1. Mattresses will be serviceable, fire-retardant, and enclosed in an easily cleanable, non-absorbable material and conform to size of the bunk. Mattresses will be cleaned and disinfected when a released is released.
 - 2. Mattresses will be disinfected every time they are turned in for rotation. Mattresses will be serviceable, enclosed in an easily cleaned material with non-absorbent ticking and conform to the size of the bunk. Mattresses shall meet the most recent requirements of the State Fire Marshal.
- (c) One clean wash cloth, one clean bath towel.

Blanket exchange shall occur weekly, towels and wash cloth shall be exchanged daily.

804.3.2 CLOTHING ISSUE

A resident admitted to the facility shall be issued a set of facility clothing. The clothing shall be appropriate to the climate, reasonably fitted, durable and easily laundered and repaired. Issued clothing shall include, but not be limited to:

- Clean white socks
- Suitable outer and undergarments
- One pair of shoes

Clothing shall exchange daily. Staff shall monitor clothing exchange carefully. The Superintendent or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each resident shall have neat and clean clothing.

A residents personal clothing will be laundered and stored in containers designed for such purpose. All resident personal property shall be properly identified, inventories and secured. Residents shall sign and receive a copy of the inventory record.

804.4 LAUNDRY SERVICES

Laundry services shall be managed so that daily clothing, towels, wash cloths and bedding need are met.

804.5 RESIDENT ACCOUNTABILITY

To ensure resident accountability, residents are required to exchange items for items, when clean clothing, bedding exchange occurs.

Prior to be placed in a housing unit, residents shall be provided with a resident handbook listing this requirement.

804.6 PERSONAL HYGIENE OF RESIDENTS

Personal hygiene items, bedding, clothing, hair care services and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among residents in compliance with the requirements by state regulations as part of a healthy living environment.

Each resident shall be issued the following items:

- One bar of bath soap or equivalent
- One comb or brush
- Toothbrush
- Toothpaste
- Shampoo
- Toilet paper
- Skin lotion product
- Materials as appropriate to the special hygiene needs of women

The Superintendent or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo. Personal hygiene items should be appropriate for the resident's sex. The facility shall replenish supplies as requested.

Residents shall not share personal care items or disposable razors. Used razors are to be disposed in approved containers

Residents, except those who may not shave for reasons of identification in Court, shall be allowed to shave weekly. The Superintendent or the authorized designee may suspend this requirement for any resident who is considered a danger to him/herself or others.

804.7 BARBER AND COSMETOLOGY SERVICES

The Superintendent or the authorized designee shall be responsible for developing and maintaining a schedule for hair care services provided to the resident population and will have written policies and procedures for accessing the services (Grooming Policy). The Superintendent shall ensure that the rules are included in the resident handbook.

Only licensed barbers or cosmetologist will be allowed to provide services to residents.

804.8 AVAILABILITY OF PLUMBING FIXTURES

Resident's rooms/cells shall have toilet and wash basins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance.

The minimum number of plumbing fixtures provided for residents in housing unit is:

- One sink/wash basin for every 4 residents

- One toilet for every 4 residents

804.9 RESIDENT SHOWERS

Residents will be allowed to shower upon assignment to a housing unit and at least every other day thereafter, daily showers are encouraged. There shall be one shower for every 4 residents. Shower facilities for residents housed in the facility shall be clean and properly maintained. Water temperature shall be periodically measured to ensure a range of 100 to 120 degree for the safety of residents and staff.

Residents shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine safety room checks. Staff of the opposite sex shall announce their presence when entering a resident housing unit (28 CFR 115.315).

Transgender and intersex residents shall be given the opportunity to shower in another area separately from other residents (28 CFR 115.342).

804.10 DELOUSING MATERIALS

Delousing materials and procedures shall be approved through consultation with the Health Authority professionals.

Effective Date: 02/14/2022

**Champaign County Probation & Court Services Department
Detention Services Division**

CHAPTER 9 – FOOD SERVICES

Policy

900

Champaign County Probation & Court Services Department Detention Services Manual

Food Services

900.1 PURPOSE AND SCOPE

The Champaign County Juvenile Detention Center recognizes the importance of providing nutritious food and services to residents, to promote good health, reduce tension in the facility and ultimately support the safety and security of the detention facility. This policy provides guidelines on food services and dietary considerations for the residents

900.2 POLICY

It is the policy of the Champaign County Juvenile Detention Center that food services shall provide the residents with a nutritionally balanced diet in accordance with federal, state and local laws and regulations for daily nutritional requirements.

The food service operation shall be sanitary and meet the acceptable standards of food procurement, planning, preparation, service, storage, and sanitation in compliance with Food and Drug Administration (FDA), United States Department of Agriculture (USDA) and the Illinois State Board of Education (ISBE) requirements, and standards set forth in Health and Safety Code.

900.3 FOOD SERVICES MANAGER

The Superintendent or his/her authorized designee shall be the food services manager for the Detention Division. The food services manager shall be responsible for the oversight of the day-to-day management and operation of the food services, which is contractual agreement, in cooperation with the Sheriff's Office. The Detention Division food manager will work with unison with contractual manager in the food services area to include:

- Developing, implementing, and managing budget for food services.
- Ensuring sufficient staff is assigned and scheduled to carry out all functions of the food services operation efficiently and safely.
- Maintaining that appropriate food services training for food staff and jail workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.

900.4 MENU PLANNING

All menus shall be planned, dated and available for review. Records of menus and production records shall be kept on file for one year. Menus shall provide a variety of foods, which shall be approved by a registered dietitian or nutritionist before being served to ensure the recommended dietary allowance for basic nutrition's meets the needs of the population.

Changes to meal schedule, menu or practices should be carefully evaluated by the food services contract food manager in consultation with the Superintendent, or their authorized designee. All substitutions will be of equal or better nutritional value. If any meal served varies from the planned menu, the change shall be noted in writing and on the productions sheet.

Menus as planned, including changes shall be evaluated by the contract registered dietitian at least annually. Copies of menus, reviews, production records should be maintained by the contract food services authority and the Detention Center with established records retention schedules.

900.5 THERAPEUTIC DIETS

The food services manager shall be responsible for ensuring that all residents who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals.

Females who are known to be pregnant or lactating shall be provided a balanced, nutritious diet approved by the health authority.

900.6 RELIGIOUS DIETS

The Superintendent or their authorized designee along the contract food services manager, to the reasonably practicable, will provide special diets for residents in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (42 USC 2000cc). When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets.

900.7 FOOD SERVICES REQUIRMENTS

All reasonable efforts shall be made to protect residents from food-borne illness. Contract food services staff shall adhere to state sanitation regulations and public health codes.

Effective Date: 01/01/2023

Policy

901

Champaign County Probation & Court Services Department Detention Services Manual

Prescribed Therapeutic Diets

901.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that residents who require prescribed therapeutic diets because of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

901.2 POLICY

The Health Authority, in consultation with the contract food services manager, shall:

- (a) Develop written procedures that identify individuals who are authorized to prescribe a therapeutic diet.
- (b) The Superintendent shall comply with any therapeutic diet prescribed for a resident.

901.3 STAFF COMMUNICATION/COORDINATION

It is the responsibility of the Health Authority to complete a list of all residents who are prescribed therapeutic diets. The list should contain the following information:

- (a) Identification number of the resident.
- (b) Location of delivery
- (c) Resident's therapeutic diet type.
- (d) Any special remarks or instructions.
- (e) Duration of the therapeutic diet.

All information regarding a therapeutic diet is part of the medical record and is therefore subject to state and federal privacy laws concerning medical records.

Effective Date: 01/01/2023

**Champaign County Probation & Court Services Department
Detention Services Division**

Chapter 10 – Programs and Services

Policy 1000

Champaign County Probation & Court Services Department Detention Services Manual

Resident Programs and Services

1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish programs and services that are available to residents. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies role and responsibilities of the Assistant Superintendent of Programs & Compliance, who manages a range of programs and services.

1000.2 POLICY

The Champaign County Juvenile Detention Center will make available to residents a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of the residents include social services, faith-based services, educational, recreational, library, mental health, substance abuse, restorative practices, life skills, and leisure time activities.

1000.3 RESIDENT PROGRAMS- ASSISTANT SUPERINTENDENT OF PROGRAMS & COMPLIANCE RESPONSIBILITIES

The Assistant Superintendent of Programs & Compliance is selected by the Superintendent and is responsible for managing the resident programs and services, including the following:

- (a) Research, plan, schedule and coordinate security requirements for all resident programs and services.
- (b) Develop and procure programs and services as authorized by the Superintendent.
- (c) Act as a liaison with other service providers in the community that may offer social or life skill programs.
- (d) Develop, maintain, and make available to residents the schedule of programs and services.
- (e) Develop policies and procedures and establish rules for the participation of residents in the programs and services.
- (f) Develop and maintain records on the number and type of programs and services offered.
- (g) Establish controls to verify that the content and delivery of programs and services are appropriate for the circumstances.

(h) Accumulate data and prepare monthly and annual reports as directed by the Superintendent.

1000.4 SECURITY

All programs and services offered to benefit residents shall adhere to the security and classification requirements of the facility. To the extent practicable, the Assistant Superintendent of Programs & Compliance will develop individualized programs and services for residents who are in high security or administrative intervention along with the shift supervisors.

1000.5 DISCLAIMER

Resident programs are provided at the discretion of the Champaign County Juvenile Detention Center in keeping with security interests, available resources, and best practices.

Nothing in this policy is intended to confer a legal right for residents to participate in any program offered other than what is required by law or that which is medically required.

Effective Date: 02/14/2023

Policy

1002

Champaign County Probation & Court Services Department Detention Services Manual

Resident Exercise and Recreation

1002.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Champaign County Juvenile Detention Center will have sufficiently scheduled exercise and recreation periods and sufficient space for these activities.

1002.1.1 DEFINITIONS

Definitions related to this policy include:

Exercise – The physical exertion of large muscle groups.

Recreation – Activities that may include table games, watching television, socializing with other individuals.

1002.2 POLICY

It is the policy of this division to provide residents with exercise opportunities and recreation activities a minimum of one (1) hour per day. The Superintendent or the authorized designee shall be responsible for ensuring there is sufficient secure space allocated for physical exercise and recreation outside the housing unit and that a schedule is developed to ensure accessibility to both activities for residents.

1002.3 ACCESS TO EXERCISE

Residents shall have access to exercise opportunities and equipment, including access to physical exercise outside the housing unit and opportunities to exercise outdoors when weather her permits.

The detention officer working the assigned group will document exercise time or the resident's refusal exercise using an approved daily log.

1002.4 ACCESS TO RECREATION

Each resident shall have access to recreational (leisure-time) activities outside the housing unit a minimum three days a week. The length of time will be determined by the resident's classification

status, security concerns and operational schedules that preclude recreation during a period. The staff should ensure that the maximum time possible is provided to residents for this purpose.

Television, magazines, table games and other items may also be made available to enhance recreation time. Consideration will be given to the passive or active recreational needs of residents with disabilities.

Residents in administrative intervention shall receive a minimum of one hour a day of exercise outside their housing unit unless security or safety considerations dictate otherwise.

1002.5 SECURITY AND SUPERVISION

Staff shall be responsible for inspecting exercise and recreational equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. Residents will not be permitted to use equipment without supervision. All equipment shall be accounted for before residents are returned to their housing unit.

The supervising staff may terminate the exercise or recreation period and escort back to the housing unit any resident who continues to act in an aggressive or disorderly manner after being given a lawful directive to stop by staff. Whenever an exercise or recreation period is involuntarily terminated, the staff will document the incident and rationale for terminating. The supervisor shall be consulted whether disciplinary action is warranted.

Policy

1003

Champaign County Probation & Court Services Department Detention Services Manual

Resident Educational, Life Skills Programs

1003.1 PURPOSE AND SCOPE

This division provides educational and life skills programs that are designed to assist resident improve personal skills, ongoing education, and assist in their social development.

1003.2 POLICY

The educational and life skills programs offered by this division are available to all eligible residents and are subject to schedule, personnel and other resource constraints.

While housing classification of a resident has to the potential to pose security issues, every effort, to the extent reasonably practicable, will be made to provide individualized educational opportunities on scheduled school days.

1003.3 EDUCATION PLANNING

The Superintendent or their authorized designee along with the Regional Office of Education shall develop educational plans that include but not limited to:

- Programs that provide personalized education plans for each resident, with the goal of ensuring home-school credit for work completed within the facility.
- Develop programs that are productive for all residents, regardless of the length of detainment.
- Attempt to keep residents current with home-school class by obtaining materials and assignments which would prevent the resident from falling behind and increase the resident chances of success after release.
- Ensure education program are supported with required education materials and education supplies.

The educational program shall be evaluated annually by the Regional Office of Education and the Superintendent.

1003.4. EDUCATIONAL STAFF RESPONSIBILITIES

Education teachers must be certified by the Illinois State Board of Education and required to do the following:

- Establish a communication link between area schools and the education program at the facility to provide continuity to the resident's education.
- Access the capabilities and needs of the individual education for the resident.
- Develop and implement an individual education plan for each resident.
- Maintain an on-going record of each resident's progress and assist other education staff in required reports.
- Maintain accurate records of the total number of residents enrolled and the total number hours of instruction.

1003.5 HIGH SECURITY/ADMINISTRATIVE INTERVENTION RESIDENTS

To the extent reasonably practicable, high security residents, and those classified as administrative intervention shall receive individual instruction in the education program.

1003.6 CLASSROOM USE AND DESIGN

The demographics of the resident population should always be considered when developing education and other programming. Resident classification requirements also need to be considered.

The Superintendent should encourage and include educators in the set up and design of the classrooms that have been identified for education and programming. To the extent reasonably possible, in consideration of the space design and the ability to provide adequate safety and security, education staff shall be consulted to ensure that their needs are met.

Effective Date: 01/01/2023

Policy

1004

Champaign County Probation & Court Services Department Detention Services Manual

Commissary Services

1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a commissary program that will give residents the opportunity to purchase personal and food items that are not provided initially or on the food service menu.

1004.2 POLICY

It is the policy of this division to provide resident commissary, so residents who are not on disciplinary restriction may purchase approved items by tokens they earn through the behavior management system.

1004.3 COMMISSARY MANAGER RESPONSIBILITIES

The Assistant Superintendent of Programs & Compliance or their designee, shall be responsible manager to act as the Commissary Manager. The Commissary Manager shall be responsible for the general operation of the commissary, which include, but not limited to:

- Maintain current rules, regulation and policies of the commissary and ensuring compliance by detention staff.
- Managing inventory.
- Commissary Manager or the authorized designee shall conduct scheduled audits of items.
- Ensuring the commissary space are sanitary and secure.
- Ensuring that discrepancies in audits are reported to the Superintendent
- Ensuring that residents who are approved to purchase commissary items are provided with a printed list of available items with the number of tokens needed for such purpose.

Effective Date: 02/14/2023

Policy

1005

Champaign County Probation & Court Services Department Detention Services Manual

Library Services

1005.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for library services and for providing for resident's access to reading material.

1005.2 POLICY

The facility operates library services that provide leisure reading materials to the residents. The Assistant Superintendent of Programs & Compliance is responsible for the administration of the library services. The library service should include access to legal reference materials or the availability to access such materials, current information on community services and resources, and religious, educational, and recreational reading material.

The Assistant Superintendent of Programs & Compliance shall ensure reading materials are provided to general housing unit residents and any staff member are able to assist with the delivery of library services and has received the appropriate training in facility safety and security practices.

Access to the physical library shall be based upon resident classification, housing location, and other factors they legitimately relate to the safety, security, and good order of the detention facility.

1005.3 LIBRARY MAINTENANCE

The Assistant Superintendent of Programs & Compliance may enlist the assistance of the local library cities library the University of Illinois library and other community organizations to maintain and update the library. Donated books and materials should be screened by the Assistant Superintendent of Programs & Compliance for allowable content and safety prior to be distributed for circulation.

This facility may reject library materials that may compromise the safety, security, and discipline in the operation of this facility.

The library shall be operated within the physical, budgetary and security limits of the facility.

Books and other reading material should be provided in languages that reflect the population of the facility.

1005.4 LEISURE LIBRARY MATERIALS

Residents are allowed to have reading material in their room as the behavior management module allows for their current level. Existing selections must be returned before new books may be selected by the resident. Residents who destroy or misuse books and library materials will be subject to disciplinary action or criminal action.

Effective Date: 02/14/2023

Policy 1006

Champaign County Probation & Court Services Department Detention Services Manual

Resident Mail

1006.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the receipt, rejection, inspection and sending of resident mail.

1006.2 POLICY

This facility will provide ample opportunity for residents to send and receive mail, subject to restriction only when there is a legitimate government interest.

1006.3 MAIL GENERALLY

Resident may, send and receive mail without restrictions on quantity.

However, residents are only allowed to store limited number of letters as determined by the Superintendent, in their room/cell. There are to be no envelopes in the room/cell. Excess mail will be stored in the resident's personal property and returned at his/her release.

1006.4 CONFIDENTIAL/PRIVILEGED MAIL

Residents may correspond confidentially with Courts, legal counsel, elected officials, Department of Juvenile Justice officials, government officials, and officers of the Court and legal aid organizations whose official declared purpose is to provide legal service. This facility will also accept and deliver a fax or interoffice mail from these entities.

Foreign nationals shall have access to the diplomatic representative of their country of citizenship. Staff shall assist in this process upon request.

Facility staff may inspect the envelope of outgoing confidential/privileged mail for contraband before it is sealed, provided the inspection is completed in the presence of the resident. If confidential mail is inspected, staff shall limit the inspection to a search for physical items that may be included in addition to the correspondence and shall not read the content of the correspondence.

1006.5 PROCESSING AND INSPECTION OF MAIL BY STAFF

Staff should process incoming and outgoing mail as expeditiously as reasonably possible. All incoming and outgoing mail should be held for no more than 24 hours. Mail processing may be suspended during any emergency resulting in the suspension of normal facility activities.

Assigned detention officers should open and inspect all incoming mail of current resident's but may not read to content. Mail for residents no longer in custody should not be opened.

Except for confidential/privileged mail, outgoing mail may not be sealed by the resident and may be read by staff when:

- (a) There is reason to believe the mail would:
 - 1. Interfere with the orderly operation of the facility.
 - 2. Be threatening to the recipient
 - 3. Facilitate criminal activity.
- (b) The resident is on a restricted mail list.
- (c) The envelope has an incomplete return address.

When mail is found to be inappropriate in accordance with the provisions of this policy, or when the resident is sent material that is not prohibited by law but is considered contraband by the facility, the material may be returned to the sender or held in the resident's property and be given to the resident upon release.

Resident's shall be notified in writing whenever their mail is held or returned to the sender. Mail logs and records of censoring or rejection of mail and copies of hold or return notices shall be maintained in the resident's file.

Outgoing non-confidential mail shall only be censored to further a substantial government interest, and only when it is necessary or essential to address the government interest. Government interests that would justify confiscation of outgoing mail include:

- (a) Maintaining facility security.
- (b) Preventing dangerous conduct.
- (c) Preventing outgoing criminal activity, such as threats or similar conduct
- (d) Preventing harassment of those who have requested that no mail be sent to them by the resident.

Mail identified by censorship shall be delivered to the shift supervisor, who shall make the decision if such mail will be censored.

1006.6. FORWARDING OF MAIL

Any non-legal mail received for a former resident should be returned to the sender with a notation that the resident is not currently in custody. Obvious legal mail should be forwarded to the former resident's last known address. Otherwise, legal mail should be returned to the sender.

1006.7 SUSPENSION/RESTRICTION OF MAIL PRIVILIGES

Mail privileges may be suspended or restricted upon approval by the Superintendent, whenever staff becomes aware of mail sent by a resident that involves;

- (a) Threats of violence against any member of the government, judiciary, legal representatives, victims, witnesses.
- (b) Incoming and outgoing mail representing a threat to the security of the facility, staff or the public.

The Champaign County States Attorney's Office should be consulted in cases where criminal charges are considered against a resident or there is an apparent liability risk to the division that relates to suspension or restriction of mail privileges.

Effective Date: 01/01/2023

Policy

1007

Champaign County Probation & Court Services Department Detention Services Manual

Resident Telephone Access

1007.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting residents access and use of telephones.

1007.2 POLICY

This facility will provide access to telephones for use by residents consistent with regulations set forth by the Illinois Department of Justice. The Superintendent or their authorized designee shall develop written procedures establishing guidelines for access and usage. All residents will be provided orientation as to telephone guidelines and access.

1007.3 PROCEDURE

Residents shall complete intake to the facility be permitted to place telephone calls to their legal guardian and attorney. If there is a bond associated with the case, the resident shall be permitted to place reasonable number of telephone calls to contact legal guardian, attorney, or other family member to secure a bond.

Residents shall be permitted to place or receive two (2) telephone calls in a seven (7) day period to their legal guardians/parents. Phone calls is limited to fifteen (15) minutes per sessions unless more time is authorized by the shift supervisor due to special circumstances. Additional number of phone calls or additional persons may be permitted through advancement within the Behavior Management Level System.

The staff should monitor the use of telephones to ensure the residents have reasonable and equitable access and that the rules of use are observed. Any resident refusing to cooperate with the telephone rules may have his/her call terminated, telephone privileges suspended and/or incur disciplinary action.

All telephone calls, whether incoming or outgoing must be recorded in the resident's electronic file.

1007.4 USE OF TELEPHONES IN HIGH SECURITY OR ADMINISTRATIVE INTERVENTION HOUSING

Residents who are housed in high-security or administrative intervention may use a portable telephone in the day room/housing pod.

1007.5 ATTORNEY CLIENT TELEPHONE CONSULTATION

At all times through a period of custody, whether the resident has been charged, tried, convicted, or is serving a sentence, reasonable and non-recorded telephone access to an attorney shall be provided to the resident.

Foreign Nationals shall be provided access to the diplomatic representative of their country of citizenship. Staff shall assist them upon request.

Effective Date: 01/01/2023

Policy 1008

Champaign County Probation & Court Services Department Detention Services Manual

Resident Visitation

1008.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and to provide a process for resident visits and visitors.

1008.2.1 DEFINITIONS

In-person-visit – An on-site visit that may include barriers. In-person visits include interactions in has in person contact with a visitor, the resident can see a visitor through a barrier.

Video visitation – Interaction between a resident and a individual through means of an audio-visual communication device when the visitor is a remote location.

1008.2.2 POLICY

It is the policy of the facility to allow resident visitation, including video visitation when applicable.

1008.3 PROCEDURES

The Detention Services Division shall provide adequate facilities for visiting, which shall provide for as many visits and visitors as facility schedules, space, and number of personnel will reasonably allow. The procedures are subject to safety and security requirements and should consider:

- The facility's schedule.
- The space available to accommodate visitors.
- Whether emergency or other conditions justify a limitation in visiting privileges.

The visiting area shall accommodate residents and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a detention manager. Reasonable accommodations will be granted to residents and disabled visitors to facilitate a visitation period.

Visitors logs and records shall be developed and maintained in accordance with established records and retention schedules.

1008.3.1 VISITOR IDENTIFICATION

All visitors must a valid state, military tribal or other government identification. Identification will be considered valid for 60 days after expiration. Children under the age of 16, will not have to produce identification, however detention personnel must obtain the visitors name, date of birth, valid address and relationship to the resident.

A valid identification shall include a photograph of the individual and a physical description.

An official visitor (professional) shall present proof of professional capacity and produce identification, the same as a non-professional visitor.

Failure or refusal to provide a valid identification is reason to deny a visit.

1008.4 AUTHORIZATION TO SEARCH VISITORS

Individuals who enter the secure perimeter of facility are subject to search.

The area designated for a visitor to be searched prior to visiting with a resident shall have notice posted indicating that any cellular telephone, wireless communication device or any component thereof is not allowed.

1008.5 VISITING SCHEDULE

The Superintendent shall establish a schedule for resident visitation that includes a variety of days and hours. Each resident shall receive a copy of the visitation schedule in the resident handbook at orientation. Visiting hours will also be posted in the public area of the facility.

1008.6 DENIAL OR TERMINATION OF VISITING PRIVILIGES

The Superintendent is responsible for defining, in writing the conditions which visits may be denied.

Visitation may be denied or terminated by a detention supervisor if the visitor poses a danger to the security of the facility or there is other good cause, including but not limited to the following:

- (a) The visitor appears to be under the influence of drugs and or alcoholic beverages.
- (b) The visitor refuses to submit to being searched.
- (c) The visitor or resident violates rules or posted visiting rules.
- (d) The visitor fails to supervise and maintain control of any minors accompanying him/her into the facility.
- (e) Visitors attempting to enter the facility with contraband will be denied a visit and may face criminal charges.
- (f) Visitor gives false identification to detention personnel.

Any visitation that is denied or terminated early, on the reasonable grounds that the visit may endanger the security of the facility, shall have the actions and reasons documented. A copy of the documentation will be placed into the resident's file and a copy forwarded to the Superintendent.

1008.7 GENERAL VISITATION RULES

All visitors and residents will be required to observe the following general rules during visitation:

- (a) There is a limit of two (2) visitors at a time.
- (b) A resident may refuse to visit with a particular individual.
- (c) Any resident who has a valid Order of Protection against them or other valid court order shall not be allowed visits who are protected by the order.
- (d) Visitors must be appropriately attired prior to entry in the visitor's area of the facility.
- (e) Inappropriate clothing, such as transparent clothing, halter tops, excessively tight or revealing clothing, hats and bandannas or any other clothes associated with a criminal gang or otherwise deemed by the staff to be unacceptable will not be permitted.
- (f) All visitors must have footwear.
- (g) Visitors will leave personal items, except for identification, outside of the secure area. Visitors who enter the facility with handbags, packages, or other personal items will be instructed to lock items in a vehicle or locker or return another time without the items. The facility is not responsible for lost or stolen items.
- (h) Food or drink is not permitted in the visitor's area.
- (i) Residents will be permitted to sign legal documents, or any other items authorized by the Shift Supervisor. Transaction of this nature will not constitute a regular visit.

1008.8 SPECIAL VISITS

The Shift Supervisor may authorize special visitation privileges, taking into consideration the following factors:

- The purpose of the visit.
- The relationship of the visitor to the resident.
- The circumstances of the visit.
- Distance traveled by the visitor.

Effective Date 01/01/2023

