



STATE OF MICHIGAN

DEPARTMENT OF HEALTH & HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

# Juvenile Justice Residential Policy Manuals

**BUREAU OF  
JUVENILE JUSTICE  
MISSION**

The Bureau of Juvenile Justice will be a dynamic leader in building safe and healthy communities through our balanced approach, professionalism, and shared commitment to innovation and effective partnerships.

**VISION**

The vision of the Bureau of Juvenile Justice is to promote safe and healthy communities by:

- Providing comprehensive treatment and services for juvenile offenders through which they will develop competencies to assist in achieving independence and responsibility.
- Holding juvenile offenders accountable for their behavior and working toward repairing harm done to the victim and the community.
- Providing leadership within the juvenile justice community by promoting best practices and comprehensive treatment and services for juvenile offenders in Michigan.
- Providing targeted high need communities with the necessary resources or information to create purposeful and collaborative juvenile delinquency prevention programs.

**MICHIGAN  
STATUTES**

Child Care Organizations Act, MCL 722.111 et seq

Crime Victim's Rights Act, MCL 780.751 et seq

Child Protection Law, MCL 722.621 et seq

Escape from a Juvenile Facility, MCL 750.186a

Juvenile Facilities Act, MCL 803.221 et seq

Probate Code, MCL 712A.1 et seq

Revised School Code, MCL 380.1 et seq

Sex Offenders Registration Act, MCL 28.721 et seq

Social Welfare Act, MCL 400.1 et seq

Youth Rehabilitation Services Act, MCL 803.301 et seq

**PURPOSE**

The purpose of this policy is to ensure facility staff, including contractors, sub-contractors, interns and volunteers avoid exposing youth to actual or potentially negative influences in compliance with the Prison Rape Elimination Act National Standards Subpart D, Standards for Juvenile Facilities, Child Caring Institution licensing rules and the Michigan Department of Health and Human Services(MDHHS)/State of Michigan hiring guidelines and rules.

**DEFINITIONS****Staff**

Pursuant to Mich Admin Code R. 400.4101(ii), staff means a person who is employed by an institution, a volunteer for the institution, including student interns or a person who is used by the institution to provide specific services.

For the purposes of this policy, staff also include contractors and sub-contractors or an individual who has direct contact with youth.

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

MDHHS human resources staff, state run facility directors and designees, private, contracted juvenile justice residential treatment facility directors and designees and other staff involved in staff recruitment, screening and hiring.

**PROCEDURES**

Each state run and private, contracted juvenile justice residential treatment facility must develop and implement a written procedure for screening and hiring staff.

These procedures must contain the following requirements:

**JOB POSTING FOR  
STATE RUN  
JUVENILE JUSTICE  
FACILITIES**

State of Michigan facility job postings must contain notification that new or transfer applicants are subject to all of the following:

- Criminal history background checks.

- Central registry checks.
- Other background checks including checks of the Michigan and national sex offender registries.
- Checks with prior institutional employers for information on substantiated allegations of sexual abuse by the applicant.
- Direct questions about previous misconduct in written applications for hiring or promotions and during interviews.
- Submission of fingerprints.
- Drug testing.

## **PRE-EMPLOYMENT SCREENING**

All new hire(s) including prospective staff, at state run and private, contracted juvenile justice residential facilities, are required to undergo pre-employment screening that includes:

### **Prison Rape Elimination Act Questions**

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(a)(1)-(3), the facility designee must not hire anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the bullets above.

The facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

The state run or private, contracted juvenile justice residential treatment facility director or designee must ask the following questions during the application or interview process:

- Have you ever sexually assaulted someone, including in a prison, jail, lockup, detention, community confinement facility, juvenile facility, or other institution?
- Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you been civilly or administratively adjudicated to have engaged or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you answered these questions truthfully and to the best of your ability?

Pursuant to PREA National Standards for Juvenile Facilities, 28 CFR 115.317(3)(g), material omissions regarding such misconduct, as outlined in this policy, or the provisions of materially false information, is grounds termination.

The answers to these questions shall be kept in the staff personnel file.

### **Criminal History Check**

Fingerprints are required for all individuals who are applying to become a facility director at a state run or private, contracted juvenile justice residential treatment facility; see [SRM 200, Fingerprints](#) for more information.

State run or private, contracted juvenile justice residential treatment facilities must not offer employment or offer volunteer opportunities to any individual who has a criminal case pending or an individual convicted of a felony or certain other offenses specified in this policy.

The fingerprint results are retained in the Division of Child Welfare Licensing (DCWL) central office for the duration of the license.

---

**Criminal History  
Background Check**

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(c)(1) and (d), designated facility staff must complete a criminal history background check before hiring any staff who will have contact with youth. Designated facility staff are required to use the Internet Criminal History Access Tool (ICHAT) to obtain this information.

Pursuant to Mich Admin Code, R 400.4113(f)(i), designated facility staff must contact the equivalent state, Canadian province, or other county law enforcement agency for prospective staff who have lived outside of the state of Michigan within the previous 5 years.

For State run facilities, contact the Office of Human Resources at 517-373-8485 for criminal history background check results.

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(a)(1)-(3), the facility designee must not hire anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who:

- Has engaged in sexual assault in a prison, jail, lockup, detention, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the bullets above.

The facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

Pursuant to MCL 722.119, a licensee, licensee designee, chief administrator, or program director of a child care organization shall not be present in a facility if he or she has been convicted of any of the following:

- Child abuse under section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b, or neglect under section 145 of the Michigan penal code, 1931 PA 328, MCL 750.145.
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.

A staff member or unsupervised volunteer shall not have contact with youth who are in a facility if he or she has been convicted of either of the following:

- Child abuse under section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b, or neglect under section 145 of the Michigan penal code, 1931 PA 328, MCL 750.145.
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment.

The results of the criminal background check shall be kept in the staff personnel file (Mich Admin Code 400.4113(f)).

### ***Assessment of Criminal Convictions/History for Private, Contracted Facilities***

Pursuant to Mich Admin Code R 400.4113(g)-(h), designated facility staff may hire an individual with previous convictions. A written evaluation of the convictions must be completed that addresses the nature of the conviction, the length of time since the conviction and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment. Also, the employee is responsible for providing a written statement regarding any convictions.

Designated facility staff may request to hire an individual previously convicted of a misdemeanor offense by taking the following steps:

- Prepare a written evaluation showing that the candidate is of good moral character and has demonstrated a suitable history of lawful behavior.
- A statement from the prospective staff regarding any convictions.

The evaluation and written statement shall be kept in the staff personnel file.



Pursuant to 1973 PA 116, as amended, MCL 722.119(2)(a)-(b), staff and unsupervised volunteers must not have contact with youth if he or she has been convicted of either of the following:

- Child abuse or neglect.
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment.

***Assessment of Criminal Convictions/History for State Run Facilities***

MDHHS Office of Human Resources will make this determination for state run juvenile justice residential treatment facilities, not the facility director or designee.

**Prior Institutional Employer Checks**

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(c)(3), designated facility staff must make best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

State run or private, contracted juvenile justice residential treatment facilities must not offer employment or offer volunteer opportunities to any individual who has substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The results of the prior institutional checks shall be kept in the staff personnel file.

***For State Run Facilities Only***

In the event that a facility is contacted by an institutional employer regarding a former employee seeking work, the facility director must coordinate providing information regarding substantiated allegations of sexual abuse with the Office of Labor Relations.

**Central Registry Checks**

This applies to staff hired after September 1, 2011.

Pursuant to the Prison Rape Elimination Act Standards for Juvenile Facilities, 28 CFR 115.317(c)(2) and Mich Admin Code, R 400.4112(3), designated facility staff must consult any child abuse registry maintained by the State or locality in which the staff would work.

The prospective staff or employer agency must submit a completed DHS-1929, Central Registry Clearance Request. The DHS-1929, Central Registry Clearance Request and instructions can be found on the MDHHS public website page, [Central Registry Clearance Requests](#), Section V. Employers and Volunteer Agencies.

The MDHHS county office must provide a completed DHS-1910, Child Abuse/Neglect Central Registry Check, within 10 working days to the prospective employee or employer agency, which documents that there is no central registry record for that individual; see [SRM 131, Confidentiality, Michigan Individual Request, Employer and Volunteer Agencies](#) for more information.

Pursuant to Mich Admin Code, R 400.4112(3), an individual who is listed on the central registry must not have unsupervised contact with youth. Pursuant to Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.317(c)(1)-(2), state run and private, contracted residential juvenile justice facilities must not offer employment or volunteer opportunities to any individual who has a substantiated child abuse or neglect complaint.

For state run facilities contact the Office of Human Resources at 517-373-8485 for central registry check results.

The results of the central registry check must be kept in the staff personnel file.

### **Sex Offender Registry Checks**

Conduct checks on the [Michigan Public Sex Offender Registry](#) website and the [Dru Sjodin National Sex Offender Public Website](#) for all prospective staff.

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(a)(1)-(3), the facility designee must not hire or promote anyone who may have contact with youth and who have been convicted of, adjudicated or engaged, in sexual abuse or sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse.

State run or private, contracted juvenile justice residential treatment facilities must not offer volunteer opportunities to an individual who appears on the Michigan or national sex offender registry.

The results of the sex offender registry checks shall be documented in the staff personnel file.

### **Driver's License Checks**

Pursuant to Mich Admin Code R 400.4139, the facility designee must ensure and document that the driver of any vehicle transporting youth is an adult and possesses a valid operator or chauffeur license.

The results of the driver's license check shall be documented in the staff personnel file.

### **Tuberculosis Testing**

All facility staff will be tested for the presence of communicable tuberculosis (TB).

Pursuant to Mich Admin Code, R 400.4114, designated facility staff, prior to employment, must document that each staff member, including contracted staff, who has contact with youth four or more hours per week or more than two consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the one year period before assigning services.

The results of the TB test shall be documented in the staff personnel file.

#### ***Positive Tuberculosis Results***

Staff whose results come back for communicable TB must not have contact with youth.

For more information on positive test results see; [OSHA Policy, d\) Case Management of Infected Employees and 2005 CDC Guidelines, pages 30-31.](#)

---

**Drug Testing*****For State Run Facilities Only***

Pursuant to the Office of Human Resources, all new hires and re-hires (previously employed with the State of Michigan) must take and pass a drug test before making an offer of employment.

After a conditional offer has been made the prospective staff must pick up a drug test form from the employer agency or local MDHHS county office and complete the drug test within 24 hours. MDHHS Office of Human Resource staff will notify the state facility director of the results of the drug test.

Prospective employees whose drug test comes back positive for a prescribed medication are required to provide documentation of the prescription(s). All other positive drug test results are considered failed.

The results of the drug test shall be kept in the staff personnel file.

For more information on drug testing contact the MDHHS Office of Human Resources at 517-373-8485.

**PROSPECTS  
DETERMINED  
INELIGIBLE**

The facility director or designee must notify the prospective staff if they are determined to be ineligible for employment. Upon the prospective staffs' request, the facility director or designee shall provide the reasoning as to why they are ineligible for employment.

**ONGOING  
BACKGROUND  
CHECKS**

The facility designee must ensure the following checks are conducted and completed for each staff and shall be kept in the staff personnel file:

***Central Registry Checks***

Pursuant to Mich Admin Code, R 400.4113(i) and 1973 PA 116, as amended, MCL 722.119(3), the facility designee must document that a staff is not listed on the central registry every 12 months

following the start of employment. Staff named as a perpetrator on the central registry may not be present in the facility.

### ***Criminal History Background Checks***

Pursuant to Prison Rape Elimination Act Standards for Juvenile Facilities, 28 CFR 115.317(e), the facility designee must conduct background checks at least every five years for current employees and contractors who have contact with youth.

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(c)(1) and (d), designated facility staff must complete a criminal background check before promoting any staff who will have contact with youth. Designated facility staff are required to use the Internet Criminal History Access Tool (ICHAT) to obtain this information.

For State Run facilities, contact the MDHHS Human Resources at 517-373-8485 for criminal history background check results.

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.317(a)(1)-(3), the facility designee must not promote anyone who may have contact with youth who:

- Has engaged in sexual assault in a prison, jail, lockup, detention, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the bullets above.

Pursuant to PREA National Standards for Juvenile Facilities, 28 CFR 115.317(3)(g), material omissions regarding such misconducted, as outlined in this policy, or the provisions of materially false information, is grounds termination.

The facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

The results of the criminal background check shall be kept in the staff personnel file (Mich Admin Code 400.4113(f)).

Pursuant to Mich Admin Code R 400.4113(g)-(h), designated facility staff may promote an individual with previous convictions. There must be a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment. The employee is also responsible for providing a written statement regarding any convictions.

Designated facility staff may request to promote an individual previously convicted of a misdemeanor offense by taking the following steps:

- Prepare a written evaluation showing that the candidate is of good moral character and has demonstrated a suitable history of lawful behavior.
- A statement from the prospective staff regarding any convictions.

The evaluation and written statement shall be kept in the staff personnel file.

### ***Driver's License Checks***

The facility designee must ensure that the driver of any vehicle transporting youth is an adult and possess a valid operator and chauffer license. This check should be done annually/during staff performance reviews. Staff who do not possess a valid operator or chauffer license are not allowed to operate any vehicle transporting youth.

### ***Sex Offender Checks***

The facility designee must complete annual checks of the Michigan Public Sex Offender Registry and the Dru Sjodin National Sex Offender Public Website for all employees. Staff who appear on the Michigan or national sex offender registry may no longer be employed.

### ***Random Drug Tests-State Run Facilities Only***

Each month MDHHS Office of Human Resources will notify the facility director or designee of the employees who have been randomly selected for drug testing. For more information on random drug tests contact the Human Resources at 517-373-8485.

Prospective employees whose drug test comes back positive for a prescribed drug are required to provide documentation of the prescription(s). All other positive drug test results are considered failed.

### ***Tuberculosis Screening***

Pursuant to Mich Admin Code R 400.4114, the facility designee must verify every one (1) year after the last verification or prior to the expiration of the current verification, that each staff who has contact with youth are free from communicable TB.

Staff whose results come back for communicable TB must not have contact with youth.

For more information on positive test results, see [OSHA Policy, d\) Case Management of Infected Employees and the 2005 CDC Guidelines, pages 30-31](#).

## **LEGAL BASE**

### **Federal**

### **Dru Sjodin National Sex Offender Public Database Act of 2005, Section 3(a)(1)(2).**

The Attorney General shall create a public website that contains information from the National Sex Offender Registry or State sex offender web sites, for users to access to determine which individuals are listed as sex offenders.

### **Prison Rape Elimination Act National Standards, Hiring and Promotion Decisions, 28 CFR 115.317(a)-(h).**

Requires that the facility does not hire, promote or enlist the services of any prospective employees, contractors or volunteers who has engaged, been convicted of engaging or attempting to engage or has been civilly or administratively adjudicated to have engaged in sexual assault in a prison, jail, lockup, detention, community confinement facility, juvenile facility, or other institution or in the community.

Requires that the facility perform a criminal background records check before hiring individuals who will have contact with youth. Requires the facility to ask prospective employees, contractors, or volunteers about any previous misconduct during the application or interview process and to consult applicable child abuse registry.

**State****Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.119.**

Requires child caring organization to now allow the chief administrator, licensee designee or staff member in the facility if they have been convicted of child abuse or neglect and/or has a felony involving hard or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment and to provide documentation that they are not listed on the central registry. Requires child caring organizations to have a policy regarding supervision of volunteers.

**Child Protection Law, 1975 PA 238, as amended, MCL 722.627j.**

With written request from an individual, employment agency or volunteer agency, the department must provide documentation stating that the individual is not named in central registry case as a perpetrator of child abuse or neglect. The individual or department may share the document with whomever is appropriate for the purpose of seeking employment or serving as a volunteer, if the services provided includes contact with youth.

**Michigan  
Administrative  
Code****Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4101(ii).**

"Staff" means a person who is employed by an institution, a volunteer for the institution including student interns, or a person who is used by the institution to provide specific services covered by these rules.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4112.**

Requires staff and volunteers who have unsupervised contact with youth must not be convicted of either child abuse or neglect, a felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or not be a person who is listed on the central registry as a perpetrator of child abuse or child neglect.



**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4113.**

Requires employee records to be maintained for each employee on criminal background and child abuse registry check results.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4114.**

Requires documentation on each employee and volunteer who has contact with youth is free from communicable tuberculosis. This must be verified within the 1-year period before employment and shall be verified every 1 year after the last verification or prior to the expiration of the current verification.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4139.**

Requires documentation that the driver of any vehicle transporting youth must be an adult who possess a valid operator or chauffeur license.

**POLICY CONTACT**

Facility supervisor or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that the use of state telecommunications equipment must not conflict with the safety and security responsibilities of the facility.

**PURPOSE**

This policy ensures that staff are not distracted from their primary responsibility of care and custody of youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to staff usage of telephones. At a minimum, these SOPs must contain the following requirements:

**Personal Local Calls**

The use of state telephones for personal local calls are:

- Kept to a minimum.
- Monitored for abuse.

**Personal Long Distance Calls**

Staff may make personal long distance telephone calls at state expense to communicate:

- A delay in scheduled work departure times.
- Unavoidable changes in travel plans while in travel status.
- As authorized by their supervisor prior to the phone call.

**Telephone Logs**

Facilities that have Centrex, or PBX telephone systems with Station Message Detail Recorder (SMDR) equipment or service, are provided with detailed information of all outgoing calls by extension,

including the date, time, number dialed and duration of call. In facilities not provided this information through the telephone system or service, a telephone log is required.

Incoming and outgoing cellular calls and outgoing facsimile (FAX) messages must be recorded on a log.

Information required on a log includes all of the following:

- Name of party called.
- Telephone number called (include area codes).
- Date and time of the call.
- Name of person making the call.
- Purpose of the call.

Records produced from Centrex and the SMDR equipment or service, as well as the telephone logs, are to be maintained at the facility for a period of three (3) years or until audited, whichever comes first.

## **AUTHORITY**

DHS Administrative Handbook Manual, Telecommunications (AHT), item 200-3.

Department of Management and Budget (DMB) Procedure 1410.14.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that personal communication devices will not be worn or carried by staff while on duty without the prior authorization of the facility/center director or designee.

**PURPOSE**

This policy ensures that staff are not distracted from their primary responsibility of care and custody of youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**Procedure**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to staff's use of personal communication devices. At a minimum, these SOPs must contain the following requirements:

**Written Request  
and Approval**

- Staff submits a written request supporting the need to carry a personal communication device to the facility/center director or designee.
- Written approval by facility/center director or designee must specify:
  - Acceptable use of the device.
  - The starting and ending dates of the approval.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)  
DMB Procedure 1410.15  
DIT Procedure 1410.15

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that computer passwords must be kept confidential.

**PURPOSE**

This policy prevents the fraudulent and illegal use of DHS computers by unauthorized users.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the confidentiality of staff computer passwords. At a minimum, these SOPs must contain the following requirements:

**Password  
Confidentiality**

Staff accessing DHS computers must keep their passwords confidential.

If staff believes that their password has been compromised, they must:

- Change their password immediately.
- Notify their supervisor of possible misuse.

**Email and  
Calendar Access**

Staff must give their supervisor proxy access to their GroupWise calendar.

**AUTHORITY**

DHS Director Memorandum, March 25, 2001.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that tobacco products are not to be possessed in facility buildings or used on facility property, and the use and/or possession of alcohol, illegal or non-prescribed prescription drugs is prohibited on state property and in state vehicles.

**PURPOSE**

This policy ensures a safe and healthy environment for residents, staff, and visitors of the BJJ facilities.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to a tobacco and drug free workplace. At a minimum, these SOPs must contain the following requirements:

- Prohibits the use and/or possession of alcohol and illegal drugs:
  - In the facility or on the facility property.
  - In state vehicles.
  - During facility sponsored activities.
  - While a staff member is on-duty.
- Prohibits the possession of tobacco products within facility buildings.
- Prohibits the use of tobacco products:
  - In facility buildings.
  - On facility property.
  - In state vehicles.

- In private vehicles used for the purpose of transporting youths.
- During facility sponsored events.
- Prohibits:
  - The use and/or possession of prescription medication by an individual that has not been prescribed the medication.
  - Individuals from using prescription medication in a manner other than as directed by the prescribing health professional.

**AUTHORITY**

Controlled Substances Act, 21 USC 812  
Child Care Organizations Act, MCL 722.113b  
Executive Order 1992-3  
DHS Employee Handbook Department Work Rules

---

**POLICY**

Juvenile justice facility staff must always perform their duties in a manner that is professional and mindful of their role as an example for youth. Staff must not engage in any behavior that brings reproach upon themselves, DHS or the State of Michigan.

**PURPOSE**

To ensure that facility staff adhere to the highest moral and ethical standards for professional and personal conduct.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director and staff.

**PROCEDURE**

Each juvenile justice facility must develop and implement a written procedure to emphasize ethical staff behavior. The procedure must contain the following requirements:

**Protection of Civil  
and Legal Rights**

- Staff must respect and protect the civil and legal rights of all individuals that they meet in the course of their official duties.
- Staff must not use their position to secure special privileges, any type of financial gain, or to promote any partisan political purpose.
- Staff must not accept, receive or provide any loan or gift that could be construed as a reward or incentive to perform a certain act or that creates the impression of favoritism.
- Staff must maintain the integrity of personal information and must not seek personal information beyond that needed to perform their official responsibilities.
- Staff must comply with requirements for safeguarding confidential information in accordance with [JRM 120, Confidentiality](#), and [SRM 131, Confidentiality](#).



- Staff must not engage in any conduct that adversely affects their ability to perform their job or that adversely affects a facility's ability to carry out its assigned mission.

### Staff/Youth Relationships

Staff must maintain a professional demeanor with other staff and youth. Staff must remain appropriately clothed at all times when supervising or in the presence of youth, volunteers, or visitors. Staff must not allow or participate in any of the following activities:

- Engaging in physical contact with youth or allowing physical contact between youth including horseplay, rough-housing, wrestling, fighting, or other similar activities.

**Exception:** Contact as needed for an approved physical or mechanical restraint is authorized as are staff safety actions to guide or protect a youth. Additionally, incidental contact between youth consistent with normal participation in approved athletic activities (for example basketball or soccer) is authorized.

- Engaging in verbal or non-verbal altercations with or between youth that would have the potential or actually demean, frighten, intimidate, or provoke a physical or verbal response (for example, name calling, taunting, flinching).

**Note:** Facial gestures, hand signals, aggressive use of body language, and infringing on a reasonable amount of personal space are included in the scope of this contact.

- Socializing on a personal level with present or former residents of facilities.
- Entering into or continuing in romantic relationships with present or former residents of facilities.
- Engaging in any sexual or intimate contact with present or former residents of facilities.
- Attempting to force religious beliefs on youth.
- Allowing youth to drive state or staff personal vehicles.

**Exception:** Vehicles approved as part of an authorized driver's education program.

- Using their position to engage in business or financial dealings with youth or members of a youth's families.
- Any other behavior with youth that would appear to be inappropriate to an objective observer.

**AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Standards of Conduct for Public Officers and Employees Act, 1973 PA 196, as amended, MCL 15.341 et seq.

DHS Administrative Handbook

DHS Employee Handbook, DHS Pub 87

Prison Rape Elimination Act, 42 USC 15601 et seq.

**PURPOSE**

To ensure that confidential information about youth is provided only when it is in the youth's best interest as determined by the Michigan Department of Health and Human Services (MDHHS) or the committing court, or by receipt of legal consent or a court order.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**PROCEDURE**

Each state run and private, contracted juvenile justice residential treatment facility is required to develop and implement standard operating procedures (SOPs) relative to this policy and the release of confidential information in accordance with the details in [SRM 131, Confidentiality, Juvenile Justice Records](#).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that Children's Protective Services (CPS) records are only available in compliance with the Child Protection Law.

**PURPOSE**

This policy prevents the unauthorized disclosure of confidential information.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to access to CPS records. At a minimum, these SOPs must contain the following requirements:

- Youth files containing CPS records must be easily identifiable to help ensure the confidentiality of the records.
- Names and all references to the complainant are removed from the youth's file.
- CPS records are accessible only to treatment personnel working with the youth and/or family.

**AUTHORITY**

Child Protection Law, MCL 722.621 et seq.

---

**POLICY**

Juvenile justice program documents within DHS must be retained in accordance with approved general and agency-specific record retention schedules unless directed to be retained longer by audit or legal requirements.

**PURPOSE**

To comply with state law and facilitate orderly maintenance of required records for state juvenile justice programs.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility directors, designees, and central office staff.

**PROCEDURE**

Each residential juvenile justice facility must develop and implement a written procedure for the retention, periodic review, and destruction of records.

**Note:** This policy does not affect the record retention requirements established by the Department of Technology, Management and Budget (DTMB), the DHS administrative handbook, or other auditors. Documents potentially relevant to the subject matter of a grievance or lawsuit must be retained until no longer needed.

**Youth Files**

Youth files must be maintained during each youth's residence at the residential facility. These files include the case record, the medical file, and the education file.

**Case Record**

The facility must maintain a case record for each youth; see [JJM 255, Case Record Requirements](#).

**Note:** The case record normally originates from the DHS county office providing services to the youth.

---

The facility must return the youth's case record to the youth's DHS caseworker when the youth is released from the facility.

### Medical file

The facility director or designee must:

- Send the youth's original medical file to the DHS caseworker when the youth is released from the facility.
- Maintain a complete copy of each youth's medical file at the facility following youth release in accordance with the record retention schedule.
- Securely store medical files in locked cabinets with limited access. Files for youth currently in residence must be stored physically separated from files for former youth.

### Educational File

The facility director or designee must send the education file (including individualized education program team reports, multidisciplinary evaluation team reports, individualized education programs, transcripts, and attendance records) to the Juvenile Programs Education Unit when the youth is released from the facility.

The mailing address for the education unit is:

Juvenile Programs Education Unit  
8701 East M-36  
Whitmore Lake, MI 48189

### Skeletal File

The facility director or designee must establish and maintain a skeletal file for each youth who has been released in accordance with the approved record retention schedule. The skeletal file must include the following records (as applicable):

- DHS-0199, Consent for Publication Form.
- Initial Service Plan.
- Initial Treatment Plan(s)(residential treatment).
- Risk assessments associated with the Release Treatment Plan.

- Release Treatment Plan (for final release).
- Treatment Program Termination Form (for final release).
- Strengths/Needs Assessments.
- Assessment instruments from the Michigan Juvenile Justice Assessment System.
- Local facility release checklist documentation (for final release).
- Preliminary Services Plans, Resident Assessments, and Discharge Plans associated with detention (if final release is from detention).
- Client intake summary from Juvenile Justice Online Technology (residential treatment).
- DHS-3307A Youth Face Sheet.
- DHS-62 Delinquent Youth DNA Profile Verification.
- MSP Form DD-4 Sex Offender Registration.
- MSP Form DD-4A Explanation of Duties to Register as a Sex Offender.
- Selective Service Registration (if a male aged 18 or older).
- Youth property inventory at facility intake.
- Youth signed receipt for return of personal items on release.
- Post-escape inventories of remaining youth belongings (for youth who escape and do not return).
- Documentation for disposition of escaped youth's personal property.
- Initial and annual Michigan Protection and Advocacy Services notification to parents.
- Court order directing or used as authority for placement at the facility.
- Court order directing or authorizing release or de-escalation from the facility.

- Transition Accountability Plans or other documentation associated with the Michigan Youth Re-entry Initiative.
- Victim Requests for Notification.
- Documentation that shows when victims are notified.

## Review of Holdings

The Bureau of Child Welfare Funding, Contracting, and Juvenile Programs director or designee(s) must ensure that central office record holdings are reviewed at least every 12 months:

- To verify that all records held are covered under an approved general or agency-specific record retention schedule.
- To ensure that records are appropriately identified and destroyed in a proper and timely manner.

**Note:** Reorganization or realignment of staff may result in the need to resubmit record retention schedules for review and approval. Assistance may be obtained from the DHS Records Management Officer or DTMB staff.

The facility director or designee must ensure that facility record holdings are reviewed at least every 12 months:

- To verify that all records held are covered under an approved general or agency-specific record retention schedule.
- To ensure that records are appropriately identified and destroyed in a proper and timely manner.

## Records Management Software Users

The Bureau of Child Welfare Funding, Contracting, and Juvenile Programs director or designee and facility directors must ensure that they have sufficient staff trained in use of the Versatile records management software. Training may be arranged with DTMB.



**Confidentiality**

All records must be stored and disposed of in a manner designed to protect the confidentiality of the enclosed information. Approved methods for disposal include shredding and burning.

**AUTHORITY**

Public Health Code, 1978 PA 368, as amended, MCL 333.16213  
Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)  
Department of Technology Management and Budget (DTMB)  
Procedures 0920.01 et seq.

---

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that legal consent must be obtained for non-security related videotaping or photographing of youths.

**PURPOSE**

This policy protects the confidentiality rights of youth in facilities.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the non-security related videotaping or photographing of youth. At a minimum, these SOPs must contain the following requirements:

**Purpose**

Facilities will define the internal purpose and circumstances for videotaping and/or photographing youth.

**Use of Videotape  
or Photograph*****Treatment Purposes***

Youths and family members may be videotaped or photographed as part of the treatment process if valid legal consent is obtained from all parties.

***Non-treatment Purposes***

All parties must sign a valid legal consent form.

### Media

Non-DHS media (newspaper, television, etc.) requests for photographing and/or videotaping must be approved in advance by the DHS director through the office of communications.

### Storage and Destruction

All videotapes must be erased or otherwise destroyed when the affected youth is released from the facility.

### Consent

All parties that have reached the age of majority must sign a copy of the “Consent for Publication” form (DHS-0199) prior to being videotaped and/or photographed.

For youth under 18 years of age, the following parties (based on the youth’s legal status) must make the determination that videotaping/photographing is in the best interest of the youth and sign the consent form:

#### Legal Status/Type of Care/Authorizing Party

Delinquent State Ward (1974 PA 150).	DHS director or designee.
Temporary court ward.	Court/judge and parent or legal guardian.
Permanent court ward.	Court/judge.
Dual wards – MCI and Act 150 & 296 or 220.	DHS director or designee and the MCI Superintendent.
Michigan child placed out of state.	Michigan authority supervising child at time of placement.
OTI/Interstate Compact youth.	Sending state authority/court.

**Copyrighted  
Materials**

No copyrighted material, including music, may be used in any videotape.

**Miscellaneous**

- DHS employees videotaped as a part of their job or volunteer duties do not need to sign a consent form.
- Non-DHS employees, including volunteers, must sign the “Consent for Publication” form before the videotape may be used for any purpose.
- Contracts for presentations to be videotaped must state the uses for which the videotape will be used.
- Any videotape that may be shown to any member of the general public must be closed captioned.

**AUTHORITY**

Social Welfare Act, MCL 400.115a (1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that a staff member trained in first aid and cardiopulmonary resuscitation will always be on duty and readily available at all facilities.

**PURPOSE**

This policy enhances the safety and security of youths placed under the Department of Human Services supervision.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to having a staff member trained in first aid and cardiopulmonary resuscitation on duty. At a minimum, these SOPs must contain the following requirements:

- Staff member always on-duty.
- Each facility will ensure that a staff member with current certification in first aid and age-appropriate CPR is always on-duty and readily available.
- Training available to all staff:
  - Initial and recertification training in First Aid and CPR is required for all direct care staff working in residential facilities. The training is optional for all other facility staff.
  - Supervisory personnel review the certification status of all direct care staff on an annual basis.

**AUTHORITY**

Child Care Organizations Act, MCL 722.112a

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that the driver of any vehicle on state business must possess a valid driver's license with the appropriate endorsement for the vehicle driven or the circumstances of its use. Drivers will comply with Department of Management and Budget (DMB) regulations and state law.

**PURPOSE**

This policy ensures the safety of youths and staff during transport.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to driver licensing. At a minimum, these SOPs must contain the following requirements:

**Validation  
Procedure**

Each facility ensure and document that staff operating vehicles on state business have a valid driver's license with any necessary endorsements.

**Revoked/Suspend  
ed License**

Staff immediately report a revoked or suspended driver's license to their supervisor.

**Conform to State  
Policy**

Staff follow published DMB regulations for the use of state vehicles.

**Traffic/Parking  
Violations**

Drivers of state-managed vehicles are exclusively responsible for tickets or fines received while operating the vehicle.

Traffic/parking citations received while operating a state vehicle are resolved immediately by the driver receiving the citation.

A driver's failure to pay tickets or citations may result in the revocation of state vehicle privileges.

**AUTHORITY**

Child Caring Institutions Rules, R400.4181  
Michigan Vehicle Code, MCL 257.301  
DMB Administrative Guide 0410.04  
DHS Administrative Handbook, AHU 811

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facility advisory committees will have representation from a local elected officials or administrative employees.

**PURPOSE**

This policy ensures compliance with state statute.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to recruiting local members for representation. At a minimum, these SOPs must contain the following requirements:

**Process for  
Securing Local  
Representation**

Request elected chief executive officer (e.g. Mayor) or a member of the legislative body of the local entity to appoint an elected official or administrative employee to serve on the facility's advisory committee.

**Repeat of Request  
for Representative**

If local entity does not respond to initial contact, submit the request to local entity in writing.

If the local entity fails to respond to written request, the facility will annually repeat the written request until a representative from the local entity is appointed.

Maintain a copy of the written request as documentation of the efforts to secure a local representative.



**AUTHORITY**

Social Welfare Act, MCL 400.115p

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that purchases made with procurement cards are in accordance with DHS guidelines.

**PURPOSE**

This policy ensures meeting the needs of youths while practicing fiscal responsibility.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to for the use of DHS procurement cards. At a minimum, these SOPs must contain the following requirements:

**Authorized User**

Only the individual whose name appears on the card is authorized to use the card.

**Purchase Limits**

The authorized cardholder adheres to the limits set on the card.

The authorized cardholder never splits purchases to avoid exceeding card transaction limits.

**Documentation**

The cardholder uses the card only for approved purchases.

Each cardholder is responsible for accurately documenting the purchases made with their card with original documentation.

The cardholder records all transactions on the DHS procurement card transaction log (DHS Administrative Handbook Item 421-1, Exhibit 3).

The cardholder forwards receipts and the procurement card transaction log to the cardholder's supervisor.

The cardholder's supervisor verifies the appropriateness of all card purchases monthly.

### **Approved Purchases**

The card is used for DHS approved purchases. DHS approved purchases include:

- Books and subscriptions.
- Television and video appliances and supplies for DHS worksite purposes.
- Seminar training fees (excluding lodging or meals associated with the seminar).
- Office supplies, excluding supplies available through the just-in-time program for office supply purchases.
- Services that are CS-138 reportable (and the vendor is not 1099 reportable).
- The purchase of these supplies when other authorized methods for purchasing have been exhausted:
  - Maintenance supplies.
  - Hygiene supplies.
  - Medical/dental supplies.
  - Clothing.

The card cannot be used to purchase computer related equipment and/or software without the approval of the Department of Information Technology (DIT).

### **Unauthorized Procurement Card Purchases**

The card may not be used for:

- Cash advances.
- Employee travel expenses.

- Commodities and services that are available on state contract or Michigan State Industries.
- Services from 1099 reportable vendors (See the DHS Administrative Handbook item AHR 421-1 for instructions).
- Health and medical services.
- Standard merchant category exclusions.
- Personal use.
- Items available through the just-in-time program for office supply purchases.
- Gasoline, repairs and supplies for state-owned or personal vehicles used for state business.
- Purchase or rental of graduation attire (prom dresses, tuxedos), class rings or graduation photographs.

**Improper Use of  
the Card**

Improper or fraudulent use of the card can lead to disciplinary action up to and including termination of employment, or criminal prosecution.

Appropriate steps must be taken to secure reimbursement from the cardholder for abuse or misuse of the card.

**Purchases of  
Clothing for Youth**

Clothing for youths are obtained from facility stock when available.

When needed, the facility/center director or designee may approve the following purchases from department stores:

Item	Maximum Annual Number
Belt	2
Pants/slacks/jeans	6
Shirt/blouse/sweatshirt	6
Underwear	7 sets
Socks	7 pair
Gym shoes	2 pair
Oxford/dress shoes	1 pair
Pajamas	2 sets
Robe	1

In addition, winter clothing items may be purchased as needed.

Needed items not available at a department store may be purchased with facility/center director or designee approval from a non-discount department store.

Specialty retail stores are only considered when a needed item is not otherwise available within the geographic area.

The facility/center director or designee must pre-approve in writing all purchases from a specialty retail store. This documentation is attached to the procurement card transaction log.

Youths verify receipt of items by signing the DHS procurement card transaction log next to the purchase record.

## AUTHORITY

DHS Administrative Handbook, AHR 421-1  
Department of Management and Budget Rules and Regulations  
Social Welfare Act, MCL 400.1 et seq.

## PURPOSE

It is the priority and responsibility of the Michigan Department of Health and Human Services' (MDHHS) to assure the safety of each youth placed in state operated and private, contracted juvenile justice residential treatment facilities. This policy helps to promote safety and provides employee training requirements at state operated and private, contracted juvenile justice residential treatment facilities.

## DEFINITIONS

### ***Contractor***

A person who provides services on a recurring basis pursuant to a contractual agreement with the agency. 28 CFR 115.5.

### ***Employee***

A person who works directly for the agency or facility. 28 CFR 115.5.

### ***Direct Care Worker***

A person who provides direct care and supervision of children in the facility. Mich Admin Code, R 400.4101(n).

### ***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 their professional practice. A *qualified medical practitioner* refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims. 28 CFR 115.5.

### ***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 their professional practice. A *qualified mental health practitioner* refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims. 28 CFR 115.5.

***Social Service Worker***

A person who works directly with youth, their families and other relevant individuals who are primarily responsible for the development, implementation and review of treatment plans for the youth. This definition does not prevent a team approach to treatment plan development and implementation. Mich Admin Code, R 400.4101(hh).

***Staff***

Employees. 28 CFR 115.5.

A person who is employed by an institution, a volunteer for the institution, including student interns, or a person who is used by the institution to provide specific services. Mich Admin Code, R 400.4101(ii).

For the purposes of this policy, staff also include contractors and sub-contractors or an individual who has direct contact with youth.

**RESPONSIBLE  
STAFF**

The facility director and management.

**PROCEDURE**

State operated and private, contracted juvenile justice residential treatment facility leadership must develop and implement a facility training program. The program must include a written monitored training plan to ensure the plan is executed and employee training needs are addressed.

The program must address the training requirements in [SRM 103, Staff Qualifications and Training](#) and contain the requirements outlined in this policy.

**FACILITY TRAINING  
PLAN**

The training plan must include orientation for new and transfer employees and recurring or supplemental training for employees after their first year at the facility. Plans may be based on the fiscal year or other time deemed appropriate by facility management. Plans may cover multiple years and must include mandatory training elements for staff in accordance with this policy.

The plan may also include professional development training for clinical staff such as group leaders or social workers. For example, a facility that provides juvenile sex offender therapy could schedule sex offender assessment and therapy training.

### ***Certified Qualified Residential Treatment Programs***

In addition, certified qualified residential treatment programs must implement a training practice model that fully operationalizes the values of family-driven, youth-guided, trauma-informed, permanency, strong involvement with the home communities, and culturally and linguistically competent care. The training model must have an urgent focus on permanency practices and engaging and working with youth and families in their homes and communities towards successful and sustained reunification.

The facility director must implement a trauma informed practice model that is certified and approved by the Juvenile Justice Program Office initially in the application and annually in the Chief Administrator Annual Assessment, CWL-4607-CCI.

### **Facility Director or Designee Responsibilities**

The facility director must provide sufficient well-trained staff who are able to provide and consistently demonstrate effective child engagement that encourages the youth's goals while creating a safe environment. The facility director and/or designee will recruit and employ a diverse staff reflective of the youth population.

The facility director must designate individual(s) trained in making decisions using the Reasonable and Prudent Parent Standard as well as those who are authorized to consent to the youth's participation in activities. The designated individual(s) must be onsite to exercise the Reasonable and Prudent Parent Standard, take responsible steps to determine the appropriateness of the activity in consideration of the youth's age, maturity and development level. The individual(s) is to consult with treatment staff who are most familiar with the youth when applying and using the reasonable and prudent parent standard.

The facility director or designee must:



- Work with designated facility staff and department training staff to implement the approved facility training plan.
- Coordinate with designated facility staff to:
  - Schedule training and inform facility staff.
  - Provide suitable training rooms and equipment to support the training.
  - Maintain required curricula and training materials to support training.
  - Monitor training sessions and personally lead training sessions when deemed necessary or appropriate.
  - Make provisions for refresher training for employees returning to work after being absent for significant periods of time. Significant periods of time must be determined by the duration of the absence, the employee's duties and responsibilities, and the requirements of the training plan.
  - Review implementation of the training plan, including staff training records, to ensure documentation of orientation, recurring, mandatory and situational training on at least a quarterly basis. Take corrective action in cases where the plan lacks adequate implementation or requires modification.
- Maintain training documentation that includes:
  - Full names of staff.
  - Staff duty assignment(s)/position classification.
  - Official date of hire and date of arrival at facility (if different).
  - Training hours required (for a new employee or recurring requirement).
  - Chronological listing of training topics completed, topic duration in hours, and total training hours for the period.
  - Documentation of actual individual staff attendance for each training presentation where the facility provides the training.

- Designate a Prison Rape Elimination Act (PREA) compliance manager with enough time and authority to coordinate the facility's efforts to comply with PREA. 28 CFR 115.311(c).

### **Training Staff Responsibilities**

Training staff must:

- Administer written tests and demonstrate skills as contained within applicable curricula and materials.
- Evaluate staff knowledge retention subject to appropriate criteria. For example, by issuing a pre or post-test to measure knowledge gained.
- Provide staff with opportunities for remedial training and retesting. Remedial training and retesting may be repeated.
- Notify facility director of any concerns related to participant completion of training.

### **IN-SERVICE TRAINING**

#### **Orientation Training**

Pursuant to the Mich Admin Code, R 400.4128(1)(a)(b), the facility director or designee is responsible for providing orientation training for new staff that includes:

- Facility's purpose, policies and procedures, including discipline, crisis intervention techniques and emergency safety procedures.
- The role of the staff members in service delivery and protection of the youth.

The facility training plan must ensure that employees complete a minimum of 50 hours of training during their first year of employment. At least 16 of the 50 hours provided in the first year must be orientation provided prior to the employee assuming duties. Mich Admin Code, R 400.4128(3).

Pursuant to the Mich Admin Code, R 400.4128(4), training opportunities in the plan for direct care staff must include, but are not limited to:

- The developmental needs of children.
- Child management techniques.
- Basic group dynamics.
- Appropriate discipline, crisis intervention and child handling techniques.
- The direct care worker and social services worker roles in the institution.
- Proper and safe methods and techniques of restraint and seclusion/behavior management if the facility has such a room(s).
- First aid.
- Interpersonal Communication.

No employee may assist with or restrain a youth or place a youth in a seclusion room prior to receiving training on these topics. Mich Admin Code, R 400.4128(5). The Division of Child Welfare Licensing must approve the training model.

### **In-Service On-Going Training**

Facility staff must have a minimum of 25 hours of training annually related to the employee's job function. Mich Admin Code, R400.4128(3).

#### ***Certified Qualified Residential Treatment Programs***

All facility staff must be provided with quarterly trauma-focused program training to maintain a trauma-informed milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed or promising practice treatment model.

---

**MASTER (RFCJJ)  
CONTRACT  
TRAINING**

In accordance with the residential foster care juvenile justice (RFCJJ) contract, state operated and private, contracted juvenile justice residential treatment facilities must provide orientation and ongoing training.

**Orientation  
Training**

Orientation training must include:

- Child protection law (MCL 722.622 et seq.) and mandated reporting requirements.
- Reasonable Prudent Parent Standard, [FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent](#).
- Family/child/youth engagement.
- Interpersonal communication.
- Acceptable discipline.
- Crisis intervention.
- Personnel responsible for dispensing medication. Mich Admin Code, R 400.4142.
- Evacuation Training. Mich Admin Code R400.4606.
- Six Core Strategies.
- PROFESOR.
- MAYSI-II.
- Casey Life Skills.
- Evidence based trauma informed treatment.
- Trauma Training.

Orientation training may include job shadowing but must include other types of training, for example, lecture, seminar, practical skills demonstration etc.

All program staff and supervisors responsible for developing and/or approving the youth treatment plans and administering the Michigan Juvenile Justice Assessment System (MJJAS) risk assessment tools must be trained and certified. See [SRM 103 Staff Qualifications and Training](#) for MJJAS training requirements.

## Annual Training

Annual training topics must be selected from, but are not limited to:

- Reasonable Prudent Parent Standard, [FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent](#).
- Working as part of a team.
- Relationship building.
- Family/child/youth engagement.
- Understanding and effectively responding to difficult behaviors.
- Positive behavior support.
- Setting clear limits.
- Engagement and Interpersonal communication.
- Acceptable discipline, crisis intervention, and child handling and de-escalation techniques.
- The significance of family, benefits of visitation with family and siblings, importance of attachment and strengthening family relationships, impact of separation, grief and loss issues for youth in foster care and youth's need for permanency.
- Understanding and recognizing the emotional and behavioral issues and/or physical needs of abused/neglected youth.
- Medication management: administration, monitoring, recording, secure storage, medication side effects and procedure for reporting side effects, medication reviews and process for obtaining informed consents for medication changes. See [JRM 340, Psychotropic Medications](#), for informed consent requirements.
- Substance use prevention.

- Cultural competency, overcoming racial bias.
- Effects of trauma.
- Suicide prevention and/or intervention.
- Child development.
- Trauma-informed practices.
- Strength-based interventions and interactions.
- Defusing threatening behaviors.
- Solution-focused assessment and case planning.
- Role modeling.
- Six Core Strategies.
- Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR).
- Child and Adolescent Needs and Strengths-Sexually Aggressive Behavior (CANS-SAB).
- MAYSI-II.
- Casey Life Skills.
- Evidence based trauma informed treatment.

### **PRISON RAPE ELIMINATION ACT (PREA) TRAINING**

The facility director or designated employee(s) must ensure that training is tailored to the unique needs and attributes of youth within the facility and to the gender of the youth at the facility. 28 CFR 115.331.

#### **Employee Training**

Pursuant to the Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.331, train all employees who may have contact with youth on:

- The facility's zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- Youths' right to be free from sexual abuse and sexual harassment.
- The right of youth and employees to be free from retaliation from reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of juvenile victims of sexual abuse and sexual harassment.
- How to conduct cross-gender pat-down searches and searches of transgender and intersex youth, in a professional, respectful and least intrusive manner possible, consistent with security needs. See [JRM 511, Body Searches of Youth](#) for details on conducting cross-gender searches.
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth.
- How to avoid inappropriate relationships with youth.
- How to communicate effectively and professionally with youth, including youth who identify as lesbian, gay, bisexual, transgender or who are intersex or gender nonconforming.
- Relevant laws regarding the applicable age of consent.

PREA employee training must include readily available educational reference materials and information such as pamphlets, posters and signs. Training may be conducted with resources obtained from the [National PREA Resource Center](#) and the [National Institute of Corrections](#).

In addition, train staff on how to comply with the relevant laws related to mandatory reporting of sexual abuse to outside authorities. See [APR 200, Mandated Reporter-Child](#) and [APR 201, Mandated Reporter-Adult](#) for mandated reporter requirements.

### ***Frequency Required***

All current employees who have not received PREA employee training must be trained with the facility's next PREA employee training and the facility director or designee is to provide each employee with refresher training annually to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures.

Employees are to receive additional training if the employee is reassigned from a unit that houses only male residents to a unit that houses only female residents and vice versa to ensure knowledge of gender-specific needs. See [JRM 205, Gender Response](#) pertaining to the implementation of gender-responsive treatment.

### **Investigator Training**

Facility leadership must ensure at least one staff member has received specialized training to conduct sexual abuse and harassment investigations. 28 CFR 115.334(a).

Pursuant to Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.334(b), specialized training must include techniques for all the following:

- Interviewing youth who are alleged victims of sexual abuse.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection.
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

See [National Institute of Corrections](#) and the [National PREA Resource Center](#) for trainings for facility investigators. Certificates received from the training shall be retained in the staff personnel file.

### **Medical & Mental Health Staff Training**

The facility director or designee is responsible for providing medical and mental health staff with specialized training. All full and part time medical and mental health care staff who work regularly within the facility are required to be trained in the following (28 CFR 115.335):



- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to alleged victims of sexual abuse and sexual harassment.
- How to report allegations or suspicions of sexual abuse and sexual harassment.

If medical staff at the facility conduct forensic examinations, then the medical staff must be trained to conduct such examinations, and who must report.

See [National Institute of Corrections](#) and the [National PREA Resource Center](#) for trainings for medical and mental health staff. Certificates received from the training shall be retained in the staff personnel file.

### **Contractors, Sub-Contractors and Volunteer Training**

Pursuant to the Prison Rape Elimination Act (PREA), Juvenile Facility National Standards, 28 CFR 115.332, the facility director or designated facility staff must ensure that volunteers and contractors who have contact with youth have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Base the level and type of training provided to volunteers and contractors on the services they provide and the level of contact they have with youth. Volunteers and contractors who have any contact with youth must be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

**DOCUMENTATION****Employee,  
Contractor(s), Sub-  
Contractor(s) or  
Volunteer**

The facility director or designee shall document, through signature or electronic verification, that the employee, contractor, sub-contractor or volunteer understands the training they have received. 28 CFR 115.331-115.332.

Keep documentation in the personnel file.

**Investigator**

The facility director or designee is responsible for documentation, either through employee signature or electronic verification, that the facility investigators have received and completed the required specialized training in conducting sexual abuse investigations. 28 CFR 115.334.

Keep documentation in the staff personnel file.

**Medical & Mental  
Health Staff**

The facility director or designee is responsible for documentation, either through employee signature or electronic verification, that the facility medical and mental health care practitioners have received and completed the required specialized sexual abuse and harassment training. 28 CFR 115.335.

Keep documentation in the staff personnel file.

### Mandatory Training Requirements Table

Topic	Attendees	Frequency
First Aid & Cardiopulmonary Resuscitation (CPR)	Enough staff to ensure at least one person on campus is certified at all times.	Orientation & re-certification. <a href="#">JRM 140</a> , MCL 722.112a & Mich Admin Code, R 400.4115.
Emergency Plan & Evacuation Training	All staff.	Orientation & annual. Mich Admin Code, R 400.4606.
Suicide Prevention	Direct care staff, shift supervisors and program managers.	Orientation (8 hours) & annual (2 hours). <a href="#">JRM 503</a> .
Occupational Safety and Health Administration (OSHA) Bloodborne pathogens	Direct care staff, shift supervisors and program managers.	Orientation, annual. <a href="#">JRM 351</a> & 29 CFR 1910.1030.
Massachusetts Youth Screening Instrument (Second Version) MAYSI-II	Admissions staff.	Orientation & annual. <a href="#">JRM 304</a> .
Post-Restraint Visual Examination	Managers.	Orientation & every two years; <a href="#">JRM 610</a> & <a href="#">JRM 620</a> .
DCWL Director Approved Physical Restraint	Any staff that may be involved in physical restraint of a youth.	Orientation & annual. Mich Admin Code, R 400.4128(5) & <a href="#">JRM 610</a> .
Proper and Safe Methods and Techniques of Seclusion	Any staff that may be involved in seclusion of youth.	Annual & orientation. Mich Admin Code, R 400.4128(5), 400.4159 & <a href="#">JRM 630</a> .
Mechanical Restraint	Any staff that may be involved in restraint of youth.	Orientation & annual refresher. Mich Admin Code, R 400.4128(5) & <a href="#">JRM 620</a> .
Developmental Needs of Children	Direct care staff.	Orientation & annual. Mich Admin Code, R 400.4128(4)(a).

Mandatory Training Requirements Table		
Topic	Attendees	Frequency
Child Management Techniques	Direct care staff.	Orientation & annual. Mich Admin Code, R 400.4128(4)(b).
Basic Group Dynamics	Direct care staff.	Orientation & annual. Mich Admin Code, R 400.4128(4)(c).
Appropriate Discipline, Crisis Intervention & Child Handling Techniques	Direct care staff.	Orientation & annual. Mich Admin Code, R 400.4128(4)(d).
Medication Distribution	Staff who distribute medications.	Orientation & annual. Mich Admin Code, R 400.4142(f), Master RFCJJ Contract & <a href="#">JRM 381</a> .
Safeguarding of Keys, Locks and Other Access Control Devices	Direct care staff, shift supervisors and program managers.	Orientation & every two years. <a href="#">JRM 514</a> .
Right to Know Including Material Safety Data Sheets	All staff.	Orientation & annual. <a href="#">JRM 531</a> .
Prison Rape Elimination Act (PREA) Employee Training	All staff.	Orientation & annual. 28 CFR 115.331, <a href="#">JRM 170</a> & <a href="#">JRM 560</a> .
PREA Gender Responsive Training	All staff & staff transferring to a new program serving other gender.	Orientation & employee transfers. 28 CFR 115.331(b).
PREA Training for Medical & Mental Health Staff	All medical & mental health staff.	Taken online upon employment. 28 CFR 115.335, <a href="#">JRM 170</a> & <a href="#">JRM 560</a> .
PREA Investigator Training	All facility investigators. At least one (1) investigator in a facility.	Before investigative duties begin. 28 CFR 115.334, <a href="#">JRM 170</a> & <a href="#">JRM 560</a> .

Mandatory Training Requirements Table		
Topic	Attendees	Frequency
Mandated Reporters, Maltreatment in Care Procedures	Mandated reporters.	Orientation & annual. MCL 722.623, Mich Admin Code R400.4128(4)(e), <a href="#">APR 200-Child</a> , <a href="#">APR 201- Adult</a> , & MDHHS <a href="#">Mandated Reporter Training</a> .
Body Searches of Youth	All staff who are subject to searching youth.	Orientation & annual. 28 CFR 115.315 & <a href="#">JR5 511</a> .
Michigan Juvenile Justice Assessment System (MJJAS)	As listed in <a href="#">SRM 103</a> .	When training is available. Trainees must successfully pass a written and practical examination to become certified to administer the MJJAS. <a href="#">SRM 103</a> .
Automated Emergency Defibrillator	Direct care staff, shift supervisors and program managers.	Orientation and every two years.
Policy and Procedure Review	All applicable staff.	Review annually & when MDHHS updates and publishes.
MiSACWIS Computer-Based Security Training	All new MiSACWIS users.	Prior to accessing MiSACWIS. <a href="#">MiSACWIS Security Training</a> & <a href="#">SRM 103</a> .
Non-Discrimination	All staff.	Orientation & annually. <a href="#">SRM 400</a> .
Interpersonal Communication	All staff.	Orientation & annually. Mich Admin Code, R 400.4128(f).
Direct Care Worker and Social Services Worker Role	All applicable staff.	Orientation & annually. Mich Admin Code, R 400.4128(e).
Communicating with LGBTI Youth Effectively and Professionally	All staff.	Orientation & annually. 28 CFR 115.331(9).

### Mandatory Training Requirements Table

Topic	Attendees	Frequency
Laws Regarding the Age of Consent	All staff that have contact with youth.	Orientation & annually. 28 CFR 115.331(11).
Reasonable and Prudent Parent Standard	All Staff	Orientation & annually. <a href="#">FOM 722-11</a>
Six Core Strategies	All Staff.	Orientation & annually. <a href="#">Snapshot of Six Core Strategies</a>
CANS-SAB	Case management staff, clinicians and other identified staff if providing services to youth with problematic sexual behaviors.	Orientation & annually. <a href="#">JRM 202</a>
PROFESOR	Case management staff, clinicians and other identified staff if providing services to youth with problematic sexual behaviors.	Orientation & annually. <a href="#">JRM 202</a>
Casey Life Skills	Supervisory staff or other identified staff.	Orientation & annually. <a href="#">JRM 202</a>
Youth & Family Engagement.	All Staff.	Orientation & annually. 42 USC 672(4)(c).
Evidence-Based Trauma Informed Treatment	Psychiatrists, psychologists & clinicians.	Orientation & annually. 42 USC 671(4)(b).
Role Modeling	All staff.	Orientation & annually.
Trauma Training	All staff.	Quarterly.

---

**LEGAL BASIS****Federal****Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.5.**

Provides definitions for contractor, employee, medical practitioner, mental health practitioner and staff.

**Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.311.**

Provides requirements for zero tolerance of sexual abuse and sexual harassment and designation of a PREA compliance manager in juvenile justice residential treatment facilities.

**Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.331-115.335.**

Provides PREA training requirements for employees, contractors, volunteers, facility investigators and medical & mental health employees.

**Occupational Safety and Health Standards, Bloodborne Pathogens, 29 CFR 1910.1030.**

Prescribes safeguards to protect employees against the potential health hazards caused by bloodborne pathogens in the work environment.

**Family First Preservation Services Act, 42 USC 671(4)(b)**

Requires the services or programs to be provided under an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

**Family First Preservation Services Act, 42 USC 672(4)(c)**

To the extent appropriate, and in accordance with the youth's best interests, qualified residential treatment programs must facilitate participation of family members in the youth's treatment program.

---

**Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

**State****Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.112a.**

Requires staff, who have contact with youth, to be certified in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association or an equivalent organization or institution.

**Michigan  
Administrative  
Code****Child Caring Institution Rules, R 400.4101(ii).**

Provides the definition for staff.

**Child Caring Institution Rules, R 400.4606.**

Requires facility staff be trained in evacuation of the facility in the event of an emergency and maintaining a record of the training.

**Child Caring Institution Rules, R400.4128.**

Provides requirements on what the staff orientation and ongoing training must include. Provides the minimum number of training hours needed for the employees first year and annually thereafter related to the employee's job function.

**Child Caring Institution Rules, R 400.4142(f).**

Requires policy and procedure on training of personnel authorized to dispense medications.

**POLICY CONTACT**

Policy clarification questions may be submitted by juvenile justice supervisors or managers to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).



**POLICY**

Each state and private contracted residential juvenile justice facility must have a continuous quality improvement program. The program must include a continuous quality improvement plan that is approved by the facility director and, in the case of state facilities, the Director of Juvenile Justice Programs.

**PURPOSE**

To evaluate and improve facility conditions of safety and security for youth and staff as well as the delivery and effectiveness of treatment and therapeutic services.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

All facility staff.

**PROCEDURE**

The program must work in concert with other inspection and review programs including licensing by the state, contractual performance monitoring, and reviews by any external auditing or accrediting organizations. Where appropriate, licensing reviews and efforts to achieve and maintain a current nationally recognized accreditation may be considered as meeting policy requirements. The program must include:

- A plan-do-check-act methodology.
- Qualitative and quantitative elements.
- Input and feedback from residents, their families, staff, and other relevant stakeholders.
- Protocols that support the evaluation of contractor performance.
- Clinical peer reviews, where appropriate, for treatment and therapy.

The program must generate written reports that include findings, conclusions and appropriate recommendations.

Program records must be maintained in accordance with approved general or agency-specific record retention schedules.

**LEGAL BASIS**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

**PURPOSE**

Each state operated and private, contracted juvenile justice residential treatment facility director or designee(s) is responsible for investigating incidents involving youth, both for rule violations and allegations of sexual abuse or harassment.

**DEFINITIONS*****First Responder***

Any/all agency staff to whom an incident or report of alleged sexual abuse, sexual harassment or any other form of abuse/neglect or rule infraction of youth is reported. This includes staff's own observation or suspicion, direct report (verbal or written) from youth or third parties of abuse or neglect in accordance with mandated reporting laws and agency policies.

***Immediately***

Done at once or with minimal delay.

***PREA Compliance Manager***

Employee or upper-level designee who has sufficient time and authority to develop, implement and oversee facility efforts to comply with the Prison Rape Elimination Act (PREA) juvenile facility standards.

***PREA Investigator***

Designated individuals employed with the facility that have completed specialized training for investigating allegations of sexual abuse and harassment. Investigators conduct administrative investigations of sexual abuse or sexual harassment allegations of staff-on-youth and youth-on-youth incidents.

***Security Staff***

Employees primarily responsible for the supervision and control of youth in housing units, recreational areas, dining areas and other program areas of the facility. 28 CFR 115.5.

***Substantiated Allegation***

An allegation that was investigated and determined to have occurred. 28 CFR 115.5.

***Unsubstantiated Allegation***

An allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. 28 CFR 115.5.

***Unfounded Allegation***

An allegation that was investigated and determined to have not occurred. 28 CFR 115.5.

***Administrative Investigation***

An investigation conducted by the facility's trained internal investigator.

***Criminal Investigation***

When an allegation is criminal in nature and law enforcement is investigating.

***Preponderance of Evidence***

Evidence which is of greater weight or more convincing than evidence which is offered in opposition to it.

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

State run and private, contracted juvenile justice residential facility director or designee(s) and the PREA compliance manager(s).

**PROCEDURE**

The facility director or designee(s) and the PREA compliance manager(s) are to ensure that grievances and rule infractions are promptly investigated. The facility director or designee(s) and the PREA compliance manager(s) are to develop and implement standard operating procedures for investigations. At a minimum, procedures must contain the following components:

---

**GRIEVANCE,  
ALLEGATION OR  
OBSERVATION**

The residential facility director or designee is required to ensure that grievances and allegations or rule infractions are promptly assigned to the appropriate person/agency for investigation, including but not limited to:

- Internal administrative investigator.
- PREA compliance manager.
- PREA investigator.
- The Division of Child Welfare Licensing (DCWL).
- Centralized Intake.
- Local law enforcement.

**Facility Incident  
Reports**

See [JRM 530, Incident Reports](#) for incident report requirements and documentation.

**Initiating an  
Investigation**

Initiate an investigation and make referrals to appropriate external agencies when a grievance, allegation or observation includes:

- Facility rule violations. Staff or youth criminal misconduct are referred to local law enforcement.
- Licensing rule violation(s) are referred to the facility's Division of Child Welfare Licensing (DCWL) consultant.
- Child or adult abuse, neglect or exploitation. See [JRM 512, Abuse and Neglect Reporting](#), for requirements on reporting suspected child and adult abuse/neglect to Centralized Intake.
- Youth-on-youth or staff-on-youth sexual abuse or harassment. Notify the PREA compliance manager and PREA investigator.

***State Run Facilities Only***

The facility director or designee must inform director of Juvenile Justice Programs, who will make appropriate assignment of investigative responsibilities and determine involvement of labor relations.

The investigator will serve as the liaison during the investigation and may conduct a concurrent administrative investigation to any criminal investigation that may be conducted.

## GENERAL INVESTIGATIONS

Each state run and private, contracted juvenile justice residential facility director and designee(s) are required to investigate all allegations, grievances or observations in the following manner, but not limited to:

- Allowing access to premises, staff, youth and records as necessary in order to conduct a thorough and effective investigation.
- Upon request, the facility director or designee shall prepare and provide a copy of documentation requested, or at the discretion of the investigator, allow the investigator to make necessary copies of relevant documentation.
- All facility staff involved in the investigation must fully cooperate. Failure to do so may result in possible disciplinary action.

Each investigation needs to include, but is not limited to:

- An interview with the reporter and first responder.
- Interview with alleged victim.
- Interview with all witnesses and others who may provide relevant information.
- Interview with alleged perpetrator.
- Obtaining written statements from all involved to obtain additional information or to provide findings relevant to the investigation.
- Review of case records of youth involved when pertinent to the investigation.
- Review of investigation into the same allegation conducted by law enforcement, children's protective services and licensing, when available.

- Visiting the site where the alleged violation/complaint took place.
- Review of pertinent statutes, administrative rules, policies and procedures.
- An accurate record of investigation activities as the investigation progresses.

**Note:** If allegations include potential abuse, neglect, exploitation, criminal behavior or licensing violation, interview must be coordinated with the appropriate investigative agency.

### Coordination Requirements

When Michigan Department of Health and Human Services (MDHHS) Centralized Intake (CI) determines an allegation of abuse, neglect or exploitation warrants an investigation, the PREA Investigator must coordinate with all other investigative agencies involved in the investigation of the allegation. Investigative agencies that may be involved in the investigation of the allegation include:

- Children's Protective Services-Maltreatment in Care (CPS-MIC), local CPS or tribal CPS will investigate allegations of child abuse and/or neglect.
- Law enforcement, including tribal or military law enforcement when applicable, will investigate criminal allegations.
- A licensing investigation may be completed by a DCWL licensing consultant to investigate compliance with child caring institution (CCI) licensing rules.
- The Michigan Department of Health and Human Services (MDHHS) local office and/or juvenile justice specialist (JJS) will investigate the continued appropriateness of the youth's placement. If continued placement is not appropriate, but the child's health or safety is not at imminent risk, the JJS must notify the facility director or designee of the intent to move the youth 14 days prior to the placement change.

When conducting PREA investigations for which there is CPS-MIC involvement, the PREA investigator must coordinate investigations and requests and receive copies of CPS investigation reports (properly redacted). For more information on CPS-MIC coordination efforts, see [PSM-714-5, Maltreatment in Care](#).

---

The facility director or designee must maintain contact with each agency investigating the allegations through completion of each investigation and/or prosecution if applicable.

### **Investigation Information**

The facility director or designee must ensure the assigned investigator has access to:

- Staff involved in allegation(s).
- Youth involved and housing location.
- Date/time/location of incident.
- Potential witnesses.
- Any information that may prove or disprove the allegation or incident.
- Evidence collected at the scene, described in detail including chain of custody and evidence storage (if applicable).
- Photographs or videos related to the incident (if applicable).
- Copies of incident report(s) related to the incident.
- Any other related supporting documentation.

### **Suspected Abuse/Neglect/Exp loitation**

The facility director or designee is responsible for implementing investigation procedures for suspected abuse/neglect or exploitation occurring within a facility and/or involving facility staff.

Upon receipt of an allegation of abuse, neglect or exploitation, the first responder ensures all of the following:

- Immediate action to ensure safety of the youth. This includes separating the alleged staff from the youth and ensure, as directed by administration, that the staff is not in contact with the alleged victim in the facility.
- State run facility director or designee immediately notifies the Director of Juvenile Justice Programs.



**Note:** If the state facility director or designee is the subject of the report, the facility director or first responder immediately informs the Director of Juvenile Justice Programs, who will assign investigative and reporting duties and notify the facility's DCWL consultant.

If the private, contracted facility director or designee is the subject of the report, a designated facility supervisor or manager must immediately inform the facility's DCWL consultant.

- A physician examines the youth if physical abuse involving staff is alleged to have occurred or is evident.
- If the abuse, neglect or exploitation includes PREA allegations, notify the facility PREA compliance manager.
- The facility director or designee conducts an internal administrative investigation of the incident as soon as possible after the initial report of abuse/neglect is received. The facility director or designee ensures:
  - Statements (written, signed and dated) are obtained from all available witnesses and individuals pertinent to the investigation within 24 hours.

***For State Operated Facilities Only***

- Within five business days of the completion of the investigation, a copy of the administrative investigation final report is submitted to the DCWL consultant and the Director of Juvenile Justice Programs.
- Upon request, the facility director, designee or designated manager provides all documents pertinent to the investigation to the DCWL consultant and the Director of Juvenile Justice Programs.

**Suspected  
Harassment**

All employees are required to report any discriminatory harassment of staff-on-youth or youth-on-youth. The facility director or designee is required to investigate allegations of discriminatory harassment. See [APR 211, Discriminatory Harassment](#) for more information.

After receiving a report, the facility director or designee shall detail in writing the unwelcome conduct that is alleged to constitute discriminatory harassment. The investigative report must include:

- The signed statement provided by the reporter/first responder and any youth allegedly harassed or notation of any refusal to submit such a statement.
- The types of conduct alleged.
- The names of witnesses and statements.
- The dates on which the alleged harassment occurred.

### Child Injury/Death

See [SRM 172, Child/Ward Death Alert Procedures and Timeframes](#) for reporting requirements for child injury/death.

### PRISON RAPE ELIMINATION ACT (PREA) INVESTIGATIONS

In addition to the general investigation duties outlined in this policy, the PREA compliance manager and facility director are responsible for ensuring that an administrative investigation is completed by a trained PREA investigator, for all allegations of sexual abuse and sexual harassment.

Each incident of alleged or reported sexual abuse or sexual harassment must be fully investigated. 28 CFR 115.371. Evidence collected must be maintained under strict control.

Apart from reporting to designated supervisors and designated state or local service agencies, staff must not discuss or reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security management decisions. 28 CFR 115.361(c).

The facility director or designee is responsible for developing, documenting and maintaining agreements made with entities external to the facility. Documentation of a Memorandum of Understanding (MOU) or attempts to obtain an MOU with outside investigators that conduct allegations of sexual abuse investigations that are criminal in nature need to be maintained.

Pursuant to Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.371(d), the facility will not end an investigation if the source of the allegation recants the allegation. The facility will not end an investigation due to the alleged victim or alleged perpetrator leaving the facility. 28 CFR 115.371(k).

First responders must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary to determine further actions that must be taken, such as separation of victims and perpetrators, facilitating for victim medical needs, etc. 28 CFR 115.334. Sexual activity between youth that does not involve coercion is considered a facility rule violation.

Investigators will not make determinations based on the credibility of the alleged victim. 28 CFR 115.371(f). Substantiation of an allegation will be based on preponderance of the evidence 28 CFR 115.372. Youth sexual activity may not be deemed sexual abuse if the activity was not coerced. 28 CFR 115.378(g).

### **First Responder Actions**

All first responders are required to follow the First Responder Action steps outlined in the MDHHS-5809-PREA, Prison Rape Elimination Act (PREA) Investigation Tool.

### **Supervisor Actions**

Supervisors are required to follow the Supervisor Action steps outlined in the MDHHS-5809-PREA-Prison Rape Elimination Act (PREA) Investigation Tool.

### **Facility Director or Program Manager Actions**

Facility directors or program managers are required to follow the Facility Director or Program Manager Action steps outlined in the MDHHS-5809-PREA-Prison Rape Elimination Act (PREA) Investigation Tool.

## PREA Investigation Responsibilities

The PREA Investigator is responsible for ensuring all of the following occur and must be documented on the MDHHS-5810-PREA, Prison Rape Elimination Act (PREA) Investigation Report:

- Review of the initial information/evidence and identify the nature of the incident as either criminal or administrative.
- The alleged victim and alleged perpetrator must be separated, kept isolated from each other and prevented from communicating.
- Monitoring must employ multiple methods, such as face-to-face check-ins with the youth or staff casual observation, log reviews, and incident report reviews.
- If the alleged assault occurred within the past 96 hours, the alleged victim must be offered a forensic medical examination to be performed by a SANE/SAFE certified provider or a qualified physician.
- The area where the suspected assault took place is sealed off until investigators can gather evidence.
- If the abuse occurred within a time period that allows for the collection of physical evidence;
  - **Request** that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, or eating. 28 CFR 115.364(a)(3).
  - Ensure that the alleged perpetrator **does not** take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. 28 CFR 115.364(a)(4).

**Note:** If the first responder is not a direct care staff (for example, medical personnel, therapist etc.), the responder is responsible for **requesting** that the alleged victim not take any actions that could destroy physical evidence, and then notify direct care staff. 28 CFR 115.364(b).

- Notify the appropriate investigative agencies:
  - The facility director or designee for administrative investigations.
  - The local law enforcement agency for staff and youth criminal misconduct.

***For State Operated Facilities Only***

- MDHHS Bureau of Legal Affairs for staff conduct that is criminal in nature.
- The MDHHS office of labor relations regarding personnel action.
- Identify potential witnesses and subjects.
- Determine if any additional information, documentation, and evidence is required.
- Review relevant policies and operating procedures.
- Gather and preserve all evidence and supporting documents related to the incident.
- Store evidence in a manner that best ensures the chain of custody.
- Interview witnesses and suspects.
- Obtain written statements from all suspects and witnesses to the incident whenever possible.
- Document findings in a written report.

**Administrative Investigation**

Pursuant to the Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.371-115.373, procedures for investigations must:

- Address whether investigations will be conducted by the facility or by a separate investigation office. Where a separate investigation office is used, that office must be identified in the procedure.

- Emphasize promptness, thoroughness and objectivity.
- Include an effort to determine whether staff actions or lack of action was a factor in the abuse.
- Address the gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data.
- Require the use of a preponderance-of-evidence standard in determining whether allegations of sexual abuse or harassment are substantiated.
- Document efforts to provide SAFE or SANE providers.
- As requested by the victim, a victim advocate, qualified staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.
- Document in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigate facts and findings.

### **Criminal Investigations**

When criminal investigations are conducted, the facility must:

- Cooperate and coordinate with investigators and stay informed about the progress of the investigation. 28 CFR 115.371(m).
- Document the criminal investigation in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. 28 CFR 115.371(h).

### **Emergency and Ongoing Medical and Mental Health Services**

The alleged victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. 28 CFR 115.382(a). Youth

victims of sexual abuse will be offered timely access to and information about emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 28 CFR 115.382(c). All medical and mental health treatment services will be provided at no charge to the victim. 28 CFR 115.382(d).

**Note:** Youth may decline a rape kit or any other medical services offered.

Following emergency response and (if applicable) completion of a rape kit, youth believed or determined to have been the victim of a sexual assault must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred.

The facility director or designee is responsible for ensuring that all youth who have been victimized by sexual abuse are offered a medical and mental health evaluation, and as appropriate, treatment. 28 CFR 115.383(a).

The evaluation and treatment of the alleged victim shall include, as appropriate:

- Follow-up services.
- Treatment plans.
- Referrals for continued care following their transfer to placement or other facilities or their release.

The medical and mental health services provided must be consistent with the community level of care. 28 CFR 115.383(c).

Youth victims of sexually abusive vaginal penetration shall be offered pregnancy tests. 28 CFR 115.383(d). If pregnancy results from the sexual abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. 28 CFR 115.383(e).

The facility director or designee is responsible for ensuring that a mental health evaluation is conducted for all known youth-on-youth abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. 28 CFR 115.383(h).

---

**INVESTIGATION  
DISPOSITION  
Prison Rape  
Elimination Act  
(PREA)**

Facility staff are required to monitor the conduct and treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse for at least 90 days following the report of sexual abuse. 28 CFR 115.361(c). Staff shall use the MDHHS-5799-PREA, Retaliation Monitoring Log, to determine if there are changes that may suggest possible retaliation by youth or staff and must act promptly to remedy any such retaliation.

Pursuant to Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.373, following an investigation into a youth's allegation of sexual abuse, designated facility staff are responsible for informing the alleged victim whether or not the allegation has been:

- Substantiated.
- Unsubstantiated.
- Unfounded.

If the investigation was conducted by an outside agency, the facility director or designee is responsible for requesting the relevant information from the investigative agency in order to inform the youth of the findings. 28 CFR 115.373(b).

The facility director or designee ensures that incidents of sexual abuse, findings from investigations and other pertinent information is reported to the youth's court of jurisdiction, the youth's worker, to the youth's parent or legal guardian and to the youth's attorney. 28 CFR 115.361(e)(1).

All notifications or attempted notifications shall be documented and stored. 28 CFR 115.373(e).

**Note:** The facility director or designee is not obligated to inform the youth, if the youth is released from the facility's custody.

***Allegations Against Staff***

Pursuant to Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.373 (c)(1)-(4), following a youth's allegation that a staff member has committed



sexual abuse against the youth, designated facility staff are responsible for informing the youth (unless the facility director or designee has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the youth's unit.
- The staff member is no longer employed at the facility.
- The facility director or designee learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
- The facility director or designee learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

### ***Allegations Against Another Youth***

Pursuant to Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.373(d)(1)-(2), following a youth's allegation that he or she has been sexually abused by another youth, designated facility staff are responsible for informing the alleged victim whenever:

- The facility director or designee learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- The facility director or designee learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

## **DOCUMENTATION**

All contacts made as a result of **any** investigation must be documented within five (5) business days of the contact. The documentation must include all individuals involved in the investigation as well as the specific details of any safety plans developed or reviewed as a result of the investigation.

## **RECORD RETENTION AND DISPOSAL**

Closed/completed investigation files are to be retained.

Closed/completed investigation files are purged:

- Seven years after completion when criminal or administrative action is taken or, when applicable, in compliance with collective bargaining agreements.
- One year after completion with no disciplinary action taken.
- Closed investigations involving state operated facility staff resulting in no adverse action are destroyed in accordance with the Bullard-Plawecki Act.

### **PREA Record Retention**

All written reports are to be retained for as long as the alleged abuser resides or is employed by the facility, plus five years.

### **FORMS**

[MDHHS-5799-PREA, PREA Retaliation Monitoring Log.](#)

[MDHHS-5809-PREA, Prison Rape Elimination Act \(PREA\) Investigation Tool.](#)

[MDHHS-5810-PREA, Prison Rape Elimination Act \(RPEA\) Investigation Report.](#)

### **LEGAL BASE Federal**

**Juvenile Justice and Delinquency Prevention, 42 USC 5601 et seq.**

Establishes the Office of Juvenile Justice and Delinquency Prevention to support local and state efforts to prevent delinquency and improve the juvenile justice system.

**Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.371-115.373.**

Provides reporting and investigative requirements for sexual abuse and sexual harassment allegations. Ensures that all allegations of sexual abuse and sexual harassment are investigated thoroughly and properly so that incidents are substantiated when they should be, both to deter these incidents and to increase reporting.

**State****Bullard-Plawecki Employee Right to Know Act, MCL 423.501 et seq.**

Allows employees to review personnel records, provides criteria for the review; to prescribe the information which may be contained in personnel records and to provide penalties.

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

Residential policy must be relevant and based on promising practices in the field of juvenile justice.

**PURPOSE**

To ensure administration and facility staff involvement in the policy development process.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

BJJ residential facility directors and residential policy committee representatives. BJJ policy writer and coordinator.

**PROCEDURE**

The BJJ residential policy committee develops policy for the Juvenile Justice Residential (JR) group of DHS online manuals. Each facility must identify a staff member to serve on the committee.

**Policy Development**

The policy development process includes:

- Staff identifying the need for a new policy or policy change must contact a committee representative to bring the matter up for discussion at a future meeting of the committee.
- The proposed policy or policy change must be discussed at a committee meeting. Development may be expedited by providing the proposal in draft form.
- In addition to facility members, interested DHS staff may also attend policy development meetings. The committee develops a draft policy.

**Policy Review**

In the policy review process includes:

- Committee members review the draft policy and recommend changes to the committee chair for inclusion in the final draft.
- The final draft must be provided to the BJJ director of residential facilities and the BJJ director. A meeting may be scheduled for the policy committee and BJJ director to resolve differences regarding the final draft.
- The final draft enters the DHS online manual process for DHS administrative review, incorporation of final department review comments and approval. Facility staff receive notification of new online manual policies via the DHS intranet. Facility management reviews the new policies and coordinates implementation and training with their staff.

### **Forms Development**

The following actions must be completed for forms created or revised that are associated with new or revised policy:

- Follow DHS Pub 105, Guide to Developing Forms and Publications.
- If a policy is revised or new and there are associated new or revised forms, both the policy and form(s) must go through the final department review phase of online manuals before the form(s) can be submitted for inclusion in the reference forms manual (RFF).
- If there is no policy change, but an associated form is created or revised, the form must clear final department review before the form can be submitted for inclusion in the reference forms manual (RFF).
- If the policy is revised or new, but associated forms do not change. make sure the form(s) remain consistent with the policy. Final department review for the form is not required.

### **Policy Promulgation**

DHS publishes the approved policy item using the online manual process.

### **AUTHORITY**

1939 PA 280, Social Welfare Act, MCL 400.115a(1)(I)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth facilities must remain clean, environmentally safe, and attractive at all times.

**PURPOSE**

This policy ensures that facilities are maintained in an orderly and visually appealing manner.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to physical plant cleanliness. At a minimum, these SOPs must contain the following requirements:

**Construction/Land  
scaping**

To the extent allowed by safety, security and financial constraints, facilities are appealing through the use of design and décor.

Facility grounds are landscaped and free of harmful objects and obstructions.

**Housekeeping  
Plan**

Staff and youths are responsible for ensuring their personal work and living spaces are maintained in a neat and orderly fashion. The facility/center director ensures all of the following:

- A written housekeeping plan exists.
- A written checklist exists that identifies required tasks relative to daily cleaning.

- A daily schedule exists that includes individual responsibility for plan oversight.

**Inspections**

There is a documented weekly inspection by designated staff that clearly indicates those physical plant areas that are in compliance or non-compliance with this policy.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that BJJ facilities provide a well-maintained environment for youth.

**PURPOSE**

This policy ensures ongoing physical plant maintenance to prevent costly repairs and ensure youths' safety.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to the physical plant maintenance. At a minimum, these SOPs must contain the following requirements:

The facility/center director ensures all of the following:

- The facility/center director or designee conducts weekly maintenance and sanitation checks at the facility utilizing a facility developed maintenance and sanitation checklist.
- The facility maintains a repair log that minimally includes the date, repair needed and date of repair completion.
- All staff are responsible to report maintenance problems or concerns to management through written communication.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)



**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that the nutritional needs of youths are met while confined within facilities.

**PURPOSE**

This policy establishes appropriate guidelines governing the planning, preparation and delivery of meals to youths in a nutritionally sound, sanitary and professional manner.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern food services. At a minimum, these SOPs must contain the following requirements:

**Food Service  
Manager  
Responsibilities**

The food services manager is designated by the facility/center director or designee. The food services manager must:

- Supervise all food services operations.
- Ensure compliance with applicable federal, state, and local statutes, regulations, policies, and procedures regarding sanitation and health standards related to facility food services.
- Monitor kitchen staff for cleanliness, health, and professionalism (including the wearing of hair restraints and appropriate washing of hands).
- Submit menus in advance for approval by the facility/center director or designee.

- Expedite implementation of corrective action plans to address any inspection-noted deficiencies.

## Meals

All of the following are minimal requirements:

- There are three (3) nutritionally sufficient meals per day, two (2) of these meals must be hot at scheduled mealtimes.
- There is a snack before bedtime.
- No more than fourteen (14) hours pass between the evening snack and breakfast.
- Meals meet the Recommended Dietary Allowances (RDA) published by the National Research Council.
- Meals are not altered for disciplinary reasons.
- Meals appear appetizing and are aesthetically pleasing.
- Mandated substituted food items have comparable nutritional value.
- The preparation, consumption, and clean-up of meals are supervised by staff.
- Detailed and complete records on all meals served are retained for two (2) years.

## Special Diets

Any of the following individuals may order special medical, therapeutic, or religious diets:

- Physician.
- Physician's assistant.
- Nurse practitioner.
- Dentist.
- Facility chaplain.
- Facility/center director or designee.

## Inspections

Inspections are conducted and logged by the food services manager or designee. The food services manager ensures all of the following:

- Regular inspections ensuring appropriate temperatures for all foods during storage, thawing, cooking, cooling, serving, holding and reheating.
- Weekly inspections of the food services area.
- Daily temperature checks of refrigerators, freezers and dishwashers.
- Results of any health inspections posted prominently in the food service area.
- All inspections are documented with copies forwarded to the facility/center director or designee.

### **Food Service Tools**

All food services tools:

- Must be kept in a secured area or container when not being used by designated staff.
- Are not to be used by youth unless directly supervised by staff.
- Must have an updated inventory posted promptly in the storage area or on the container that is checked and documented at the beginning of each shift.

### **Special Procedures**

Develop procedures to address the special control, storage and handling of food services tools/equipment, sensitive products such as yeast and extracts, and any chemicals utilized in the food service area

### **Sanitation**

Disposal of garbage must be in accordance with applicable sanitation regulations.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**PURPOSE**

To set standards for residential facilities to maintain accurate vacancies and contact information in order for the Juvenile Justice Assignment Unit to make timely and appropriate placement assignment for youth under the care and supervision of the Michigan Department of Health and Human Services. The admissions policy provides guidance to facility staff related to required activities after a youth has been accepted for admission through the Juvenile Justice Assignment Unit process; see [JJM 700, Juvenile Justice Assignment Unit Placement Process](#).

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE STAFF**

State run and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedure.

**PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) related to the Juvenile Justice Assignment Unit processes and pursuant to Mich Admin Code, R 400.4109(c), for admissions. At a minimum, these standard operating procedures must contain the following requirements outlined in this policy.

**JUVENILE JUSTICE  
ASSIGNMENT UNIT  
PREFERENCES**

State run and private, contracted juvenile justice residential treatment facility staff must maintain JJAU preferences as required in [JJM 700, Juvenile Justice Assignment Unit Placement Process, JJAU Preferences](#).

**JJAU Placement  
Request Packet**

The juvenile justice specialist must complete a JJAU placement request packet. All documents must be legible and be released in compliance with federal and state law. For more information on the required documentation for a JJAU placement request packet, see

[JJM 700, Juvenile Justice Assignment Unit Placement Process, JJAU Placement Request Packet.](#)

## Independent Assessment

All youth entering a residential care program on or after April 1, 2021, pursuant to Families First Preservation Act, 42 USC 672, must be assessed by a contracted qualified independent assessor, whenever possible this will occur prior to referral to any residential care program. The facility director and/or designee must not routinely accept youth for placement from the JJAU unless that residential intervention is the least restrictive setting in which they can be served.

When JJAU receives a referral, they will begin to fill out form MDHHS-5847, Assessment for Determination of Placement Referral, in collaboration with the youth's juvenile justice specialist (JJS). Once JJAU determines that all required documentation is received and the MDHHS-5847 is complete, JJAU will make the referral to the independent assessor.

In some emergency situations, a youth may be referred to a residential care program prior to the completion of the assessment. In these instances, the residential care program is not responsible for conducting or securing the assessment. The referral will be made by the JJAU and the assessment will be conducted by a qualified independent assessor. The facility director and/or designee must cooperate with the independent assessor and the youth's JJS for placement to ensure the youth receives the required independent placement assessment within 30 days of placement.

## JJAU Placement Match

A youth may be assigned, placed on the provider wait list or withdrawn by the JJAU.

### ***Assigned***

An assignment is a placement where a youth's age, gender and indicated treatment needs align with the provider's contracted Service Description and JJAU Preferences and the provider has a vacancy expected within the next 7 calendar days.

JJAU placement matches are based on the results of the most recently approved Michigan Juvenile Justice Assessment System

Dispositional Assessment and the most recently completed JJ Strengths and Needs Assessment. These assessments, in conjunction with established placement selection criteria, are the basis for the final match that JJAU assigns for the youth.

### ***Wait List***

A youth may be placed on the provider wait list if the JJAU would have assigned the youth to the provider, but the provider has reported that there is no vacancy expected within the next 7 calendar days. Upon receipt of the wait list notification, the provider must notify the JJAU of the expected waiting period for the next vacancy. The JJAU will notify the juvenile justice specialist of the wait list status. The court may wait or direct a new JJAU assignment.

### ***Withdrawn***

If the assigned provider is not acceptable to the court or if the JJAU is provided with documents that eliminate the possibility of the youth being placed with the assigned provider, the JJAU will withdraw the assignment. The JJAU will assist the juvenile justice specialist to make a new assignment.

## **Placement Provider Acceptance**

A state operated or private, contracted juvenile justice residential treatment facility or state operated detention facility must not admit a MDHHS-supervised youth without an assignment from the MiSACWIS JJAU placement process. The provider is responsible for responding to the JJAU assignment in MiSACWIS within five business days of receiving notification of an assigned or wait-listed youth.

### ***Accepted***

The provider accepts the assigned youth and enters a Probable Admit Date, which is required to be within ten calendar days of acceptance. If the provider cannot admit the youth within ten calendar days, the provider is responsible for notifying JJAU and the youth may be assigned to another provider based on the needs of the youth and the timeliness of the next vacancy.

The provider is required to contact the juvenile justice specialist within one business day of accepting the assigned youth to make arrangements for admission.

**Note:** If a provider accepts a youth, but the youth is not admitted, the provider is required to document this and close the residential record in MiSACWIS. For example, the provider accepts the youth, but the judge orders that the youth be placed at another residential facility or the youth goes AWOL or escapes prior to being admitted.

### ***Not Accepted - Secure Providers***

Secure state run and secure private, contracted juvenile justice residential treatment facilities are required to accept every JJAU assignment.

### ***Not Accepted - Non-Secure Providers***

Based on information provided in MiSACWIS and the JJAU Referral Packet, a non-secure private, contracted, juvenile justice residential treatment facility may respond in MiSACWIS that a JJAU assigned youth is Not Accepted. A detailed explanation needs to be documented in MiSACWIS as to the circumstances that exist that would place the assigned youth, other youth or staff safety at risk.

If the provider has safety concerns but cannot make a decision based on the information available in MiSACWIS and the JJAU Referral Packet, the provider is required to contact the juvenile justice specialist or the JJAU within 1 working day to request supplemental information.

If the provider does not accept the youth based on safety reasons, any supplemental information should be returned immediately to the juvenile justice specialist or JJAU. The JJAU will assist the juvenile justice specialist to make a new assignment.

## **Individual Service Agreement**

After a youth has been accepted for placement, forward the DHS-3600, Individual Service Agreement, to the placement provider by the scheduled admission date; see [JJM 700, Juvenile Justice Assignment Unit Placement Process](#). For emergency placement, a DHS-3600, Individual Service Agreement must be provided no later than the first business day following placement.

**Exception:** The DHS-3600, Individual Service Agreement, is not required for state run facilities.

## COURT SUPERVISED YOUTH

State run facilities are responsible for immediately reporting any court-supervised placements (also known as direct court placements) to the JJAU. A court-supervised placement occurs when the court orders a youth into a placement without referring or committing the youth to MDHHS for care and supervision; see [JJM 700, Juvenile Justice Assignment Unit Process, Court Supervised Youth](#), for detailed information on the actions that are required to be taken by state run facility staff and JJAU.

## ABUSE/NEGLECT YOUTH

For the placement of an abuse/neglect youth in a state run or private, contracted juvenile justice residential treatment facility; see [FOM 903-04, Purchased Care Payment Procedures, Placement of an Abuse/Neglect Ward in a Contracted JJ Program](#), for approval process and [FOM 722-03, Placement Selection and Standards, Residential Placement Exception Requests](#), for information on placement exception request (PER) processes.

## RESIDENTIAL REPLACEMENT PROCESS

### Provider Request for Replacement

A youth must not be moved from one residential treatment program or facility to another without going through the JJAU placement process. The assigned provider is responsible for continuing residential treatment services for the youth and the youth's family until:

- Release is approved by the court, and
- MDHHS assigns a new placement.

Disruption of, or non-cooperation in the program is not sufficient reason for replacement of a youth.



**Co-Located  
Residential  
Treatment  
Programs**

Youth must not be moved from one residential placement or program to another, even within the same campus area without going through the JJAU placement process. A new JJAU Placement Referral is required to be completed in MiSACWIS when a youth will remain with the same provider, but permission has been given by the court to release the youth to a new placement or program with a different Service Description (for example, mental health and behavior stabilization to general residential), a change in rate, and/or security level. Information must be used from visits with the youth, treatment team and treatment plans to collaborate with the juvenile justice specialist to ensure that a youth is benefitting from treatment.

**Maximum Benefit  
Reached**

When a youth does not benefit from or has reached maximum benefit, the residential treatment staff is responsible for meeting with the juvenile justice specialist to resolve the issue. If the issue cannot be resolved, the residential treatment staff is responsible for seeking resolution through consultation with the facility director and the juvenile justice specialist supervisor; and if necessary, with the child welfare licensing consultant for the facility.

See [JJM 700, Juvenile Justice Assignment Unit Process, Maximum Benefit Reached](#), for more information.

**Detention to JJ  
Residential  
Treatment Facility**

A youth may not be moved from detention to a residential setting without using the JJAU placement process. Based on the contents of the detention court order, a new court order may be required to end the period of detention, direct the youth to a specific program or allow the JJAU to match a youth with an appropriate juvenile justice residential treatment facility.

## TEMPORARY BREAKS

When a youth escapes or is absent from a placement for 14 calendar days or less (such as hospitalization), the youth may be placed back in the original placement without receiving a new assignment from the JJAU. When a youth escapes or is absent from a placement for more than 14 calendar days, a DHS-234, Release Report, must be completed for the original placement and a new assignment from the JJAU must be received to create a new residential record for the new admission. See [JRM 501, Escape Response](#), for additional requirements when a youth escapes.

**Note:** A QRTP assessment is not needed if the youth returns to his/her original placement.

## ESTABLISHING THE YOUTH'S CASE RECORD

A residential record must be established and maintained in a confidential manner, as established by federal and state law; see [SRM 131, Confidentiality](#), for further information on confidentiality requirements. At the time of the youth's admission, the following must be reviewed and updated as indicated:

- Youth's name (First Name, Middle Name 1, Middle Name 2, Middle Name 3, Last Name, Suffix) and any additional names, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Person Profile.
- Youth's address, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Address tab in the Person Profile.
- Youth's date of birth (DOB), Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Basic tab in the Person Profile.
- Youth's gender, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Basic tab in the Person Profile.
- Youth's race, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Demographics tab in the Person Profile.
- Youth's height, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Demographics tab in the Person Profile.

- Youth's weight, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Demographics tab in the Person Profile.
  - Youth's hair color, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Demographics tab in the Person Profile.
  - Youth's eye color, Mich Admin Code, R 400.4152(a). Documenting the MiSACWIS Demographics tab in the Person Profile, Demographics tab.
  - Any identifying marks, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Demographics tab, Distinctive Characteristics in the Person Profile.
  - Youth's religion, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Demographics tab in the Person Profile.
  - Youth's school status, Mich Admin Code, R 400.4152(a). Document in the MiSACWIS Education.
  - Photograph of the youth within the previous 12 months, Mich Admin Code, R 400.4152(b). Upload to the MiSACWIS Person Overview.
  - Brief description of the youth's preparation for placement and general physical and emotional state at the time of admission, Mich Admin Code, R 400.4152(c). Document in the MiSACWIS Admissions, Current Health Status tab.
  - Name, address and marital status of parent(s)/legal guardian(s), if known, Mich Admin Code, R 400.4152(d). Document in the MiSACWIS Address tab in the Person Profile of the parent(s)/legal guardian(s).
  - Date of youth's admission, Mich Admin Code, R 400.4152(e). Document in the MiSACWIS Admissions.
  - Youth's legal status, Mich Admin Code, R 400.4152.
- Note:** This information should automatically display on the youth's Residential Overview in MiSACWIS.
- Documentation of legal right to provide care. Mich Admin Code R 400.4152(f). Upload the DHS-3600, Individual Service Agreement, to MiSACWIS Documents. State run facilities may

also upload the court order for placement in MiSACWIS Court, Case Court Actions.

- Authorization to provide medical, dental and surgical care and treatment. Mich Admin Code R 400.4152(g). Upload DHS-3762, Medical Care Authorization for Minor Child, to the MiSACWIS Person Overview, Scan Documents.
- Brief description of circumstances leading to the need for care, Mich Admin Code, R 400.4152(h).
- The grievance policy was provided to youth and parent(s)/legal guardian(s), Mich Admin Code, R 400.4132 and R 400.4152(i). See Orientation section for more specific information on Required Orientation Activities for Youth.

### **Case Record Maintenance**

A case record includes both the physical case record and the electronic residential record maintained in MiSACWIS.

Pursuant to Mich Admin Code, R 400.4167, each facility must:

- Maintain a case record for each youth.
- Narrative entries signed and dated by the person making the entry.
- Youth records are to be maintained in a uniform and organized manner, protected against destruction and damage and stored in a manner that safeguards confidentiality.
- Youth records need to be maintained for not less than 7 years after the youth is discharged.

### **Victim Notification**

When victim notification has been requested pursuant to law, the youth's residential record should be marked in a clearly identifiable manner. Victim notification must be documented in MiSACWIS; see [JRM 502, Victim Notification](#), for details on required notifications.

---

## ADMISSIONS

The provider is responsible for contacting the juvenile justice specialist within one business day of accepting the assigned youth to make arrangements for admission.

Once the youth is admitted, document the youth's admission date and other admission requirements in MiSACWIS on the Admissions screen.

**Note:** MDHHS staff are not required to complete an application or any other extra form(s) that the facility has, to be included in the youth's residential case record or for any other purpose. MDHHS staff are not required to sign any releases, except as noted in [JJM 290, Emergency Medical & Surgical Treatment](#).

Within 24 hours of a youth's admission, the facility director and/or designee, is required to have a telephone call between the nursing staff and/or the consulting psychiatrist when the youth is coming from another placement. At a minimum, the call should cover the following:

- Review youth's medications, including both description, supply or refills available to fill or transfer.
- Youth's overall health status, including current clinical status, current treatment and any diagnostic work up that will not be complete at the time of transition.
- A list of any ongoing laboratory or other monitoring required because of treatment; for example, complete blood counts required for individuals taking clozapine.
- Address any urgent needs.

The facility director and/or designee must ensure that this call is documented in MiSACWIS as a social work contact.

## Orientation

### ***Required orientation activities for youth***

Residential facility staff are responsible for completing the required orientation activities for youth using the MDHHS-5605, Youth Orientation Checklist. The MDHHS-5605 contains activities that must be completed within 24 hours, 72 hours and 10 days of the youth's admission date. Upon completion, the results are to be

documented in the MiSACWIS Youth Orientation Checklist. The youth and residential facility staff are required to sign the MDHHS-5605 and the signature page must be uploaded to the Youth Orientation Checklist in MiSACWIS.

Pursuant to PREA Standards for Juvenile Facilities (28 CFR 115.316), accommodations must be made for youth who are disabled or non-English speaking; see the [Michigan Department of Health and Human Services' \(MDHHS\) Equal Opportunity and Diversity Policy](#) for requirements on ensuring equal access to services.

Residential facility staff are responsible for giving youth an opportunity to ask questions and provide or make available written materials and handbooks that reinforce, supplement or enhance the orientation process.

***Required orientation activities for parent(s)/legal guardian(s) and referral sources.***

Residential facility staff are responsible for providing the following to the youth's parent(s)/ legal guardian(s) and referral sources:

- Provide or review a copy of the program statement. Mich Admin Code, R 400.4109(2).
- Standards of conduct, rules and regulations. Mich Admin Code, R 400.4109(c).
- Behavior management/support system. Mich Admin Code, R 400.4157(1).
- Treatment planning process, services and treatment. Mich Admin Code, R 400.4109(c).
- Educational programming and opportunities. Mich Admin Code, R 400.4123.
- Religious/spiritual programming. Mich Admin Code, R 400.4134.
- Release criteria and anticipated release date. Mich Admin Code, R 400.4109(c).
- The grievance policy. Mich Admin Code, R 400.4131. Document in the MiSACWIS, Admissions.

- Policies and procedures regarding restraint. MCL 722.112(d)(5)(a) -(d) and Mich Admin Code, R 400.4159.

## Education

A facility may not admit a youth unless an appropriate educational program can be provided, Mich Admin Code, R 400.4123. Youth of school age need to be enrolled within five business days after admission and recorded in MiSACWIS Education. For information on facility staff requesting past education records; see [JRM 400, School Records](#).

## Health & Dental Screening

Each youth must have an initial health screening within 24 hours of admission, Mich Admin Code, R 400.4144. Document the results in the MiSACWIS Admission, Current Health Status tab. A physical examination must be completed within 30 calendar days of admission if one has not been completed within one year prior to admission; see [JRM 313, Annual Physical Examination](#), for requirements to complete annual physical examinations.

## FORMS

MDHHS-5605, Juvenile Justice Residential Youth Orientation Checklist.

## LEGAL BASE

### Federal

#### **Social Security Act, 42 USC 675**

Requires that each child is placed in a safe, least restrictive (most family like) setting in close proximity to the parents' home, consistent with the best interest and special needs of the child or when placed a substantial distance from the home of the parents the reasons why it is in the best interests of the child. Also requires a child's health and education record be supplied to the provider with whom the child is placed and assurances that each placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement.

**Social Security Act, 42 USC 675a(c)(1)(A)(i)-(iii)**

Requires the youth to be assessed by an independent assessor within 30 days of the start of placement to determine if residential intervention is appropriate for the youth.

**Social Security Act, 42 USC 672(3)(A)**

If a youth is placed in a qualified residential treatment program, the youth must be assessed within 30 days of placement.

**The Prison Rape Elimination Act of 2003, 42 USC 15601, et seq.**

Provides for the analysis of the incidence and effects of prison rape in juvenile facilities and to provide information, resources, recommendations, and funding to protect individuals from prison rape.

**Prison Rape Elimination Act Standards, Subpart D-Standards for Juvenile Facilities, 28 CFR 115.311-115.393.**

Provides juvenile facilities standards for prevention planning, responsive planning, training and education, screening for risk of sexual victimization and abusiveness and reporting.

**Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

**State****The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.**

Defines child caring institution and the licensing and regulation and standards of care.

**The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.112d(5)(a)-(d).**

Requires residential facility staff to inform the youth and their parent(s) or legal guardian(s) of the facility's policy regarding



restraint or seclusion and obtain written acknowledgement from the youth's parent(s) or legal guardian(s).

**2020 PA 107, Omnibus Budget Appropriation Bill, Sec. 709.**

The department's master contract for juvenile justice residential foster care services shall be amended to prohibit contractors from denying a referral for placement of a youth, or terminating a youth's placement, if the youth's assessed treatment needs are in alignment with the facility's residential program type, as identified by the court or the department.

**Michigan  
Administrative  
Code**

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4109.**

Requires a residential facility to have and follow a current written program statement that must be provided to the youth, youth's parent(s)/legal guardian(s) and referral sources.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4123.**

Requires a residential facility to not admit a youth unless the facility can provide an appropriate education program to the youth and requires school age enrollment within five school days of admission.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4132.**

Requires residential facilities to have a written grievance procedure that is provided to the youth, parent(s)/legal guardian(s) and referral sources prior to or upon admission.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4134.**

Requires residential facilities to have and follow a policy on religious/spiritual participation that is provided to the youth, the youth's parent(s)/legal guardian(s) and referral sources prior to or at admission.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4144.**

Requires residential facility staff to complete an initial health screening within 24 hours of a youth's admission to the facility. Requires the residential facility to have documentation of an admission physical examination of a youth unless an earlier examination is indicated. Requires residential facility staff to have sufficient health history information for each youth. When a parent(s)/legal guardian(s) refuses medical or physical examinations or treatments on religious grounds, the refusal must be made in writing and retained in youth's case record.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4152.**

Provides the required documents that must be in a youth's case record at the time of admission.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4167.**

Provides residential facility requirements on maintaining a case record for each youth. Requires narrative entries in the case record to be signed and dated by the person making the entry. Requires the records to be maintained in a uniform and organized manner and shall be protected against destruction and damage and be stored in a manner that safeguards confidentiality. Requires case records to be maintained for not less than seven years after the youth discharges.

**POLICY CONTACT**

Policy clarification questions may be submitted by facility supervisors or managers to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

JJAU Placement Process questions may be submitted to: [JJAU@michigan.gov](mailto:JJAU@michigan.gov).

---

## PURPOSE

To ensure each youth placed in a residential facility is provided individually appropriate, complete and timely treatment planning which supports service delivery and positive, permanent changes in behavior. Juvenile justice residential facility staff must assist each youth with rehabilitation through effective programming and comprehensive and timely individualized treatment plans. Plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. Treatment plans must be developed in concert with the service plans and reentry plan(s) prepared by the juvenile justice specialist (JJS). Treatment plans must also incorporate the input from the residential treatment team, juvenile justice specialist, the youth and the youth's parent(s)/legal guardian(s).

This policy does not apply to shelter care and detention institutions; see Mich Admin Code, R 400.4153 & R 400.4154 for required service plans for shelter care and detention institutions.

## DEFINITIONS

See [JRG, JJ Residential Glossary](#).

### Intersex

Pursuant to Prison Rape Elimination Act (PREA) National Standards 28 CFR 115.5, intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

### Mental Health Professional

Pursuant to the Mental Health Code, 1974 PA 258, MCL 330.1100b(16)(a)-(f), a mental health professional means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

- A physician.
- A psychologist.
- A registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172

of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

- A licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code, 1978 PA 369, MCL 333.18501 to 333.18518.
- A licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code, 1978 PA 368, MCL 333.18101 to 333.18117.
- A marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code, 1978 PA 368, MCL 333.16901 to 333.16915 to practice in this state.

## Transgender

Pursuant to PREA National Standards 28 CFR 115.5, transgender means a person whose gender identity (such as, internal sense of feeling male or female) is different from the person's assigned sex at birth.

## Two-Spirit

A modern umbrella term used by some indigenous North Americans to describe gender-variant individuals in their communities, specifically people within indigenous communities who identify as having both male and female spirits within them. It is a spiritual role that is recognized and confirmed by the Two-Spirit's indigenous community.

## Unplanned Release

An unplanned release is a release that is both prior to the estimated release date **and** unexpected (for example, a court ordering the immediate release of a youth against the juvenile justice specialist and facility treatment team recommendation or a youth AWOLP/escape who does not return to the facility.)

**RESPONSIBLE  
STAFF**

State run and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedures.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures relative to completing treatment plans, reentry plans, release reports and release outcome reporting. At a minimum, these standard operating procedures should strive to contain the following requirements:

**RESIDENTIAL  
TREATMENT PLAN  
REQUIREMENTS**

Residential treatment plans are written plans that must be completed in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) for each youth at a state run or private, contracted juvenile justice residential treatment facility. Residential treatment plans and reports consist of the following:

- DHS-232, Initial Treatment Plan (ITP).
- DHS-233, Updated Treatment Plan (UTP).
- DHS-234, Release Report (RR).
- Release Outcome Reporting.

Plans should support achievement of the permanency goal as identified in the current juvenile justice supplemental updated service plan.

**DEVELOPING  
TREATMENT PLANS  
& RELEASE  
REPORTS**

## Residential Screening & Assessment

See [JRM 202, Residential Screening & Assessment](#), for details on completion of screening and assessments and linking requirements.

## Treatment Team Meetings

At each facility, the treatment team must meet at least every 30 days to review youth needs and progress. Parent(s)/legal guardian(s) must be notified in advance and invited to participate in person, by telephone, or through secure video conference. When parent(s)/legal guardian(s) are unable to participate in the monthly treatment team meeting, his or her written input must be encouraged.

Treatment teams must consist of:

- The youth.
- The youth's identified family.
- Clinical staff.
- The residential case manager and his or her supervisor.
- Direct care staff.
- The juvenile justice specialist.

A monthly **treatment and transition team** meeting for reentry planning may replace a monthly treatment team meeting as long as all elements of both meetings are completed. Refer to [JRM 207, Reentry Planning and Preparation, Phase Two, Going Home](#), for treatment and transition team requirements.

The following items must be discussed in the meeting:

- The youth's needs, goals and objectives in the treatment plan.
- The youth's progress in achieving the goals and objectives.
- The effectiveness of treatment strategies and interventions and any changes in diagnoses, goals, objectives, treatment approaches, interventions, or medications.
- Intentions to add, modify, reschedule, or eliminate existing goals. The goal and basis for the goal change must be documented in the treatment team meeting minutes and in the

next treatment plan. The basis for goal changes are derived from the JJ Strengths and Needs Assessment and the assigned juvenile justice specialist and/or the residential case manager has the ability to add additional goals.

Monthly treatment team meetings are to be documented in MiSACWIS as follows:

- Clinical Case Notes using the Type of Session, Assessment/Evaluation Review, reasons for seeing youth, observations and evaluation.
- A Social Work Contact must also be recorded with the Contact Type, FTM Family Team Meeting, to document the participants or reasons a treatment team member did not participate. Include brief comments on any input submitted by those unable to attend.

## Establishing Goals

Youth should be engaged to develop their own goals. Treatment plans and release report goals are to be developed using MiSACWIS Strengths and Needs and identify treatment strategies and interventions that will address the youth's needs. Include the following for each negative-scoring need domain based on the JJ Strengths and Needs assessment scores:

- Goal(s) must be maintained from plan to plan unless the goal was achieved or there is written justification for why the goal was changed or discontinued.
- Desired outcome(s).
- Expected achievement date(s).
- Action step(s).
- Responsible person(s).
- Description of the service(s) provided to address the need. Include the amount, duration and intensity of the service(s).

The facility director and/or designee must ensure there is a specific plan in place to address the family's needs that will assist the family in meeting the needs of the youth while in placement and to attain the family goals, as well as delineation of roles of the residential, JJS and family to accomplish these goals. Designated facility staff

must coordinate with the youth's JJS to identify, recruit and prepare any identified family for eventual placement or involvement with the youth.

**Required  
Review/Update by  
Mental Health  
Professional**

Behavioral health services to address Emotional Stability and/or Substance Abuse needs must be reviewed and updated with input from youth by a mental health professional on a monthly basis.

The mental health professional review must consist of an evaluation of the youth's Emotional Stability and/or Substance Abuse goal(s) and the associated:

- Desired outcome(s).
- Expected achievement date(s).
- Action step(s).
- Responsible person(s).
- Service(s) provided to address the need, including the amount, duration and intensity of the service(s).

The mental health professional monthly review must be documented in the MiSACWIS Clinical Case Notes using the Type of Session: Professional Review of Behavioral Health Plan.

**DHS-232, INITIAL  
TREATMENT PLAN  
INSTRUCTIONS**

In accordance with Mich Admin Code, R 400.4155(2), the DHS-232, Initial Treatment Plan (ITP), must be developed in collaboration with the youth, legal parent(s)/guardian(s), direct care staff and assigned juvenile justice specialist. The DHS-232, must be completed in MiSACWIS and pursuant to Mich Admin Code, R 400.4155(3), the following must be included in the DHS-232, Initial Treatment Plan:

- An assessment of the youth's and identified family's strengths and needs. Use the JJ Strength and Needs Assessment and the Michigan Juvenile Justice Assessment System as indicated in [JRM 202, Residential Screening and Assessment](#).



- Plans for parent(s)/legal guardian(s) and youth visitation. Document in MiSACWIS Visitation Plan.
- Treatment goals to rehabilitate the youth and identified family and time frames for achieving those goals. Document in MiSACWIS Strengths and Needs.
- Indicators of goal achievement. Document in MiSACWIS Strengths and Needs.
- Identified person(s) responsible for coordinating and implementing methods to assist the youth to achieve the treatment goals for the youth and identified family. Document in MiSACWIS Strengths and Needs.
- Staff techniques to assist the youth in achieving treatment goals, including a specific behavior management plan. The plan must be designed to minimize seclusion and restraint and include a continuum of responses to problem behaviors. Document in MiSACWIS Strengths and Needs.
- Estimated length of stay and next placement. Document in MiSACWIS Supporting Information.
- For youth 14 years of age and over, a plan to prepare the youth for functional independence. Use the Casey Life Skills assessment results, as required in [JRM 202, Residential Screening and Assessment](#). Document actions steps in MiSACWIS Strengths and Needs.

Goals in the DHS-4789, Juvenile Justice Initial Service Plan, completed by the juvenile justice specialist, must be reflected in the DHS 232, Initial Treatment Plan. Any goal differences between the juvenile justice specialist and the residential case manager should be resolved prior to treatment plan approval.

### **Prison Rape Elimination Act Program/Placemen t Assignment**

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.342, residential facility staff need to use all information obtained from the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, to make housing, bed, program, education, and work assignments for youth with the goal

of keeping all youth safe and free from sexual abuse. See [JRM 202, Residential Screening and Assessment, Juvenile Justice \(JJ\) Strengths and Needs Assessment](#), for information on documenting assignments in the JJ Strengths and Needs Assessment.

### Completion Date Compliance

Pursuant to Mich Admin Code, R 400.4155(1), the DHS-232, Initial Treatment Plan, must be completed within 30 calendar days of the youth's admission. The DHS-232, Initial Treatment Plan, is considered complete when the assigned residential case manager submits the initial treatment plan to his/her supervisor in MiSACWIS for approval. The completion date is reflected as the Report Date on the first page of the initial treatment plan.

The DHS-232, Initial Treatment Plan, is considered overdue if the Report Date is on or after the 31st calendar day following the youth's admission date to the facility.

In accordance with Mich Admin Code, R 400.4155(1) and (4) and R 400.4167(2), the residential case manager is required to sign the DHS-232, Initial Treatment Plan.

### DHS-233, UPDATED TREATMENT PLAN INSTRUCTIONS

In accordance with Mich Admin Code, R 400.4156(2), the DHS-233, Updated Treatment Plan, must be developed in collaboration with the youth, legal parent(s)/guardian(s), direct care staff and the assigned juvenile justice specialist. The DHS-233, Updated Treatment Plan, is required to be completed in MiSACWIS and goals are to be based on the most recent MJJAS assessment and the JJ Strengths and Needs assessment.

Mich Admin Code, R 400.4156(3), requires that the following are to be included in the updated treatment plan:

- Dates, person(s) contacted, type of contact and place of contact. These contacts must be recorded in MiSACWIS Social Work Contacts.
- Progress made towards achieving the goal(s) established in the previous treatment plan in MiSACWIS Strengths and Needs.

- Changes in the treatment plan, including new concerns and new goals to remedy those concerns. Indicators of goal achievement and time frames for achievement are to be specified along with a specific behavior management plan designed to minimize seclusion and restraint and that includes a continuum of responses to problem behaviors. This is to be documented in MiSACWIS Strengths and Needs.
- For youth 14 years of age and over, there needs to be a plan to prepare the youth for functional independence using the Casey Life Skills assessment results, according to [JRM 202, Residential Screening and Assessment](#).

### Prison Rape Elimination Act Program/Placement Reviews

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.311-115.393, residential facility staff must obtain and use information on a youth's history, behavior, and any threats to safety that the youth has experienced, to reduce the risk of sexual victimization and abuse. **When a youth identifies as transgender, two-spirit or intersex**, placement and programming assignments must be reassessed at least twice per year for any threats to safety experienced by the youth (28 CFR 115.342(e)).

Documentation of this program/placement assignment review is to be completed every six months following a youth's admission by recording a MiSACWIS Clinical Case Note using the Type of Session, PREA Program/Placement Review.

As a result of the PREA Program/Placement Review, any specific changes to assignments must be documented in MiSACWIS; see [JRM 202, Residential Screening and Assessment, Juvenile Justice \(JJ\) Strengths and Needs Assessment](#), for information on documenting assignments in the JJ Strengths and Needs Assessment.

### Completion Date Compliance

Pursuant to Mich Admin Code, R 400.4156(1), completion of the first DHS-233, Updated Treatment Plan, is required within 90

calendar days of the initial treatment plan report period end date or sooner, if necessary, to ensure coordination with court hearings.

The DHS-233, Updated Treatment Plan, must be updated and revised at 90-day intervals. The due date is within 90 calendar days of the previous treatment plan's report period end date. The updated treatment plan is considered complete when the assigned residential case manager submits the updated treatment plan to his/her supervisor in MiSACWIS for approval. The completion date is reflected as the Report Date on the first page of the updated treatment plan.

The DHS-233, Updated Treatment Plan, is considered overdue if the Report Date is on or after the 91st calendar day from the previous treatment plan's report period end date.

In accordance with Mich Admin Code, R 400.4156(1) and (4) and Mich Admin Code, R 400.4167(2), the residential case manager must sign treatment plans.

## DHS-234, RELEASE REPORT INSTRUCTIONS

The DHS-234, Release Report, must be developed in collaboration with the youth, legal parent(s)/guardian(s) and assigned juvenile justice specialist and completed in MiSACWIS. The release date must be entered in MiSACWIS using the Treatment Plan hyperlink and selecting Release Report.

In accordance with Mich Admin Code, R 400.4166, the following must be included in the Release Report, Supporting Information:

- Reason for release, and the new location of the youth.
- A brief summary or other documentation of the services provided while in placement, including medical, mental health, psychiatric, trauma and dental services.
- An assessment of the youth's needs that remain to be unmet. Use the JJ Strengths and Needs Assessment and the Michigan Juvenile Justice Assessment System as indicated in [JRM 202, Residential Screening and Assessments](#).
- Any services that will be provided by the facility after discharge.

- A statement that the discharge plan recommendations, including medical, psychotropic medication, therapeutic and dental follow up that is needed, has been reviewed with the youth, parent(s)/legal guardian(s) and with the assigned juvenile justice specialist.
- The name and official title of the person to whom the youth was released.
- For an unplanned release, document a brief summary or other documentation of the circumstances surrounding the release.

The DHS-234, Release Report, must specifically identify strategies and community resources to address unachieved goals and remaining risks and/or needs of the youth and identified family.

The DHS-234, Release Report, must formally include a relapse prevention plan that describes actions the youth and identified family must take if relapse or a subsequent offense occurs or is considered imminent.

### Prison Rape Elimination Act Program/Placement Review

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.311-115.393, residential facility staff must obtain and use information on a youth's history, behavior, and any threats to safety that the youth has experienced, to reduce the risk of sexual victimization and abuse. **When a youth identifies as transgender, two-spirit or intersex**, placement and programming assignments must be reassessed at least twice per year for any threats to safety experienced by the youth (28 CFR 115.342(e)).

If a PREA Program/Placement Review was not completed within the last six months then documentation of this program/placement assignment review must be completed by recording a MiSACWIS Clinical Case Note using the Type of Session, PREA Program/Placement Review.

As a result of the PREA Program/Placement Review, any specific changes to assignments shall be documented in MiSACWIS; see [JRM 202, Residential Screening and Assessment, Juvenile Justice \(JJ\) Strengths and Needs Assessment](#), for information on

documenting assignments in the JJ Strengths and Needs Assessment.

### **Completion Date Compliance**

Pursuant to Mich Admin Code, R 400.4166, the DHS-234, Release Report, must be completed within 14 calendar days of the youth's release date from the facility. The DHS-234, Release Report, is considered complete when the assigned residential case manager submits the DHS-234, Release Report, to the supervisor in MiSACWIS for approval. The completion date is reflected as the Report Date on the first page of the DHS-234, Release Report.

The DHS-234, Release Report, is considered overdue if the Report Date is on or after the 15th calendar day of the youth's release date.

### **SUPERVISORY APPROVAL**

In accordance with Mich Admin Code, R 400.4155(5), R 400.4156(5) and R 400.4167(2), the residential case manager supervisor must sign and approve the treatment plans and release report. The DHS-232, Initial Treatment Plan, DHS-233, Updated Treatment Plan, and DHS-234, Release Report, along with the required assessments, must be reviewed and approved by the supervisor. The approval process requires the supervisor to:

- Review and approve the initial treatment plan, updated treatment plan or release report within 14 calendar days of the Report Date.
- Select Approve in MiSACWIS to generate the approval date.

The agency is considered out of compliance with Mich Admin Code, R 400.4155(5) or R 400.4156(5), if the supervisor approval date is past the 14-day review and approval time frame.

Supervisory approval indicates agreement with:

- The assigned residential case manager recommendations to the court.
- The identified strengths and needs of the youth and identified family.

- The Current Risk Level and Current Security Level.
- The rate of progress identified.
- Appropriateness of current program, services and estimated release date.
- Current treatment goals and reentry plan for the youth.
- Permanency planning goal(s) approved by the assigned juvenile justice specialist.
- The visitation plan.

## GENERATE AND SAVE

After a DHS-232, Initial Treatment Plan, DHS-233, Updated Treatment Plan, or DHS-234, Release Report, has been approved in MiSACWIS, the treatment plan or release report must be generated and saved in MiSACWIS.

**Note:** MiSACWIS will not automatically save an approved report.

## REQUIRED SIGNATURES AND TIME FRAMES

After a treatment plan or release report is approved in MiSACWIS, signatures for all appropriate case members must be obtained, including youth ages 11 and older. Signatures from all appropriate case members are required to be obtained within 30 calendar days of the Report Date.

## Uploading Signature Pages

Treatment plan and release report signature pages will be scanned and uploaded into MiSACWIS. The full document is not required to be scanned and uploaded, as information contained in the document can be viewed in the system. Use the document hyperlink for the appropriate treatment plan or release report to upload signature pages.

## DISTRIBUTION

Prior to distribution, review [SRM 131, Confidentiality, Redaction](#), for details on proper redaction. A copy of each approved treatment

plan and release report needs to be filed in the youth's case record. According to 1939 PA 288, MCL 712A.2(i)(j), MCL 712A.19, and MCR 3.943(C)(2), copies of approved treatment plans, and release report must be distributed to the following:

- Youth 11 years of age or older.
- Court.
- Youth's attorney.
- Prosecuting attorney.

The following are also provided a copy of the approved treatment plans and release report:

- Youth's parent(s)/legal guardian(s).
- Youth's juvenile justice specialist. For court-supervised youth placed in Shawono or Bay Pines Center, copies are to be provided to the probation officer or care management organization worker.
- A nonparent adult, if the nonparent adult is required to comply with the treatment plan.
- If tribal affiliation has been determined, the elected leader of the Indian Tribe or the designated ICWA Indian Agent as outlined on the [Federal Register](#).
- Other person as the court may direct.

Copies of any letters documenting distribution are required to be retained in the youth's case record until the youth is released from the facility.

## REENTRY PLANS

Six months prior to the youth's estimated release date, reentry planning and preparation is documented in the DHS-738, Reentry Plan, in MiSACWIS. For MDHHS-supervised youth, the DHS-738, Reentry Plan, is a team effort, but completion and approval responsibility rests with the assigned juvenile justice specialist and his or her supervisor; see [JRM 207, Reentry Planning and Preparation](#), for requirements on establishing treatment and transition teams.

For direct court placed youth at Bay Pines Center or Shawono Center, the assigned residential caseworker and his or her



supervisor are responsible to complete the DHS-738, Reentry Plan, in MiSACWIS.

## RELEASE OUTCOME REPORTING

All state run and private, contracted juvenile justice residential treatment staff are to report on the outcomes of each youth treated that are referred or committed to MDHHS. In addition, Shawono Center and Bay Pines Center must report on the outcomes of each direct court placed youth. The reports are completed during the sixth month after the youth was released from the facility in the Release Outcome Reporting module of MiSACWIS. Residential treatment staff are obligated to use the youth, the youth's identified family, assigned case worker(s), known community service providers, internet resources and other collateral resources to obtain and record the information required.

## AFTERCARE SERVICES REPORT

Certified qualified residential treatment programs (QRTP) must complete the [MDHHS-5931, Residential Aftercare Report](#) at 30, 90 and 180 days after a youth discharges from placement. All reports must include any clinical assessments and treatment goals. The reports are due to the youth's JJS no later than 15 days after completion.

## FORMS

- DHS-232, Initial Treatment Plan (ITP).
- DHS-233, Updated Treatment Plan (UTP).
- DHS-234, Release Report (RR).

## LEGAL BASE

### Federal

#### **The Social Security Act, Subpart G-Reporting Populations, 45 CFR 1355.44(b)(2)(ii).**

Defines the information that is required to be reported regarding a child's sexual orientation.

#### **Prison Rape Elimination Act, 42 USC 15601 et seq.**

Establishes zero tolerance for rape and standards for the detection, prevention, reduction and punishment of rape for individuals in justice custody.

**Prison Rape Elimination Act National Standards, General Definitions, 28 CFR 115.5**

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

Transgender means a person whose gender identity (for example, internal sense of feeling male or female) is different from the person's assigned sex at birth.

**Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.342 (a)-(g).**

Requires residential facility staff to use all information obtained to make housing, bed, treatment services, education and work assignments for each youth with the goal of keeping all youth safe and free of sexual abuse. Provides requirements around isolation as a last resort. For transgender or intersex youth, requires residential facility staff to consider on a case-by-case basis whether the assignment ensures the youth's health and safety and if the placement presents management or security concerns. Requires residential facility staff to reassess the housing and services provided to transgender or intersex youth at least twice per year to review any threats to safety experienced by the youth and to seriously consider a transgender or intersex youth's own views to his or her safety. Residential facility staff must ensure that transgender or intersex youth have the opportunity to shower separately from other youth.

**Social Security Act, 42 USC 672(4)(F)**

Requires qualified residential treatment programs to provide discharge planning and family-based aftercare support for at least six months post-discharge.

**Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

**State****The Probate Code, 1939 PA 288, as amended, MCL 712A.2(i)(i).**

Defines the party in a delinquency proceeding to include the petitioner and juvenile.

**The Probate Code, 1939 PA 288, as amended, MCL 712A.19.**

Requires that an agency report filed with the court shall be accessible to all parties to the action.

**The Mental Health Code, 1974 PA 258, MCL 330.1100b(16)(a)-(f).**

Mental health professional means an individual trained and experienced in the area of mental illness or developmental disabilities that is a licensed physician, psychologist, licensed master social worker, professional counselor or marriage and family therapist.

**The Juvenile Facilities Act, 1988 PA 73, as amended, MCL 803.225.**

When a juvenile is committed to MDHHS for an offense that can extend jurisdiction to age 21, a commitment report must be prepared for a commitment review hearing prior to age 19, or if jurisdiction was already extended, prior to age 21.

**MICHIGAN COURT  
RULE****MCR 3.943(c)(1)(2)**

The youth or the youth's attorney and the petitioner must be provided the opportunity to review written reports for dispositional hearings.

**MICHIGAN  
ADMINISTRATIVE  
CODE****Licensing Rules for Child Caring Institutions, Mich Admin  
Code, R 400.4155.**

Requires the initial treatment plan to be completed within 30 calendar days of admission, specific documentation requirements

and requires the residential case manager and case manager supervisor to sign the initial treatment plan.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4156.**

Requires the updated treatment plan to be completed every 90-calendar days following the initial treatment plan, specific documentation requirements and requires the residential case manager and case manager supervisor to sign the initial treatment plan.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4166.**

Requires the release report to be completed within 14 days after a youth is released from a residential facility and specific documentation requirements.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4167(2).**

Requires the residential case manager and his/her supervisor to sign and date residential treatment plans.

## POLICY CONTACT

Policy clarification questions may be submitted by juvenile justice supervisors or managers to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

---

**PURPOSE**

To provide a systematic, timely determination of a youth and identified family's strengths and needs and the youth's risk factors. The needs and risk factors of juvenile justice (JJ) youth must be identified and prioritized for treatment.

**DEFINITIONS**

See JRG, [JJ Residential Glossary](#).

***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 of sex development. 28 CFR 115.5.

***Transgender***

A person whose gender identity (such as, internal sense of feeling male or female) is different from the person's assigned sex at birth. 28 CFR 115.5.

***Two-Spirit***

A modern umbrella term used by some Indigenous North Americans to describe gender-variant individuals in their communities, specifically people within Indigenous communities who are seen as having both male and female spirits within them. It is a spiritual role that is recognized and confirmed by the Two-Spirit's Indigenous community.

**RESPONSIBLE  
STAFF**

State operated and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedure.

**PROCEDURE**

Each facility must develop and implement standard operating procedures for training staff and conducting and documenting screening and assessments. At a minimum, these procedures must contain the following requirements outlined in this policy.

**RESIDENTIAL  
SCREENING AND  
ASSESSMENTS**

All state run and private, contracted juvenile justice residential treatment facilities must have designated treatment team members to administer the following screening and assessments for each youth:

- MDHHS-5606, Prison Rape Elimination Act Screening Tool.
- Massachusetts Youth Screening Instrument-Second Version (MAYSI-II).
- JJ Strengths and Needs Assessment.
- Michigan Juvenile Justice Assessment System (MJJAS).
  - MJJAS Residential Assessment Tool (MJJAS-RES).
  - MJJAS Reentry Assessment Tool (MJJAS-RT).
- Casey Life Skills Assessment, for youth aged 14 and older.

State run and private, contracted juvenile justice residential treatment facilities providing intervention for Youth with Problematic Sexual Behaviors must have designated treatment team members to administer the following for each youth:

- Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR).
- Child and Adolescent Needs and Strengths- Sexually Aggressive Behavior (CANS-SAB).

The results from the screening and assessment tools must be recorded in the electronic case management system.

Designated residential treatment team members must complete and document the following screening and assessments within the following timeframes as outlined in this policy.

**Prison Rape  
Elimination Act  
(PREA) Screening**

The Prison Rape Elimination Act Standards for Juvenile Facilities, (28 CFR 115.341), require facility staff to use a standardized

screening tool to reduce the risk of sexual abuse and harassment. The Michigan Department of Health and Human Services (MDHHS) will monitor Prison Rape Elimination Act compliance.

The MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, is designed to gather information on youth admitted to residential facilities to help reduce the risk of sexual assault or threat of sexual assault by or upon a youth. The MDHHS-5606, must be completed within seventy-two hours (72) of a youth's admission date. Any information voluntarily offered by youth, including any information obtained is to be used to inform housing, bed, program, education, and work assignments for youth with the goal of keeping all residents safe and free from sexual assault, threats, bullying and harassment. 28 CFR 115.342(a).

**Note:** Assignment decisions related to the Prison Rape Elimination Act Standards for Juvenile Facilities must be made within the JJAU assigned placement.

**When a youth identifies as transgender, two-spirit or intersex,** then his or her own views about his or her own safety must be given **serious** consideration when making housing and program assignments. 28 CFR 115.342(f). These types of assignments must be considered on an individual basis. 28 CFR 115.342(d).

If the results of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool indicate that a youth has experienced prior sexual victimization, facility staff must schedule a follow-up with a medical or mental health practitioner within 14 days of the PREA screening. 28 CFR 115.381(a). If the results indicate that a youth has previously perpetrated sexual abuse, facility staff must schedule a follow-up mental health practitioner within 14 days of the PREA screening. 28 CFR 115.381(b). See [JRM 300, Health Services Delivery](#) and [JRM 302, Behavioral Health Service Delivery](#) for requirements on providing these services.

The results of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, must be documented in the PREA *screening tool* tab of the *admissions* screen in the electronic case management system and the signature page must be uploaded.

As a result of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, any specific changes to assignments must be documented in the electronic case management system; see *JJ strengths and needs assessment* in this item for information on documenting changes to assignments.

### Massachusetts Youth Screening Instrument-Second Version (MAYSI-II)

The Massachusetts Youth Screening Instrument-Second Version (MAYSI-II) is a screening tool for youth ages 12-17 to help make decisions about the possible need for immediate intervention when there is minimal information available about a youth. The MAYSI-II does not replace the more comprehensive assessments that are needed to make decisions about long-range placement or treatment planning.

The MAYSI-II provides information to alert staff of the following potential mental and behavioral difficulties:

- Alcohol/Substance use.
- Angry-Irritable.
- Depressed-Anxious.
- Somatic Complaints.
- Suicidal Ideation.
- Traumatic Disturbance.
- Thought Disturbance.

The MAYSI-II must be administered within 4 hours of a youth's admission to the facility and the results must be documented in the Assessments in the electronic case record; see [JRM 304, Behavioral Health Screening](#), for steps that must be taken based on the youth's screening results.

**Exception:** In the event the MAYSI-II cannot be administered within the 4-hour timeframe (for example, youth is not stable enough to complete the screening), the MAYSI-II must be administered within 48 hours of the youth's admission to the facility.

### Juvenile Justice (JJ) Strengths and Needs Assessment

The JJ Strengths and Needs Assessment is designed to gather information that will help determine what program services a youth and family need. Pursuant to Mich Admin Code, R 400.4155(3)(a), the DHS-232, Initial Treatment Plan, must include an assessment of the youth's and family's strengths and needs. Pursuant to Mich Admin Code, R 400.4155(2) residential facility staff must collect this information from youth, identified family, the juvenile justice



specialist and direct care staff through interviews and documentation received in the referral packet.

The JJ Strengths and Needs Assessment must be completed in the Assessments in the electronic case record and linked to the appropriate DHS-232, Initial Treatment Plan, DHS-233, Updated Treatment Plan, and DHS-234, Release Report.

As a result of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, decisions to assign the youth to specific housing, bed, program, education, and work assignments must be documented in item D12 of the JJ Strengths and Needs Assessment, which is linked to the DHS-232, Initial Treatment Plan. Indicate any changes to assignments that need to occur to support youth safety. This includes, but is not limited to, room assignment, therapeutic group assignment, classroom assignment, timing of hygiene routine, group activities, etc.

Documentation of specific changes to assignments is required to be documented in item D12 of the JJ Strengths and Needs Assessment, which is linked to the DHS-233, Updated Treatment Plan. Indicate any changes to assignments for sleeping, programming, education or work that need to occur to support youth safety. This includes but is not limited to room assignment, therapeutic group assignment, classroom assignment, timing of hygiene, group activities, etc.

The JJ Strengths and Needs Assessment populates in the electronic case record Strengths and Needs. Every Need identified from the JJ Strengths and Needs Assessment must have a treatment goal.

***Does the youth have an identified family?***

Family is defined as the person(s) legally responsible for the youth, the legal parent or guardian. Family may include all persons who are a regular part of the household. When a youth has an identified family, this question must be answered yes or no. If yes, every item requiring a family score must be addressed. This question may only be answered as no if one or more of the following is true:

- Parental rights are terminated.
- Both parents are deceased.
- Parents are unable to be located after diligent search efforts.
- Parents refuse to participate.

The following areas must be scored in accordance with the definitions and an explanation must be provided for each score and any changes since the last assessment:

### ***D1 Family Relationships***

This domain is scored for the youth's family only. If the youth does not have an identified family, particular attention must be given to D11, Reentry Housing. Scoring is as follows:

- +3 - Family consistently demonstrates positive and age-appropriate relationships, communication, protection, and nurturing and social activities.
- 0 - Family demonstrates adequate and age-appropriate relationship practices, supportive of treatment.
- -3 - Family demonstrates inadequate relationship practices. Family members may visit but are oppositional to treatment or not supportive of the treatment process.
- -5 - Family demonstrates destructive and/or abusive relationship practices.

### ***D2 Emotional Stability***

This domain is scored for the youth and the youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Scoring is as follows:

- +3 - Family/Youth displays the ability to deal with disappointment, anger, grief in a positive manner: Expresses an optimistic view of personal future.
- 0 - Family/Youth displays appropriate emotional responses. Family displays age appropriate emotional, coping responses. Family may demonstrate some depression, anxiety or withdrawal symptoms that are situationally related. Family maintains situationally appropriate control.
- -3 - Family/Youth displays periodic or sporadic emotional responses, which limit but do not prohibit adequate functionality such as aggressive acting out, withdrawal, mild symptoms of depression, anxiety, neuroses, or need for psychotropic medication.

- -5 - Family/Youth displays frequent or extreme emotional responses, which severely limit adequate functioning. Definition includes incidents of suicidal gestures, need for mental health treatment, hospitalization, psychotropic medication, self-abusive behaviors, or fire setting behavior.

### ***D3 Substance Abuse***

This domain is scored for the youth and the youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed.

Use of illegal substances by the youth is problematic and must be addressed.

Substance abuse includes disruption of functioning, as evidenced by such things as job loss, removal/dropping out of school, problems with the law, and/or physical harm to self or others. Determine the level of substance use and problems resulting from use by obtaining information in the following areas: frequency of use, planning for use, violent behavior while using, school issues, parental use, attempts to cut down or quit, blackouts or medical problems from use. Indicate the specific type of substance(s) used/abused by the youth and/or family member. Treatment means an intervention designed to address substance abuse issues for the youth. Scoring is as follows:

- +2 - No use by youth. No evidence of problematic substance use or use of illegal substances by family member(s). Family members understand negative consequences of substance use and verbally express opposition to substance use.
- 0 - Experimentation, occasional/infrequent use that does not cause problems in daily functioning. Substance use issues are admitted and willingness to seek treatment is exhibited or family members are currently in treatment.
- -2 - Some substance use by youth and/or family resulting in disruptive behavior, discord in relationships, and/or deterioration of functioning in school/work.
- -4 - Chronic substance abuse that limits daily functioning. Denial of substance abuse problems. There have been failed attempts at rehabilitation and/or not presently involved in treatment, refusal of treatment and/or selling drugs. Problems resulting in serious disruption of functioning, such as loss of

relationships, job, removal/dropping out of school, problems with the law, and/or physical harm to self or others, dependency.

#### ***D4 Social Relations***

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Scoring is as follows:

- +2 - Routinely interacts with peers and adults who display healthy beliefs and model responsible behavior; has some close relationships with adults. Able to maintain positive relationships with peers and adults.
- 0 - Shows some ability to relate and interact with others and is developing skills to choose appropriate models.
- -2 - Interacts and relates to other(s), but primarily chooses negative role models of self-degradation/criminal nature and/or is a gang member. Youth expresses plans to resume negative/criminal behavior upon return to the community.
- -4 - Does not interact or relate to others and/or lacks social skills. Youth does not cooperate with group process.

#### ***D5 Education***

This domain is scored for the youth only. Assess the youth's education. Indicate if the youth is certified for special education services. Scoring is as follows:

- +2 - Youth is enrolled, attending, has no history of behavior problems, functioning at expected grade level or has GED or High School Diploma.
- 0 - Youth has occasional problems with attendance, classwork effort or behaviors, but continues to function at expected grade level.
- -2 - Youth has chronic problems with attendance, work effort or behaviors and/or functions 1 to 2 years below expected grade level.
- -4 - Youth has chronic problems with attendance, classwork effort or behaviors and/or functions 2 or more years below expected grade level.

***D6 Victimization***

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Rate the family on whether the person scored has been a victim, based on documentation or self-report.

- 0 - There is no history or indication of sexual abuse, physical abuse, sexual exploitation and/or neglect.
- -1 - There is suspected sexual abuse, physical abuse, sexual exploitation and/or neglect.
- -3 - There is substantiated sexual abuse, physical abuse, sexual exploitation and/or neglect.
- -4 - There are multiple substantiations of sexual abuse, physical abuse, sexual exploitation and/or neglect.

***D7 Sexuality***

This domain is scored for the youth and youth's family. The family is scored on any person in the family who displays a strength or need in the areas listed.

- 0 - Possesses appropriate knowledge; and youth and family members demonstrate responsible sexual behavior.
- -1 - Possesses appropriate knowledge but youth and family involved in incident(s) or inappropriate/irresponsible sexual behaviors.
- -3 - Incident(s) of non-adjudicated criminal sexual conduct or single criminal sexual conduct adjudication by youth and/or family member.
- -4 - Multiple criminal sexual conduct adjudications.

***D8 Life Skills/Functional Independence***

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed.

- +1 - Consistently demonstrates most of all of the following skills: ability to deal effectively with authority figures,

assertiveness, decision making, friendship making; planning, problem solving and independent living.

- 0 - Manages daily routine without intervention and demonstrates some age-appropriate life skills.
- -1 - Does not consistently demonstrate age-appropriate life skills; needs some intervention to manage daily routine.
- -3 - Does not demonstrate age-appropriate life skills; requires extensive training and assistance to manage daily routine.

### ***D9 Employment***

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Work skills include, but are not limited to, timeliness, ability to complete tasks, follow directions, work unsupervised and work with others.

- +1 - Currently employed and demonstrates positive work skills.
- 0 - Unemployed but demonstrates adequate work skills.
- -1 - Currently employed, but is experiencing problems on the job, which might affect his/her employment.
- -2 - Unemployed, lacks skills, has no realistic employment goals or employment interest.

### ***D10 Health Care/Hygiene***

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Special conditions include but are not limited to diabetes, physical handicap, confinement to bed or wheelchair, mental illness, disability, heart problems, orthopedic difficulties, HIV, etc.

- +1 - Demonstrates appropriate health care/hygiene. No special conditions exist.
- 0 - Special conditions currently exist which are adequately addressed. Hygiene is adequately addressed.

- -1 - Special conditions currently exist which are adequately addressed. Hygiene is not adequately addressed. Youth/family refuses to regularly follow prescribed medical care.
- -2 - No evidence of routine health care/hygiene and/or special conditions exist which severely limits ability to participate in routine activities of daily living. Youth/family refuses to accept medical treatment.

### ***D11 Reentry Housing***

Answer the question - Does the youth currently have a reentry plan in place? with a yes or no. Answer yes when a DHS-738, Reentry Plan, has been completed for the youth; see [JRM 207, Reentry Planning and Preparation](#), for required reentry planning.

D11 is scored for the youth only. The score is based on the youth's reentry housing plan. Residential facility staff must collaborate with the juvenile justice specialist to ensure youth has a reintegration plan in place.

- 0 - Youth has an appropriate living situation.
- -1 - Youth has possible living situation but requires treatment intervention to be appropriate.
- -2 - Youth has no appropriate living situation.

### ***D12 Any Additional Needs that were not Addressed***

Discuss any additional needs that were not addressed elsewhere on this assessment. Also indicate any changes to assignments for sleeping, programming, education or work that need to occur to support youth safety.

## **MJJAS Residential Assessment Tool (MJJAS-RES)**

The Michigan Juvenile Justice Assessment System Residential Assessment Tool (MJJAS-RES) is used to gather information for treatment planning and to help determine criminogenic risk level and appropriate treatment and services.

The results of the MJJAS-RES must be entered in and approved in in the Assessments in the electronic case record and linked to the DHS-232, Initial Treatment Plan.

### **MJJAS Reentry Assessment Tool (MJJAS-RT)**

The Michigan Juvenile Justice Assessment System Reentry Assessment Tool (MJJAS-RT) is used to gather information to begin reentry planning and to determine changes in criminogenic risk level and appropriate treatment and services.

The MJJAS-RT must be completed in the Assessments in the electronic case record and linked to every other DHS-233, Updated Treatment Plan, starting with the second one.

If one was not completed with the most recent DHS-233, Updated Treatment Plan, then the MJJAS-RT must be completed and linked to the DHS-234, Release Report.

Each time the MJJAS-RT is completed and approved, facility staff must monitor changes in the youth's criminogenic risk level to ensure that as a youth's risk lowers, proper preparations for planning a youth's release are in place; see [JRM 207, Reentry Planning and Preparation for required activities](#).

### **Casey Life Skills Assessment**

The Casey Life Skills Assessment (CLSA) is a free, online youth-centered tool that assesses the life skills that youth need for their well-being, confidence, and safety, as they navigate high school, post-secondary education, employment, and other life milestones. The CLSA must be completed within 90 days of a youth turning 14, and annually thereafter.

For youth who are 14 or older when they enter care, the assessment should be completed within 90 calendar days of entering care. The CLSA can be accessed by downloading the [toolkit](#) and accepting the terms of agreement. Once downloaded the case manager should do one of the following:

- Print the assessment for the youth to complete.
- Have the youth complete the assessment in the excel document within the toolkit, which will then provide a tab with a results bar graph.

See [FOM 722-03C, Older Youth: Preparation, Placement, and Discharge](#) for more information pertaining to CLSA.



## Youth with Problematic Sexual Behaviors

State operated and contracted juvenile justice residential treatment facilities who serve youth with problematic sexual behaviors must complete the following assessments to identify the youth's preliminary risk factors and the youth's dynamic factors:

- The CANS-SAB must be used to identify the youth's preliminary risk factors.
- PROFESOR must be used to identify the youth's dynamic factors to assess the youth's overall progress while in placement.

The PROFESOR is designed to identify risk and protective factors or individuals aged 12-25 who have engaged in or have been accused of engaging in illegal or otherwise abusive sexual behavior. The goal of the PROFESOR is to provide information regarding the nature and intensity of interventions that will facilitate sexual and relationship health and, thus, eliminate sexual offense recidivism.

The PROFESOR contains only dynamic factors:

- Individual.
- Interpersonal.
- Environment.

These dynamic factors are focused on the youth's current functioning (throughout the past two months). The PROFESOR can be used regardless of the nature of the illegal or otherwise sexually abusive behavior (i.e., contact vs. noncontact, possession, or distribution of child abuse images, etc.) and regardless of the level of acknowledgement by the individual (i.e., full acknowledgement, minimization, or categorical denial). The PROFESOR also serves as a measure of treatment change over time.

The PROFESOR and CANS-SAB must be completed, and the results must be recorded in the Assessments in the electronic case record for youth in a Sexually Reactive Program. The assessment must be completed and documented in the electronic case record with the DHS-232, Initial Treatment Plan. A reassessment must be completed and documented in the electronic case record with every

other DHS-233, Updated Treatment Plan starting with the second one.

If one was not completed with the most recent DHS-233, Updated Treatment Plan, then one must be completed and documented in the electronic case record with the DHS-234, Release Report.

## FORMS

MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool

## LEGAL BASE

### Federal

#### **Prison Rape Elimination Act, 42 USC 15601 et seq.**

Establishes zero tolerance and standards for the detection, prevention, reduction, and punishment of rape for individuals in justice custody.

#### **Prison Rape Elimination Act National Standards, General Definitions, 28 CFR 115.5.**

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

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

#### **Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.342 (a)-(g).**

Provides juvenile facilities standards for prevention planning, responsive planning, training and education, screening for risk of sexual victimization and abusiveness and reporting.

#### **Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.381(a)&(b).**

Requires facility staff to schedule a follow-up with a medical and/or mental health practitioner within 14 days if the results of the PREA screening indicate that the youth has experienced prior sexual victimization or has previously perpetrated sexual abuse.

**Social Security Act, 42 USC 675a, sec. 475a(c)(1)(i).**

Within 30 days of the start of each placement in a qualified residential treatment program, a qualified individual must assess the strengths and needs of the youth using an age-appropriate, evidence-based, validated, functional assessment tool.

**State****Child Care Organization Licensing Act, 1973 PA 116, MCL 722.111 et seq.**

Provides for the protection of children through the licensing and regulation of childcare organizations; to provide for the establishment of standards of care for childcare organizations; to prescribe powers and duties of certain departments of this state and adoption facilitators; to provide penalties; and to repeal acts and parts of acts.

**Michigan  
Administrative  
Code****Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(2).**

Requires residential facility staff to document input from the youth, the youth's family, direct care staff and the referral source in the initial treatment plan, unless documented as inappropriate.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(3)(a).**

Requires residential facility staff to complete an assessment of the youth's and identified family's strengths and needs and document in the initial treatment plan.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(3)(i).**

Requires residential facility staff to include a functional independence plan for youth 14 years of age and over in the initial treatment plan.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4166(1)(c).**

Requires residential facility staff to complete an assessment of the youth's needs that remain to be met and must be documented in the youth's case record within 14 days after discharge.

**POLICY CONTACT**

Questions about this policy may be submitted by facility supervisors or managers to the [Juvenile Justice Policy Mailbox \(Juvenile-Justice-Policy@michigan.gov\)](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

All state operated and contracted juvenile justice residential treatment facilities are to implement and provide evidence-based, outcome-driven treatment programs and services designed to effectively address the needs of the youth and ensure the successful performance of the youth and their family while in placement and upon reentry into the community.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

The primary focus of a residential intervention must be to engage and support family members, caregivers and identified permanent connections in learning the skills and support in identifying and connecting with resources and supports to ensure a youth can live in the community successfully.

**Note:** For those youth with no identified permanent family and connection, the primary and urgent focus will be on permanency.

State and contracted juvenile justice residential treatment facilities are required to develop and implement standard operating procedures (SOPs) pertaining to the implementation of evidence-based treatment approaches for the rehabilitation of youth.

Contracted facilities are also required to implement standard operating procedures (SOPs) pertaining to the implementation of Qualified Residential Treatment Programming (QRTP) requirements; see [FOM 912-1 Residential Care Program Requirements](#), for details on Qualified Residential Treatment Programming.

At a minimum, these SOPs must contain the following requirements out lined in this policy.

---

**SERVICES TO BE PROVIDED**

Facility director and/or designee is responsible for ensuring the utilization of evidence-based theory and methods to guide treatment approaches. The facility director and/or designee ensures that:

- Evidence-based, outcomes-driven treatment approaches being utilized are specifically identified and documented.
- The size of the youth population, the nature of the youth population (risk level, types of offenses, gender, etc.), the average length of stay for youth, the number of available staff and volunteers, and the available resources are considered.
- All staff working directly or indirectly with youths are knowledgeable as to the treatment programs available to youths at their site and can articulate the key elements of the programs.
- Daily programming supports treatment methods through the provision of structured therapeutic activities.
- [National Child Traumatic Stress Network Essential Elements](#) are incorporated into daily practice through:
  - Trauma-informed policies and procedures.
  - Identification/screening of youth who have been traumatized.
  - Clinical assessment/intervention for trauma-impaired youth.
  - Trauma-informed programming and staff education.
  - Prevention and management of secondary traumatic stress.
  - Trauma-informed partnering with youth and families.
  - Trauma-informed cross system collaboration.
  - Trauma-informed approaches to address disparities and diversity.

## Basic Components of Trauma- Responsive Care

Treatment approaches include:

- Structured, intense activities for changing specific behaviors.
- Modification techniques aimed at:
  - Reducing risk factors.
  - Addressing criminogenic factors.
  - Addressing negative thinking of youths.
- Cognitive-behavioral therapy/treatment, dialectical behavioral therapy, multi-systemic therapy, functional family therapy.
- Family members in the treatment and rehabilitation of their youth.
- Integrated and multi-modal or multi-component activities.
- Respects the inherent value and potential of every person.

## LEGAL BASE

### Federal

#### **Social Security Act, 42 USC 672(4)(A)-(F)**

Provides requirements on what the term *qualified residential treatment program* means.

#### **Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for youth.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to provide treatment and services to those youths within its care and custody that are structured to meet their gender-specific needs and differences.

**PURPOSE**

This policy ensures youths are provided treatment services that address the unique and different ways that females and males respond and interact socially, emotionally, psychologically, academically, physically, and nutritionally.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to the implementation of gender-responsive treatment. At a minimum, these SOPs must contain the following requirements:

- The gender of the youth population is considered in terms of program design and determining the treatment and services that are provided to youths.
- The facility/center director or designee ensures that a range of documented, evidence-based, gender-responsive services and treatment are offered to youths that will better assist them in:
  - Developing strengths to face challenges.
  - Eliminating negative behaviors.
  - Developing skill competencies.
  - Developing effective problem-solving and decision-making skills.
  - Becoming assets to their communities upon release.



**Training Available  
to all Staff will**

Ensure awareness of gender differences.

Promote gender-responsive interactions with youths.

Reinforce gender-responsive intervention.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to provide youths with social and life skills training.

**PURPOSE**

This policy ensures that youths are provided with social and life skills training to prepare them with the necessary skills to be successful, responsible and productive members of society.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern the provision of social and life skills training to youths. At a minimum, these SOPs must contain the following requirements:

The facility director ensures there is lifeskill training for the duration of a youth's stay in the facility.

**Note:** Multiple lifeskill curriculum may be needed to cover the average length of stay.

**Curriculum**

Each facility will utilize a social and life skills curriculum that incorporates best practice. The curriculum:

- Is gender-responsive to the unique needs of males and females.
- Is based on the individual needs of youths using multiple methods of instruction.
- Provides the opportunity to learn through example and practice.

- Includes assessment/evaluation of skills.
- Ensures instruction is documented in treatment and education plans.

**Frequency/Documentation**

Social and life skills training occurs at least once a week in:

- Group settings.
- Classroom settings.
- Completion of skill attainment is documented.

**Staff Training/Responsibilities**

Staff receive training in the areas of:

- Life/social skills.
- Gender-responsive cultural diversity/sensitivity.
- Group facilitation.
- Effective communication.
- Problem-solving.
- Conflict resolution.

Staff (as role models) reinforce the social and life skills training through their interactions with staff and youths.

Staff ensure that a youth's peer interactions are constructive and reflect the ideals included in the social and life skills training.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

## PURPOSE

The purpose of reentry planning and preparation is to reduce recidivism by creating a seamless system of services. From the time of the youth's admission to a state run or private, contracted juvenile justice residential treatment facility and through reentry and aftercare in the community, facility staff must direct services toward the youth's reentry into the community and achievement of the youth's approved permanency planning goal.

## DEFINITIONS

See [JRG, JJ Residential Glossary](#).

### Unplanned Release

An unplanned release is a release that is both prior to the estimated release date **and** unexpected (such as, a court ordering the immediate release of a youth against the juvenile justice specialist and facility treatment team recommendation or a youth AWOLP/escape who does not return to the facility).

## RESPONSIBLE STAFF

State run and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedure.

## PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to reentry planning and preparation. At a minimum, these SOPs must contain the following requirements:

## MICHIGAN YOUTH REENTRY INITIATIVE

The Michigan Youth Reentry Initiative (MYRI) provides the opportunity for youth placed in state operated facilities to receive individualized planning and wraparound services to assist with successful community reentry.

A youth's assigned juvenile justice specialist (JJS) must request a referral to MYRI **six months prior** to the youth's scheduled release

date. The treatment and transition team and MYRI representative must complete and sign the DHS-738, Reentry Plan, to detail reentry services and needs.

## **Phase One, Getting Ready**

Phase One, Getting Ready, begins immediately upon the youth's admission to the facility and involves the first two reentry decision points:

### ***Assessment and Classification***

Criminogenic risk and need factors are predictive of delinquent behavior. To reduce recidivism, services and treatment must target criminogenic risks identified by the Michigan Juvenile Justice Assessment System tools and the needs identified by the JJ Strengths and Needs Assessment. Facility staff must screen and assess each youth and identified family using the tools identified in [JRM 202, Residential Assessments](#).

### ***Behavior and Programming***

Pursuant to Mich Admin Code, R 400.4109, facility staff must provide information to the youth and the youth's parent(s)/legal guardian(s) on the services that will be provided to address the youth's and parent(s)/legal guardian(s) needs. An individualized treatment plan, based on the assessments conducted for each youth and identified family, must be developed to outline the services that will be provided during the placement and to support a safe and successful return to the community. Programming must include evidence-based treatment options that are proven to impact the specific needs and criminogenic risks identified in the youth's assessment. Programming elements include, but are not limited to:

- Medical and mental health services.
- Substance abuse treatment and behavioral therapy.
- Education and vocational training, including independent living skills.
- Family engagement services and supports to strengthen the relationship between youth and their families.
- Pro-social recreational activities.

## Phase Two, Going Home

Phase Two, Going Home, begins six months before the youth's estimated release date. In this phase, a detailed reentry plan must be written, using the DHS-738, Reentry Plan, in MiSACWIS. In accordance with Mich Admin Code, R 400.4166, facility staff must begin to assess the youth's needs that will still need to be met; see [JRM 201, Residential Treatment Plans, Reentry Plans and Release Reports](#) on developing Reentry Plans and Release Reports. Phase Two includes the next two major decision points:

### ***Release Preparation***

During Phase Two, a treatment and transition team must be developed beginning at least six months before the youth's estimated release date. The treatment and transition team must meet monthly and include, but is not limited to:

- The youth.
- The youth's identified family, mentor and/or other important people in his or her life.
- The assigned juvenile justice specialist.
- Residential facility treatment staff.
- Education/vocational providers.
- Community service providers that a youth has been or will be referred to for post-release services.

Treatment and transition team meetings may be attended by conference call or video conferencing to ensure maximum participation of team members. Facility staff must work with the assigned juvenile justice specialist to plan reentry referrals and services; see [JJM 430, Community Placement & Reentry](#), for juvenile justice specialist role and responsibilities.

The treatment and transition team must work together and join with community-based agencies to develop a strong public safety conscious reentry plan that will ensure a youth's access to stable housing, health care, and education or employment opportunities upon release. While preparing the youth for release, family members and victims must also be prepared by facility staff

providing notification and appropriate information concerning the youth's release; see [JRM 502, Victim Notification](#).

### ***Referrals for Community-based Services***

Six months prior to the youths estimated release date, the residential facility staff must ensure the juvenile justice specialist is provided the appropriate documentation to make referrals to service providers to address the youth's and identified family's needs in the following areas:

- Housing.
- Employment or education.
- Family relations.
- Medical.
- Mental health.
- Substance abuse.
- Any disability.
- Safety planning.
- Finances.

Pursuant to Mich Admin Code, R 400.4109, facility staff must inform the youth and youth's parent(s)/legal guardian(s) of the services that will be provided by other service providers. The residential facility staff must also assist the assigned juvenile justice specialist, as needed, to obtain a completed and signed DHS-1555-CS, Authorization to Release Confidential Information, to provide information to potential reentry service providers; see [SRM 131, Confidentiality](#), for additional information on when a DHS-1555-CS is required.

The Michigan Youth Reentry Initiative (MYRI) provides the opportunity for youth placed at state-run facilities to receive individualized planning and wraparound services to assist with successful community reentry.

The youth's assigned juvenile justice specialist (JJS) must request a referral to MYRI **six months prior** to the youth's anticipated release date. The youth's JJS must complete and submit the DHS-449 according to the instructions on the form.

The treatment and transition team and MYRI representative must complete and sign the DHS-738, Reentry Plan, to detail reentry needs and services.

Michigan Rehabilitation Services (MRS) works with youth and adults with disabilities to provide transition services. Transition services assist the youth moving from school to post-school activities, including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living or community participation. Facility staff must work with the juvenile justice specialist to determine if a MDHHS-supervised youth may be eligible for MRS transition services according to the details outlined in [JJM 431, Reentry Services](#).

For youth placed in a Mental Health & Behavior Stabilization, Substance Abuse Rehabilitation or Developmentally Delayed/Cognitively Impaired program, facility staff must work with the juvenile justice specialist to refer the youth to the Community Mental Health Service Provider (CMHSP) for mental health services in the county the youth will reside upon reentry.

***Exception:*** State run residential treatment facilities must also work with the court probation officer to refer court-supervised youth to MYRI, MRS and CMHSP.

### ***Release Decision-making***

The treatment and transition team must provide an ongoing review of the youth's progress following the treatment plan and the extent to which the youth is prepared to return to the community. The strengths and needs of the youth and identified family, the resources in the community, and conditions for release must be developed to support treatment team recommendations. The treatment team must make release recommendations to the juvenile justice specialist to assist in determining the earliest release date for the youth.

At or near satisfactory completion of treatment, the residential case manager and the juvenile justice specialist must agree that the youth is ready for release. Any disagreement between the juvenile justice specialist and residential case manager regarding release readiness should be resolved following the process outlined in [JJM 410, Placement Selection and Standards, Release or Replacement from Residential Placement](#).

Pursuant to MCL 803.307, the youth must not be released from placement in a facility to a community-based placement until the DNA sample has been collected; see JRM 230, DNA Samples for



more information on how to determine if a DNA sample is required and how to verify that a DNA sample has been collected.

For MDHHS-supervised juvenile justice youth, the treatment and transition team must work together to ensure the youth and his or her family have reviewed and signed a DHS-767, Conditions of Placement Agreement, at least seven calendar days prior to the youth's planned release or within seven calendar days of a youth's unplanned release to ensure clear expectations for maintaining community placement are established.

See [JJM 700, Juvenile Justice Assignment Unit Placement Process, Residential Replacement Process](#), for the required approvals and processes to follow for release or replacement of a youth.

## QRTP AFTERCARE

Youth returning to the community from a contracted qualified residential treatment program are entitled to receive six months of family-based aftercare support services from the program.

**Note:** Aftercare support for youth is not required if the youth moves to another child caring institution, adult foster care, shelter, hospital, detention or jail.

Reentry/aftercare services are not required to be provided if the youth was in the qualified residential treatment program for 14 days or less, or if the independent initial assessment determines that the youth should be serviced in the community **and** that the youth is released from the qualified residential treatment program within 30 days of admission.

For families living outside of the 90-mile radius from the facility, the facility director and/or designee may subcontract or partner with another residential who is in the family's community. If the family is living outside of the 90-mile radius and services are subcontracted, the Families Transition Coordinator (FTC) is responsible for ensuring that the required services are being provided and the aftercare residential report is completed and submitted.

### Level One Services

Level one aftercare services are to be provided when the youth has services in the home from Community Mental Health (CMH) or Prepaid Inpatient Health Plan (PIHP), or other services approved by program office. The facility director and/or designee is:

- Responsible for assessing the youth and family for any needs that are not being covered by CMH and completing the appropriate referrals.
- To participate in CMH Wraparound meetings with the team, if appropriate.
- To have regular, minimum of monthly, contact with the CMH service provider for updates on the youth.
- To complete the first contact within five business days of discharge from the program. Thereafter,
  - Two times within the first 30 days post discharge.
  - One time a month for the remaining months.

### **Level Two Services**

Level two aftercare services are to be provided when the youth does not have services provided by CMH, another plan, or a service approved by program office. The facility director and/or designee is:

- Responsible for assessing the youth and family for needs and completing appropriate referrals.
- To provide crisis on-call.
- To provide therapeutic/psychiatric services as identified by the youth's treatment plan.
- Offering activities, classes or other programs for the youth and the family to participate in.
- Assessing the need for CMH services and assisting with facilitating services.
- Completing the first face to face contact within five business days of release from placement. Thereafter:
  - One time per week for the first 30 days post release.
  - Two times per month for the second month post release.
  - One time a month for the remaining months.
  - Face to face contacts may be made by the families transition coordinator or therapist.

See [JRM 201, Treatment Plans, Reentry Plans and Release Reports](#), for more information on assessments and reports for aftercare services.

## LEGAL BASE

### Federal

#### **Social Security Act, 42 USC 672(4)(F)**

Requires qualified residential treatment programs to provide aftercare services for at least six months post release.

#### **Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

### State

#### **The Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.307.**

A public ward under a youth's agency's jurisdiction shall not be released from a facility until there has been approval from the court of jurisdiction.

#### **The Juvenile Justice Facilities Act, 1988 PA 73, as amended, MCL 803.225a.**

Provides DNA sample collection requirements for juveniles who are under the supervision of the department of a county juvenile agency under section 18 of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.18 and have been found responsible for or convicted of certain offenses. Prohibits a youth to be released to a community placement of any kind or discharged from wardship until DNA samples have been collected. Provides which samples are required to be collected by the designated agency and required assessment fees.

---

**Michigan  
Administrative  
Code****Licensing Rules for Child Caring Institutions, Mich Admin  
Code, R 400.4109.**

Requires residential facilities to have a program statement made available to youth, youth's parent(s)/legal guardian(s) and referral sources, addressing the services that will be provided to the youth and the youth's parent(s)/legal guardian(s) directly by the residential facility and/or outside service providers.

**Licensing Rules for Child Caring Institutions, Mich Admin  
Code, R 400.4166.**

Provides release report documentation requirements and time frames for all planned and unplanned releases of a youth from a residential facility.

**POLICY CONTACTS**

Policy clarification questions may be submitted by juvenile justice supervisors and management to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**PURPOSE**

To ensure youth have reasonable access to communication with personal and legal contacts and other necessary resources via mail and telephone.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

State operated and private, contracted juvenile justice residential treatment facility staff.

**PROCEDURE**

Each state operated and private, contracted juvenile justice residential treatment facility is required to develop and implement a written policy regarding communication that ensures youth are able to communicate with family and friends in a manner appropriate to the youth's functioning and consistent with the youth's treatment plan and security level. Mich Admin Code, R 400.4124.

**COMMUNICATION**

Youth are entitled to unimpeded, private and uncensored communication with others by mail and telephone. Denying the youth communication with their family as a form of discipline is prohibited. Mich Admin Code, R 400.4158(2)(f).

**Mail Sent or Received**

The facility director or designee is responsible for ensuring that correspondence via mail is conveniently and confidentially received and mailed. Writing materials and postage must be provided in reasonable amounts to youth who are unable to procure such items.

Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility. Mail is only opened:

- In the presence of the youth to inspect it for contraband.

- If there is a reasonable basis to believe the envelope contains illegal contraband.

Staff may thoroughly inspect all packages.

The facility director or designee will make accommodations for youth with disabilities who cannot communicate via mail or telephone by making arrangements for other communication methods. See [SRM 401, Effective Communication for Persons Who Are Deaf, Deafblind or Heard of Hearing](#), for more information.

### Mail Distribution

Designated facility staff must distribute mail within 24 hours of arrival at the facility and post outgoing mail within 24 hours of receiving the mail from the youth.

Designated facility staff will log incoming and outgoing mail and will forward any mail to youth who have been released or have transferred to another facility.

### Access to Telephone

Youth in state operated and private, contracted juvenile justice residential treatment facilities are permitted access to telephones. Facility staff will not listen in on or record youth's conversations unless there is reasonable suspicion of criminal activity or a threat to the security of the facility. Facility staff will inform the youth if telephone calls are being monitored. Staff will not listen to an outside party's portion of a telephone conversation without the outside party's consent or a court order.

The juvenile justice specialist will provide an approved list of contacts to designated facility staff.

The facility director and/or designee must provide a method to youth to ensure the opportunity for daily contact between family and the youth, when safe and therapeutically indicated for the youth to have contact with their family.

Youth are permitted to make telephone calls or video calls as often as allowed by the facility communication procedure but must, provide a method to youth to ensure the opportunity for daily contact between family and the youth, when safe and therapeutically indicated for the youth to have contact with their family.

If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.

Youth with hearing impairments or speech disabilities and youth who wish to communicate with parents or guardians who have such disabilities, are to have alternative access as discussed in [SRM 401, Effective Communication For Persons Who Are Deaf, Deafblind or Hard of Hearing](#).

Youth, whose family speak another language, are allowed to speak with family members via phone even if staff members at the facility do not speak that language. See [SRM 402, Limited English Proficiency and Bilingual Interpreter Services](#), for more information.

Youth must not be charged a fee for using the telephone.

### **Unplanned Phone Calls**

When a youth needs to make an unexpected phone call such as, an emergency, significant life event or is necessary for treatment purposes, designated facility staff may authorize the call.

The facility director or designee must ensure that youth are provided with at least one way to file a complaint with Children Protective Services (CPS) or to report sexual abuse or harassment to a public or private entity or office that is not part of the facility and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to facility officials, allowing the youth to remain anonymous upon request. 28 CFR 115.351(b).

### **Email Accounts**

Under certain circumstances and as indicated in the facility's communication procedures, youth may be allowed to have access to email accounts.

## **LIMITATIONS**

Any limitation imposed on communication must be essential for one of the following reasons:

- To prevent physical or emotional harm to the youth or others.
- To prevent a violation of law.

Limitations on communication shall not be placed on youth unless it is identified in the facility's communication procedures and/or the

youth's treatment plan. The facility director or designee is responsible for ensuring that staff, youth and families understand any limitations on who the youth may correspond with.

Limitations on telephone usage should include:

- Specific hours of telephone availability.
- The minimum and maximum length of calls.
- Any other limitations on telephone calls indicated in facility procedure.

The facility director or designee arranges for youth with incarcerated family members to speak by phone or other appropriate means, if there is no specific security reason.

Limitations on communication, in addition to the facility's standard operating procedures, must not apply when the youth is communicating with an:

- Caseworker.
- Attorney.
- Court.
- Other individuals, if the communication involves matters that are or may be subject of legal inquiry.

## **VISITATION**

Each state operated and private, contracted juvenile justice residential treatment facility shall provide visits for youth and their family, unless parental rights have been terminated or the youth's case record contains documentation that visitation is detrimental to the youth. Mich Admin Code, R 400.4122.

Denying youth visits with their family as a form of discipline is prohibited. Mich Admin Code, R 400.4158(2)(f).

### **Visitation Rules**

Each facility director or designee must develop clear rules governing on-campus visits. A copy of the rules must be given to the visitor(s).

### **Right to Visit Youth**

Parent(s)/legal guardian(s) and sibling(s) are entitled to regular or special visits with the youth in accordance with each facility's



visiting procedure. The right for a youth to have a visit shall not be limited except as authorized in the youth's treatment plan.

Youth are entitled to visits with individuals of their choice when approved by the youth's juvenile justice specialist. Facility staff must have space readily available for visitation. Reasonable times and places for visitation shall be established and shall be in writing and posted on each living unit.

### ***Certified Qualified Residential Treatment Programs Only***

Youth and family must be afforded the opportunity, and consistent with the youth's security level and Reasonable and Prudent Parent Standards, to have visits with the youth in a community setting to help provide a sense of normalcy.

In collaboration with the youth's juvenile justice specialist (JJS), the facility director and/or designee must ensure weekly sibling involvement and visitation and other required sibling interaction is happening and provide supported intervention based on the youth's treatment needs to encourage and strengthen sibling relationships unless the youth's JJS indicates it should not occur.

## **Supervision of Visits**

Visits are supervised unless pre-approved by the youth's juvenile justice specialist and the facility director and/or designee. Facility staff will monitor visitation areas to prevent the transfer of contraband and to prevent or intervene in instances of inappropriate or illegal behavior. When necessary, see JRM 511, Body Searches of Youth, for more information.

## **Personal Items**

Personal items such as keys and cellular telephones, during visits, are handled in accordance with facility procedures. No contraband is allowed on campus.

## **Terminating a Visit**

Visits may be denied or immediately terminated when:

- A youth or visitors behavior presents an immediate safety risk to staff or others (including behavior prior to the start of the visit).

- A visitor is suspected of, or actually involved in the transfer of contraband to the youth.

The facility director or designee will inform the youth's juvenile justice specialist of the circumstances warranting a denial of a visit.

The reasons that are allowable, include but are not limited to:

- To prevent physical or emotional harm to the youth or others.
- To prevent a violation of law.

Visits may temporarily be suspended for these reasons but cannot be denied without a court order.

Any temporary restriction of visitation rights must have the approval of the youth's juvenile justice specialist and a court hearing scheduled.

## LEGAL BASE

### Federal

#### **Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.351(b).**

Requires youth to have the ability to file a complaint with children protective services or to make a PREA complaint.

#### **Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

### Michigan Administrative Code

#### **Mich Admin Code, R 400.4124.**

Requires the facility director or designee to ensure that there is a written policy in place regarding youth being able to communicate with family and friends, consistent with the youth's treatment plan.

#### **Mich Admin Code, R 400.4158(2)(f).**

Prohibits facility staff from denying youth communication with their family as a form of discipline.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth and their families will be guaranteed free access to the grievance process without fear of reprisal.

**PURPOSE**

This policy protects youth and family rights and offers administration a tool to become aware of and to correct problems related to the grievance process.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth and family grievances. At a minimum, these SOPs must contain the following requirements:

**Process Explained to Youth and Families**

The grievance procedure is explained and provided in writing to the youth upon admission and sent or given to their families.

The youth signs an acknowledgement that he/she has received a copy of the grievance procedure and an explanation of the grievance procedure by staff.

**Submitting a Grievance**

Grievances may be initiated by:

- The youth.
- A member of youth's family.
- A member of youth's treatment group.

Grievances may be filed concerning any conditions or circumstances of care or treatment over which BJJ exercises authority and control.

Each facility has a minimum of one clearly identified locked box located in:

- Each living unit.
- The administrative area.
- The visiting area.

The youth places the written grievance into the locked box.

Grievances are submitted in writing and dated. Assistance in writing the grievance is provided if needed by the youth. Grievances may also be audio taped and transcribed.

## **Isolation**

A youth in isolation/room confinement may request a grievance form and should be reminded of the process.

The youth is provided the form and an envelope if a manager determines it is safe for the youth to possess the form and a writing instrument.

Staff will not read the grievance.

Staff may place the grievance in a locked box at the direction of the youth.

A staff member accesses the locked box(es) each workday. Non-grievance materials (such as youth requests for medical appointments) that are placed in the same box are immediately forwarded to the appropriate person/unit.

A staff member is responsible for receiving, logging and date/hand stamping all youth and family grievances. At a minimum, the log contains:

- Youth or family member's name.
- Date of grievance.
- Nature of grievance.
- Person who answered the grievance.
- Date and nature of the appeal if applicable.
- Final decision maker.
- Final resolution.

### **Investigating a Grievance**

The designated manager is responsible for investigating the allegations contained in the grievance via:

- A review of pertinent written materials.
- A review of other evidentiary materials.
- Informal interviews with those persons who were witnesses to the issue being grieved.
- Interviews with family members which may be conducted via telephone.

### **Responding to a Grievance**

The designated manager:

- Completes the investigation of the grievance.
- Provides a written response, including the rationale for the decision, to the youth or family member within five (5) calendar days.
- Responds to grievances of emergency nature immediately.
- Sends a copy to the facility/center director or designee for review.

### **Responding to Decision**

If the decision is in youth's/family member's favor, the designated manager must expeditiously remedy the situation.

If the decision is not in youth's/family member's favor, the returned grievance form must clearly inform the youth/family member of the right to appeal to the next level.

Designated staff personally delivers completed grievance responses to the youth.

Family grievance responses can be:

- Personally delivered.

**Appealing a  
Grievance  
Response**

- Sent certified mail/return receipt requested.
- Delivered via any other method that provides confirmation of receipt.

The youth or family member may appeal the grievance response to the facility/center director or designee within fifteen (15) calendar days.

**Responding to an  
Appeal**

The facility/center director or designee:

- Conducts additional interviews.
- Gathers additional evidentiary materials.
- Reviews the initial record.
- Provides a written response, including the rationale for the decision, within seven (7) calendar days.

**Record Retention**

Copies of all grievances are maintained in a chronological facility file, along with the grievance log.

Copies of any return receipts or other confirmations are maintained in the file.

Grievance files are retained for five (5) years.

**AUTHORITY**

Child Caring Institutions Rules, R400.4132

**POLICY**

Youth in treatment facilities are eligible for a weekly incentive allowance.

**PURPOSE**

To enable the use of allowance as an incentive to support participation in the treatment program.

Child Caring Institutions Rules, R400.4146

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to youths' money, allowance and savings accounts. At a minimum, SOPs must contain the following requirements:

**Possession of Money**

Youth in facilities may have money on their persons, subject to written procedures established by the facility.

Youth must be provided with a receipt for any money confiscated or turned over to staff for safekeeping.

**Incentive Allowance**

Youth in BJJ treatment facilities must receive a weekly allowance as determined by the facility/center director or designee.

Youth on a leave of absence must receive the weekly allowance if they are in charge status on the charge back report (i.e. the facility is reporting the youth as being in placement during the days of the leave).



**Forfeiture of Allowance**

Any unauthorized leave during a week automatically results in the forfeiture of the allowance.

Staff must not threaten to deny the youth's allowance.

Staff must document the circumstances and recommend that the allowance is forfeited for a particular week if the youth is not participating in assigned treatment program activities.

The facility/center director or designee must approve or deny the forfeiture of an allowance.

**Monitoring Eligibility and Documentation**

The facility/center director or designee must approve procedures to monitor each youth's eligibility for the weekly allowance and document all transactions related to allowances.

**Restitution to Facility**

Up to one half of the weekly allowance may be withheld to pay restitution to the facility for property damaged by the youth. This is in addition to any amount withheld to satisfy court ordered restitution.

**Savings Account**

A joint signature savings account must be established for youth assigned to non-secure residential care facilities which requires:

- The youth and the facility/center director or designee signatures for all withdrawals from the account.
- Tracking of deposits and withdrawals from the youth's account.

**AUTHORITY**

Crime Victim's Rights Act, MCL 780.751 et seq.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will not view or attend any movie that is rated R or NC-17 or any television program rated TV-MA.

**PURPOSE**

This policy ensures that youths view only appropriate movies and television programs.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to movie and television viewing by youth. At a minimum, these SOPs must contain the following requirements:

**Movie /Television  
Viewing**

Youths may view appropriate movies and television programs under staff supervision as a part of their treatment program at facilities if the:

- Movie is rated G, PG or PG-13 by the MPAA (for MPAA rated theatrical releases) or TV-Y, TV-7, TV-PG, or TV-14 (if rated by the television industry).
- Staff determines the movie or television program has treatment benefits.
- Unrated movies are pre-approved by the facility/center director or designee.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**PURPOSE**

To ensure public and youth safety when youth are eligible for activities in the community during placement at a state operated or private, contracted juvenile justice residential treatment facility.

**DEFINITIONS*****Secure Facility***

An institution, or portion thereof, other than a seclusion room, used to house youth that is secured against egress from the building. Mich Admin Code, R 400.4101(dd).

***Off-Site***

Any activity that is not on facility grounds.

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

The facility director or designee and any designated staff planning and supervising off-site activities.

**OFF-SITE  
ACTIVITY  
PROCEDURE**

Each state operated and private, contracted juvenile justice residential treatment facility must have standard operating procedures relative to off-site activities. At a minimum, facility procedures must contain the following requirements outlined in this policy.

**Activity Types**

Off-site activities include, but are not limited to:

- Community service.
- Medical.
- Legal appointments.
- Family time; see [JRM 210, Youth Communication & Family Time](#).
- Recreational.
- Treatment activities in the community.

---

**LEAVE CRITERIA**

- Religious/spiritual activities.
- Education or Employment

Eligibility for off-site activities should be based on:

- Most recent court order.
- The expected therapeutic or educational benefit.
- Youth's most recent Michigan Juvenile Justice Assessment System (MJJAS) assessment score.
- Youth's threat to public safety and other participating youth.
- Youth's active participation in treatment and progress toward established goals.
- Youth's written safety/relapse prevention plan.
- The youth's recent behavior.
- Approval from the youth's juvenile justice specialist.
- Reasonable and Prudent Parent Standards.

Eligibility for off-site activities may also include other factors considered by the treatment team in recommending an off-site activity. Other factors may include an assessment of the need for check-ins with the youth during the off-site activity. This may include specific contact (via telephone) requirement, check-in dates, times and requirements.

When transporting youth, designated facility staff are required to ensure youth being transported occupy a manufacturer's designated seat and are properly restrained with safety belts. Mich Admin Code, R 400.4140(3) & R 400.4141. See [JRM 520, Youth Transport](#) for more information.

***Secure Facilities Only***

Youth in a secure facility may not leave except for family time, medical treatment, court appearances or other good cause approved in writing by the court.

## Ineligible Youth

Unless a court order authorizes or restricts an off-site activity, the following ineligibility factors restrict youth from participation:

- A court has denied the request.
- The youth presents a credible escape risk.
- A documented medical condition prohibits participation.
- If a victim is at the same educational institution or place of employment so the youth is ineligible to participate in educational or employment opportunities at that location under this policy. See [JRM 502, Victim Notification](#) for more information.

## PLANNING AND APPROVAL

The facility director or designee, youth's juvenile justice specialist and treatment team must approve any off-site activities that are not part of regular daily programming. Pre-approval may be given for re-occurring appointments or activities of the same type (for example, increased family time prior to release, weekly balanced and restorative justice activities). Facilities must provide as much information as possible in the initial request and follow up with additional information as it becomes available.

The facility director and managers must coordinate off-site activities with treatment team staff. If the youth takes medication, designated staff must plan methods for dispensing the medication while the youth is off-site. Mich Admin Code, R 400.4142(g).

If the youth is away from the facility for one or more overnights, the facility must keep a travel plan on file at the facility. The travel plan must include an itinerary and pre-established check-in times. Mich Admin Code, R 400.4136(6).

The facility director must approve all off-site activities in advance by signing the DHS-221, Request Form for Off Grounds Group Activity.

Plans for transportation and any meals must be documented on the DHS-520, Youth Transport Form in MiSACWIS and in accordance with policy [JRM 520, Youth Transport](#).

---

## Supervision and Safety of Youth

Staff must familiarize themselves with the off-site activity setting, potential safety and escape risks, and actions to mitigate risk.

While off-site, staff must maintain line of sight supervision of youth and appropriate youth to staff ratios. See [JRM 540, Youth to Staff Ratio](#) for more information. Designated staff must carry at least one cell phone.

During bathroom breaks, staff must maintain line of sight supervision and maintain close proximity.

Staff must ensure that a first aid kit is available and appropriate safety equipment is worn correctly as part of off-site activity participation. See [JRM 541, First Aid Kits](#), for more information. Waterborne activities (for example, rafting, canoeing, kayaking or boating) require personal flotation devices for all participants including staff.

In the event of youth escape, staff must follow escape response procedures. See [JRM 501, Escape Response](#) for more information. Staff must ensure that remaining youth stay under supervision and instruct the remaining youth to not pursue the escaping youth.

The facility must ensure that any victim's rights notification requirements are fulfilled for off-site activities. See [JRM 502, Victim Notification](#) for more information.

## Education and Employment Requirements

The following provisions apply only to youth engaged in opportunities that can be utilized exclusively off-site and after a thorough review of risk and safety considerations. Work experiences for youth are to be appropriate to the youth's age, health and youth's ability to perform the work. Mich Admin Code, R 400.4135. Benefits must be considered necessary and appropriate for meeting the permanency goal and successful return of the youth to the community.

Staffing, planning, approval, and supervision requirements in this policy remain fully in effect unless all of the following requirements are met:

- The youth may engage in trips or other activities only with advanced written authorization or court order. The youth may not use the opportunity to engage in recreational activities or entertainment, go shopping, run errands, or other activities that are not part of the educational or employment opportunity.
- With the approval of the facility director, youth's treatment team and youth's juvenile justice specialist, the youth may be allowed to have a cellular phone at facility discretion while off-site. If provided, the phone is surrendered on return to the facility, unless allowed under standard facility procedures.
- The youth may not leave the educational institution campus or the work site except for lunch (if not on-site) or to return to the facility.
- The youth may not operate a motor vehicle or ride in a vehicle with persons other than facility staff.
- Facility staff must review the escape policies and procedures with the youth 15 calendar days prior to starting the activity. This review must be documented in writing and filed in the youth's case record.
- Facility staff must review the employment or educational opportunity with the youth and ensure the youth understands possible consequences if the youth misbehaves or reoffends. Depending on the youth's age, criminal offenses may be prosecuted in the adult criminal justice system.
- If the activity is not part of the facility's normal operating procedures, then the facility director or designee, the youth's treatment team and the youth's juvenile justice specialist must be fully knowledgeable and approve of the activity in writing.
- The youth's parent(s)/legal guardian(s) must be aware of the activity and understand restrictions in effect.
- **Secure** facilities must have approval from the court and document that they are knowledgeable of the activity in a court order held by the facility. The order must be filed in the youth's case file.
- If the youth is a registered sex offender, the facility must advise the relevant educational or training institution in advance, consistent with law.

- The facility director or designee must coordinate with the youth and employer to ensure compliance with all labor laws and employment regulations, including the administration of wages.
- The facility director or designee must provide the youth with appropriate medication and the youth must have a demonstrated record of compliance with taking medications. Medications must not interfere with job duties.
- The facility director or designee must ensure that prospective employers are able to provide emergency first aid and coordinate with the facility for medical care should the youth become ill or injured.
- Youth may be provided with limited amounts of cash to purchase appropriate food at the work site or educational institution, but expenditures must be accounted for with receipts and documented staff approval.
- The facility director or designee must monitor the youth's work or educational performance. Failure of the youth to provide access to educational records renders the youth ineligible to participate.
- When necessary, staff may search the youth on each return to the facility. See [JRM 511, Body Searches of Youth](#), for specific criteria.

If the youth's most recent behavior causes facility staff to question the youth's ability to **safely** participate in the activity, then the activity must be postponed or cancelled.

If the activity is court ordered, designated facility staff must inform the youth's juvenile justice specialist and/or youth's court of jurisdiction of the youth's most recent behaviors and recommend that the youth not participate in the court ordered activity until the youth's behaviors have changed or stabilized.

### Delegating Youth Supervision

**Secure facilities**, based on the requirements discussed above and with approval from the facility director, may modify facility supervision requirements. Key emphasis must be placed on the risk posed by the youth. Delegation of supervision must not occur



unless the risk to the youth and the community is evaluated to be acceptable.

Youth supervision, normally under staff control, may be delegated to an employer acting as a program-delegated individual. Prior to this delegation, the facility staff must, at a minimum, meet with the employer and gain understanding of the youth's activities on the job.

Youth supervision may also be delegated to an educational institution based on approved enrollment at the institution and the approval of the facility director. Prior to this delegation, facility staff must attend any orientation with the youth, meet the youth's teachers (if feasible), and attend the first class(es) (if feasible).

The employer and educational institution must be provided with emergency facility contact information and response actions should the youth become ill/injured, misbehave, escape, or otherwise be non-compliant.

## WRITTEN AGREEMENT AND REQUIRED NOTICES

Off-site activities, such as family time, require a written agreement that includes but is not limited to:

- Terms, goals and objectives of the off-site activity.
- Method for obtaining feedback from the community regarding youth's behavior during the off-site activity.
- Check-in time(s) and date(s).

At least two weeks prior to the off-site activity, the facility director or designee must provide written notice of the proposed off-site activity to the:

- Court of jurisdiction.
- Youth's JJS, CMO case worker or probation officer.
- Crime victim, when the victim requests notice. MCL 780.798(4)(c). See [JRM 502, Victim Notification](#), for more information.

The written notice must contain:

- The youth's name.
- Identifying case numbers.
- Date(s) of the anticipated off-site activity.
- Location of the off-site activity.
- Reason for the off-site activity.
- Contact information (telephone number) for the notified parties to call with any questions.

Before the off-site activity, the youth's juvenile justice specialist or probation officer must confirm that the court and victim(s) (if applicable) have received the notice.

The written agreement must be signed by the youth and the youth's parent(s)/legal guardian(s) or community contact and sent to the youth's juvenile justice specialist. This written agreement may be signed before the off-site activity or be returned when the youth arrives back to the facility. The written agreement must be stored in the youth's case file.

## UNAUTHORIZED ABSENCE

Law enforcement must be notified within one (1) hour of an unauthorized absence. During the first hour, facility should actively attempt to locate the youth. This includes a youth on an unsupervised activity or approved off-site activity who fails to return to the facility at a set time. For more information, see [JRM, 501 Escape Response](#).

## INTERSTATE TRAVEL

With approval from the facility director and/or designee and collaboration with the youth's juvenile justice specialists, youth may be permitted to travel across state lines. See [ICM 170, Interstate Compact for Juveniles Travel Permits](#), for more information.

---

**LEGAL BASE****Federal*****Family First Prevention Services Act, PL 115-123***

The purpose of this is to enable States to use Federal funds of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

**Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care**

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

**State****William Van Regenmorter Crime Victim's Rights Act, MCL 780.798(4)(c).**

Requires victim notification when youth participates in off-site activities.

**Michigan  
Administrative****Mich Admin Code, R 400.4101(dd).**

Provides Definition for secure institution.

**Mich Admin Code, R 400.4135(2).**

Work experiences for a youth are to be appropriate to the age, health and abilities of the youth.

**Mich Admin Code, R 400.4136(6).**

Requires facility staff to keep a travel plan on file at the facility, that includes an itinerary and pre-established check-in times, when a youth is off-site for one or more overnights.

**Mich Admin Code, R 400.4142(g).**

Requires the facility to have a method for dispensing medication when a youth is off site.

**POLICY CONTACT**

Policy clarification questions may be submitted by juvenile justice supervisors and management to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youths identified as having substance abuse issues are subject to scheduled and random drug testing.

**PURPOSE**

This policy ensures that youths with substance abuse concerns are monitored for drug use.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to drug testing of youths. At a minimum, these SOPs must contain the following requirements:

**Mandatory Testing**

All youth whose ISP and/or treatment plan identifies substance abuse as an issue, or who have failed a prior drug test within the previous year, will submit to an on-site drug test following:

- Every off-campus activity not directly supervised by facility personnel.
- Every unsupervised leave of absence from the facility.

This drug testing procedure is only altered by the facility/center director or designee upon the recommendation of the treatment team.

**Random and  
Reasonable  
Suspicion Testing**

All youth in treatment programs are subject to random drug tests following off-campus activities or leaves of absence.

Drug tests are required of any youth based upon a reasonable suspicion of staff that a youth may have ingested alcohol or a controlled substance.

**Verification and Reporting Results**

Every youth who has a positive result on an on-site urine or saliva-based drug test have a second sample taken for laboratory analysis.

In addition to any facility-designated sanction based on the treatment needs of the youth, the result of any positive laboratory analysis is noted on the youth's UTP and entered in JJIS within seventy-two (72) hours of receipt of laboratory results.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**PURPOSE**

To ensure facility compliance when a youth is required by law to provide a (deoxyribonucleic acid) DNA sample prior to release to a community-based placement. When DNA sample collection has not been completed as required for Michigan Department of Health and Human Services (MDHHS) supervised youth, facility staff must work with the juvenile justice specialist to resolve the issue. For court-supervised youth in state run detention or training schools, facility staff must work with the court probation officer to resolve the issue.

**DEFINITIONS****Felony**

MCL 712A.18k, MCL 803.225a(7)(a) and MCL 803.307a(7)(a) define a "felony" as "a violation of a penal law of this state for which the offender may be punished by imprisonment for more than 1 year or an offense expressly designated by law to be a felony."

**Profile**

MCL 28.172(c) and Mich Admin Code, R 28.5051(j) define "DNA identification profile" or "profile" as "the results of the DNA identification profiling of a sample, including a paper, electronic, or digital record."

**Sample**

MCL 28.172(g) defines "sample" as "a portion of an individual's blood, saliva, or tissue collected from the individual."

MCL 803.225a(7)(b) defines "sample" as "a portion of a juvenile's blood, saliva, or tissue collected from the juvenile."

MCL 803.307a(7)(b) defines "sample" as "a portion of a public ward's blood, saliva, or tissue collected from the public ward."

Mich Admin Code, R 28.5051(c) defines "sample" as "a source of cellular DNA that is collected using the DNA collection kit provided by the Michigan Department of State Police."

---

**RESPONSIBLE  
STAFF**

State run and private, contracted juvenile justice residential treatment facility staff. Specific staff must be designated in the facility standard operating procedure (SOP).

**PROCEDURE**

Each facility must develop and implement a SOP relative to ensuring legally required DNA samples have been collected prior to release to the community. At a minimum, the SOP must contain the following requirements:

**DNA SAMPLE  
REQUIRED  
Upon Arrest**

Youth arrested for committing or attempting to commit a felony offense or an offense that would be a felony offense if committed by an adult, must have a DNA sample collected if one has not previously been collected. To determine if an offense meets the definition of a felony or attempted felony, compare the youth's offense to the Michigan Penal Code, 1931 PA 328 and/or the Michigan Public Health Code, 1978 PA 368 and review the punishment designated for the offense. If the offender may be punished by imprisonment for more than one year or the law specifically states that the offense is a felony, a DNA sample is required.

**Upon Adjudication  
or Conviction**

Youth who have been **adjudicated for or convicted of** a felony, attempted felony or one of the following listed misdemeanors or local ordinances that are substantially corresponding to the following misdemeanors, must have a DNA sample collected:

- Disorderly person by window peeping, engaging in indecent or obscene conduct in public, or loitering in a house of ill fame or prostitution, MCL 750.167(1)(c),(f), or (i).
- Indecent exposure, MCL 750.335a.
- First and second prostitution violations, MCL 750.451.



**Note:** To determine if an offense meets the definition of a felony or attempted felony, compare the youth's offense to the Michigan Penal Code, 1931 PA 328 and/or the Michigan Public Health Code, 1978 PA 368 and review the punishment designated for the offense. If the offender may be punished by imprisonment for more than one year or the law specifically states that the offense is a felony, a DNA sample is required.

Youth who have been **convicted of** one of the following listed misdemeanors or local ordinances that are substantially corresponding to the following misdemeanors, must have a DNA sample collected:

- Leasing a house for purposes of prostitution, MCL 750.454.
- Person who, for a purpose other than prostitution, takes or conveys to, or employs, receives, detains, or allows a person 16 years of age or less to remain in a house of prostitution, MCL 750.462.

Youth who have been **adjudicated for** the misdemeanor of Criminal sexual conduct IV, MCL 750.520e, or a local ordinance that substantially corresponds to criminal sexual conduct IV, MCL 750.520e must have a DNA sample collected.

### Review of Records for DNA Sample

When a DNA sample is required, facility staff must review the youth's case records to determine if a DNA sample has been collected. Document DNA sample requirements and completion of sample collection in the supporting information of the treatment plan and release reports in MiSACWIS.

- When a youth's case record contains a DHS-62, Delinquent Youth DNA Profile Verification, approved by the MDHHS juvenile justice supervisor, no further action is required, **or**
- When a MC 283, Order for DNA Sample, has the Certification and Return section signed and dated by the law enforcement agent/Sheriff with the box checked "was not taken because the Department of State Police already has a DNA sample of the defendant/juvenile," no further action is required.

---

**SAMPLE  
COLLECTION**

When a DNA sample is required and the record does not contain verification that the collection has been completed, facility staff must work with the juvenile justice specialist, or court probation officer for court-supervised youth placed directly in state run facilities, to coordinate sample collection. Pursuant to MCL 803.307, the youth must not be released from placement in a facility to a community-based placement until the DNA sample has been collected. The youth must also not be discharged from wardship until the DNA sample has been collected. When a sample is required for a youth under the care and supervision of MDHHS, the investigating law enforcement agency is the designated agency to collect the sample.

The investigating law enforcement agency must collect the sample and submit it to the Michigan Department of State Police within 72 hours. Pursuant to Mich Admin Code, R 28.5053(5)(f), the collection and submission of the sample must be completed within 30 days of the youth's acceptance date.

The Michigan Department of State Police, CODIS Section, is responsible for profiling the DNA sample and maintaining profile records. Questions about the DNA collection process may be directed to:

Michigan State Police  
CODIS Section  
7320 N. Canal Rd.  
Lansing, MI 48913  
Phone: 517-636-0465  
Fax: 517-636-0491  
Email: [MSPCODIS@michigan.gov](mailto:MSPCODIS@michigan.gov)

**Payment to Obtain  
Sample and  
Forensic Tests**

For MDHHS-supervised youth, the juvenile justice specialist may process payment for the cost of obtaining the DNA sample, as outlined in [JJM 265, DNA Profiling - Payment to Obtain Sample and Forensic Tests](#).

---

**COURT-ORDERED  
FEES**

A fee of \$60.00 must be assessed by the court upon adjudication or conviction of the listed offenses. The facility must inform the youth of his/her responsibility to pay the fee and that failure to pay may result in court action against the youth. The court may suspend all or part of the assessment fee if it determines that the youth is unable to pay.

Facility staff must assist the youth with paying this fee to the court from the youth's weekly allowance or earned income. The youth must be given a receipt for each payment and a copy of the receipt must be filed in the youth's case record.

**LEGAL BASE  
State****The DNA Identification Profiling System Act, 1990 PA 250, as amended, MCL 28.176(1)(a).**

Except as otherwise provided in this section, the Michigan State Police shall permanently retain a DNA identification profile of an youth obtained from a sample in the manner prescribed by the Michigan Department of State Police under this act if the youth is arrested for committing or attempting to commit a felony offense or an offense that would be a felony offense if committed by an adult.

The Probate Code, 1939 PA 288, as amended, MCL 712A.18k. Provides specific information on when a DNA sample should be obtained and the agency designated to collect a sample. Details the DNA assessment fee and how it is ordered and when it can be waived.

**The Juvenile Facilities Act, 1988 PA 73, as amended, MCL 803.225a.**

Provides DNA sample collection requirements for juveniles who are under the supervision of the department of a county juvenile agency under section 18 of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.18 and have been found responsible for or convicted of certain offenses. Prohibits a youth to be released to a community placement of any kind or discharged from wardship until DNA samples have been collected. Provides which samples are required to be collected by the designated agency and required assessment fees.

**The Youth Rehabilitation Service Act, 1974 PA 150, as amended, MCL 803.307a.**

Provides specific details on when a public ward cannot be placed in a community placement of any kind and shall not be discharged from wardship until he or she has provided a DNA sample.

Provides information on which offenses require a DNA sample, authorized disclosure of DNA profiles, and when a DNA assessment fee can be ordered.

**Forensic Science Division DNA Profiling System, Mich Admin Code, R 28.5051-28.5059.**

Identifies requirements to collect samples from certain juvenile offenders and designates the investigating law enforcement agency as responsible to complete the sample collection.

## CONTACT

Policy clarification questions may be submitted by juvenile justice supervisors and management to [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

---

**POLICY**

Residential juvenile justice facility staff must inform any youth who is subject to the Sex Offenders Registration Act of the obligation to register, periodically verify registration when required, and make situational reports to the registering authority. Staff must also inform each sex offender of the right to petition for removal from the sex offender registry.

Any youth in a secure public or private residential facility is considered to be incarcerated. Registration verification requirements and payment of annual registration fees are held in abeyance until the youth is released to a non-secure facility or the community.

Any youth in a non-secure facility is subject to periodic verification requirements based on the tier of the sex offense as well as payment of the annual verification fee.

**PURPOSE**

To ensure that residential juvenile justice facility staff assist sex offenders in fulfilling registration obligations.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director and direct care staff.

**PROCEDURE**

Each facility must develop and implement a written procedure for sex offender registration. At a minimum, the procedure must contain the following requirements:

**Admission Review**

The court is required under law to register a youth as a sex offender for adjudication or conviction of a listed offense. As part of facility admission, staff must review the case record and verify that registration directed by the court order is properly documented. Case records must include:

- Signed copy of the MSP DD-004A, Explanation of Duties to Register as a Sex Offender, with the youth and have the youth sign the form.
- Signed copy of the MSP RI-004, Michigan Sex Offender Registration.

The case record may also contain copies of the MSP RI-004V Sex Offender Verification/Update if the youth has had to verify registration.

Michigan State Police forms related to sex offenders can be found on the department web site at [http://www.michigan.gov/msp/0,1607,7-123-1645\\_3500---,00.html](http://www.michigan.gov/msp/0,1607,7-123-1645_3500---,00.html)

In cases where staff cannot verify that registration has occurred as ordered by the court, staff must seek clarification from the juvenile justice specialist.

Offenses requiring registration and their tier designation are found in [JJM 300, Offense Class I-V, Sex Offender Registration, and DNA Profile Codes](#) Exhibits VI-VIII, and the Sex Offenders Registration Act.

## Registration Requirements

Any youth who was 14 years of age or older at the time of the offense and was adjudicated for a Tier III offense must register unless the court grants a Romeo and Juliet exemption as described below.

Any youth convicted as an adult for a Tier I-III offense must be registered in accordance with MCL 28.722b(i).

Any youth convicted in a designated proceeding in juvenile court must register in accordance with the adult registration rules in MCL 28.728(4)(a).

Juveniles may avoid the requirement to register for certain Tier III offenses if the court grants their petition seeking a Romeo and Juliet exemption.

## Romeo and Juliet Exemption Determination

The granting of a Romeo and Juliet exemption must be decided by a court. The court may hold a post-conviction, pre-sentencing hearing, or a post-adjudication, pre-disposition hearing to make a determination regarding the exemption.

The defendant must prove by a preponderance of the evidence that:

- The victim was between the ages of 13 and 16.
- The defendant or juvenile was not more than four years older than the victim.
- The sexual conduct was consensual.

The defendant may also assert status by proving by a preponderance of the evidence that:

- The victim was 16 or 17 and was not under the custodial authority of the defendant at the time of the violation.
- The victim consented to the conduct.

The rules of evidence, except those relating to privileges and the rape shield law (MCL 750.520j), do not apply at this proceeding.

The victim has the right to attend and be heard, to attend and be silent, or refuse to attend.

The court's decision is a final order, appealable by right to the Court of Appeals.

## Identification Cards

Any youth required to register must have a digitized driver's license or state identification card obtained from a Secretary of State office for use in identification. The address must match the current address listed on the registry.

The youth's juvenile justice specialist must provide the youth's certified birth record to the facility as needed to assist the youth in securing the state identification card. After the card has been

obtained, the specialist must ensure the birth record is returned to the youth's local office case file.

The registering authority is the law enforcement agency or sheriff's office having jurisdiction over the offender's residence, place of employment, institution of higher learning, or the nearest Michigan State Police post.

### **Petition for Removal from the Sex Offender Registry**

An offender who is on the registry under any of the following circumstances may petition immediately for removal from the registry:

- Youth is seeking or is granted a Romeo and Juliet exemption.
- Youth was under 14 at the time of the offense and was adjudicated as a juvenile.
- Youth is on the registry for an offense that no longer requires registration (for example, indecent exposure and offenses that are not tier III offenses).

The petition must be filed in the county of adjudication/conviction. If the offender was convicted in another state or territory, the petition must be filed in the youth's county of residence.

The prosecuting attorney must be served with the petition.

A false statement in a petition is perjury.

If the victim is known, the prosecuting attorney must notify the victim.

The victim has the right to attend any hearing and make a statement. Victims cannot be required to attend a hearing against their own will.

Further information regarding the eligibility of a youth filing a petition for removal from the registry may be obtained by the youth from the local court and the Sex Offenders Registration Act, MCL 28.721 et seq.



---

**Payment Method  
for State  
identification Card**

If the youth or family is unable to pay for a driver's license or state identification card, the DHS-1583, Interagency Voucher Request, must be completed to bill the cost to DHS. The following codes must be used:

- TC-413.
- AGY-431.
- AY-last two digits of the fiscal year.
- Index-65340.
- PCA-47037.
- AOBJ-6155.

The facility staff must submit a completed DHS-1583 to the Secretary of State office when requesting a state identification card or driver's license for a delinquent youth. The facility staff must also file a copy in the case record.

**LEGAL BASIS**

Sex Offenders Registration Act, 1994 PA 295, as amended, MCL 28.721 et seq

**POLICY**

Youth must pay court ordered restitution and other charges.

**PURPOSE**

To ensure youth compliance with court ordered payments.

**DEFINITION**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) for court ordered payments. At a minimum, these SOPs must contain the following requirements:

**Review Case  
Records**

Treatment facility staff must review the case record of each youth as part of the intake process to determine if the youth must make court ordered payments.

**Determining  
Payment  
Percentage**

Youth in secure placements must pay half of all income for court-ordered payments.

Youth in non-secure placements must set aside the percentage of income determined by the treatment team for court ordered payments.

In all programs, the amount set aside for court-ordered payments must not exceed half of all income unless the court orders, or the youth agrees to provide, a greater percentage of income for court-ordered payments.

---

**Payment Schedule**

At regular intervals, staff must send the youth's payment and a copy of the court order, or a brief description of the reason for the payment, to the court.

At the court's direction, payment may be made to a designated individual.

The youth must be informed of each payment and be provided documentation of the payments at the time of release.

Each treatment or release plan must include the amount of court ordered payments completed and outstanding.

**Opportunities for Earning Money**

Youth who owe court-ordered payments are provided opportunities (suitable to the security level and ability of the youth) to earn money at the facility.

**Victim Restitution**

If the court orders victim restitution and in any one month the juvenile receives over fifty dollars (\$50), fifty percent (50%) of the amount over fifty dollars (\$50) must be deducted by the facility and held for victim restitution.

When the amount deducted by the facility exceeds one hundred dollars (\$100), or the youth is released, the money deducted must be sent to the victim.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

Probate Code, MCL 712a.30

Crime Victim's Rights Act, MCL 780.751 et seq.

---

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that staff will assist male youth to fulfill their responsibility to register with the Selective Service System (SSS).

**PURPOSE**

This policy ensures youths compliance with the Selective Service Act.

**DEFINITION**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to selective service registration. At a minimum, these SOPs must contain the following requirements:

**Notification to Youth**

Inform male youths of their obligation to register with the SSS.

Educate youths about the consequences of failing to register within thirty (30) days of reaching their 18th birthday including:

- Felony charge.
- Ineligible for future benefits including student loans and federal employment.

**Completion of Registration Form**

Selective Service Mail-Back Registration Form is available at the local post office.

Selective Service form is available on line at:  
<https://www.sss.gov/regver/wfRegistration.aspx>

An acknowledgement form from SSS is proof of completion.

**AUTHORITY**

Selective Service Act, 50 App USC 329 et seq.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth attire and appearance will promote a positive self-image and reflection on the facility.

**PURPOSE**

This policy ensures that BJJ facilities have guidelines for appropriate clothing and appearance for youths.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern youth attire and appearance. At a minimum, these SOPs must contain the following requirements:

**Clothing  
Guidelines for All  
Programs**

Underwear must be worn. Girls must wear bras.

Clothing is worn in such a way that a youth's undergarments are not exposed.

Pants are worn at the waist level with shirts tucked in unless designed to be worn on the outside.

Clothing is laundered frequently enough to provide youth with clean underwear and socks on a daily basis and clean clothing at least three (3) times per week.

Youth must not wear any unapproved head coverings.

When not in their rooms, youths are fully dressed except when showering.

**Facilities &  
Programs Utilizing  
Uniforms**

Youths wear clothing and footwear issued by the facility.

Youths are issued a minimum of two (2) sets of clothing.

Clothes are not altered in any manner.

**Facilities &  
Programs Not  
Utilizing Uniforms**

Youths may wear personal clothing if:

- It is clean and in good repair.
- It does not depict or promote gang activity, illegal activity, violence, nudity, profanity, alcohol, smoking, drugs, sexually explicit, sexually suggestive, or anything that is inflammatory.
- It does not mimic or represent street gang attire.
- It does not present a safety or security concern.
- It fits properly.
- The facility/center director or designee may approve the wearing of dress clothes and shoes for special events such as court, off-site church attendance, graduation, etc.

**Appearance  
Guidelines for all  
Programs**

Youths' hair is clean and combed at all times.

Youths' hair (including eyebrows) does not display lettering, signs or symbols.

Youths are clean-shaven unless approved by the facility/center director or designee.

Youths may not wear jewelry.

Youths may not get tattoos while in the facility.

**Exceptions to  
Attire/Appearance  
Guidelines**

Exceptions to this policy based upon the youth's religion is granted unless there is a clear safety and/or security concern and the restriction is the only means to satisfy that concern.

**AUTHORITY**

Religious Land Use and Institutionalized Persons Act, 42 USC 2000cc, et seq.

Social Welfare Act, MCL 400.115a(1)(l)

Child Caring Institutions Rules, R400.4168



**POLICY**

Staff must provide youths with opportunities to voluntarily participate in religious activities while in residential facilities.

**PURPOSE**

To ensure that youths can participate in religious activities of their choice.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**RELIGIOUS  
PROCEDURES**

Each facility must develop and implement standard operating procedures (SOPs) relative to religious programming and activities. At a minimum, SOPs must contain the following requirements:

**Duties of Religious  
Coordinator**

The religious coordinator must:

- Review religious literature provided to youth.
- Arrange worship services.
- Collaborate with local community leaders.
- Ensure religious personnel are informed of and follow the facility's safety, security and operating procedures.
- Ensure adequate and appropriate space, equipment and supplies are provided for religious services subject to security, space and budgetary concerns.

**Duties of Facility  
Director or  
Designee**

The facility director or designee must:

- Screen volunteers for criminal history and placement on the children's protective services Child Abuse/Neglect Central Registry (CA/NCR).
- Ensure the facility has a chaplain or staff member designated as the religious coordinator.
- Ensure direct care staff presence at all services.
- Record religious activities in facility log.
- Review requests for special diet or specialized rituals.
- Grant youths in secure facilities approval to attend formal off-site religious services (See JR2 221).

**Youth Involvement**

Staff determine and document the religious preference of youth during the admissions and/or assessment process.

Youth participation is voluntary.

Other planned activities are available for youth who choose to not participate in religious activities.

**AUTHORITY**

Religious Land Use and Institutionalized Persons Act, 42 USC 2000cc, et seq.

Social Welfare Act, MCL 400.115a(1)(l)

Child Caring Institutions Rules, R400.4138

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths will participate in safe and appropriate recreational and leisure activities to enhance successful rehabilitation, physical and mental development, and positive social interaction.

**PURPOSE**

This policy ensures youth participation in structured recreational and leisure activities.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the involvement of youths in recreational and constructive leisure time activities. At a minimum, these SOPs must contain the following requirements:

**Activity Protocol**

Activity planning considers:

- The specific needs, interests and capabilities of their population, including gender-specific needs.
- The physical plant and space.
- Safety and security, avoiding activities that involve a substantial risk of injury.

**Activity Schedule  
includes**

Posted schedule includes designated times for recreational, leisure and physical activities.

Schedule includes at least one (1) hour each weekday and two (2) hours on weekend days of large muscle recreational activities and includes supervised leisure activity each day.

Recreational and leisure activities may be restricted due to:

- Documented medical restrictions.
- Disciplinary reasons.
- Security concerns.
- Emergencies.

### **Equipment Inventory Inspection**

To the extent fiscally feasible, a variety of recreational equipment and leisure time supplies are available for the youth.

Recreational equipment and leisure activity supplies are inventoried after each use.

Recreational areas are carefully inspected before and after each use.

Record the recreation and/or leisure activity in the daily log.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that escalations in the level of custody are court ordered. All de-escalations and transfers of youth between facilities/centers are approved and coordinated through the BJJ Juvenile Justice Assignment Unit (JJAU).

**PURPOSE**

This policy ensures that changes in placement of all youths are in compliance with legal and JJAU requirements.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth transfers, escalations, and de-escalations. At a minimum, these SOPs must contain the following requirements:

**Pre-  
Transfer/Escalatio  
n/De-escalatio  
n/De-escalatio  
Activities**

All transfers and changes in the level of custody occur after consulting with the JJS, CMO worker, or probation officer. All changes in security level must be recorded in JJIS.

Excluding court ordered placements, medical and mental health screening must support the appropriateness of the projected placement.

The facility/center director or designee is responsible for notifying the JJAU when there is a:

- Reassignment of a youth to a different facility by court order.

- Reassignment of a youth from one facility to another facility (including transfers between Maxey campus centers).
- Release of a youth.
- Transfer of a youth.

### **Transfers between Facilities which involve an Escalation or De-Escalation in Level of Security**

The sending and receiving facility/center directors or designees ensures:

- The court of jurisdiction receives written notice.
- The court orders the transfer prior to the actual movement of the youth to a more secure facility.
- Parents or legal guardians are notified of the transfer prior to transferring the youth to the receiving facility.

If the committing court orders a youth placed in a particular facility, obtain court approval prior to moving the youth to another facility.

When the committing court orders a youth placed in any facility having a particular security level, obtain court approval prior to transferring the youth to a facility resulting in an escalation or de-escalation in security level.

If the committing court does not designate a particular facility and a transfer between facilities results in the same security level, such transfer can be approved by the sending and receiving facility/center directors or designees with subsequent notice to the court.

When a court order indicates that BJJ has the discretion to transfer, or change the security level of a youth, the sending facility/center director or designee provides notice to the court following a transfer resulting in an escalation in security level.

**Emergency  
Transfers and/or  
Escalations**

When court approval is required and the court cannot be contacted and an emergency circumstance requires immediate action, the transfer/escalation may be made with the approval of both the sending and receiving facility/center directors or designees.

The sending facility/center director or designee obtains subsequent court approval of the transfer/escalation.

**Escalation of  
Youth Released to  
the Community**

A court order is needed to place a youth released from placement in a treatment facility. A released youth arrested on a new charge may be placed in a detention facility pending court action.

The treatment team and JJS, CMO worker or probation officer ensures at the release hearing that court orders reflect authorization of the use of short-term detention (up to seventy-two hours under prescribed circumstances).

**AUTHORITY**

Social Welfare Act, MCL 400.115

Transfer of Juveniles Between Institutions, MCL 720.602 et seq.

Michigan Court Rule, MCR 6.935

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that all youth property is inventoried at intake and accounted for at release.

**PURPOSE**

This policy ensures that the youth's property is properly stored and returned to the youth upon release.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the storage of youth property. At a minimum, these SOPs must contain the following requirements:

**Intake Inventory**

Process to inventory a youth's personal property upon entry into the facility.

- Packaged personal items may either be stored in a locked area of the facility inaccessible to the youth or given to the youth's parent/legal guardian.
- The parent/legal guardian must sign an acknowledgement of receipt of the package.

Process to destroy or receipt and store all contraband items in a secure manner.

Procedure for the collection, documentation and storage of U.S. currency including a receipt to the youth.



**Release or  
Transfer of the  
Youth**

Upon release or transfer from the facility, the youth signs a receipt for stored personal items when they are returned.

When efforts to locate youths who left personal belongings and/or money in their accounts have failed, after one (1) year the property is considered abandoned and must be delivered to the state treasurer as provided in the statute.

**Escaped Youth**

Upon a youth's escape from a facility, all of the youth's personal clothing and belongings that are not in storage are:

- Inventoried by staff.
- Packaged with the youth's name and current date visible on the package.
- Held for no longer than forty-five (45) days in locked storage.

The facility/center director or designee ensures that personal clothing and belongings of an escaped youth are returned to the youth's parent/legal guardian within forty-five (45) days of the escape.

When there is no parent or legal guardian to accept the packaged personal items, the facility/center director or designee and the youth's JJS, CMO worker or probation officer determines how to dispose of the abandoned property.

After forty-five (45) days, money in a youth's account will be applied to any outstanding balance of the youth's court ordered payments (Residential Policy 1104.3).

Designates the reporting mechanism to document the disposition of an escaped youth's personal property.

**AUTHORITY**

Uniform Unclaimed Property Act, MCL 567.221 et seq

---

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that trained Michigan Protection and Advocacy Service, Inc. (MPAS) advocates are permitted reasonable access to youths who may be eligible for special education or mental health services. MPAS is the agency designated by the Governor as the federally mandated protection and advocacy system for Michigan.

**PURPOSE**

This policy ensures external advocacy services are available to eligible youth.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to Michigan Protection and Advocacy Service, Inc. access to the facility. At a minimum, these SOPs must contain the following requirements:

**Eligibility for  
Services**

DHS permits reasonable access for Michigan Protection and Advocacy Service, Inc. (MPAS) to provide services to eligible youths at BJJ facilities.

Eligible youths include:

- Any youth who suffers from a severe and chronic condition that can be attributed to a mental or physical impairment (or a combination of the two) which results in delayed or disrupted development.
- Any youth who has a significant mental illness or emotional impairment, as determined by a mental health professional.

---

**Notification**

Upon MPAS request, the facility/center director or designee provides MPAS with a list of youth who may be eligible for their services.

The facility/center director or designee ensures a notice advising of MPAS access to youths is sent to the parents or guardians of all youths:

- At admission to the facility.
- Annually.

The notice to parent(s)/legal guardian contains the name and title of the individual to whom a written objection to MPAS services may be submitted.

**Parental  
Consent/Objection**

MPAS has access to eligible youths unless the parent(s)/legal guardian objects in writing.

If a parent/legal guardian provides a written objection to MPAS services, MPAS is not allowed any visitation with the youth and reasonable steps are taken to ensure the youth is not present during group or classroom visits by trained MPAS representatives.

If the youth is under eighteen (18) years of age and for any reason the youth and the parent do not agree on consent, the parent's decision is recognized.

If the youth wish to meet with MPAS and the parent(s)/legal guardian has objected in writing, the parent(s)/legal guardian decision is recognized.

If the youth is eighteen (18) years old or older, he/she may grant consent for MPAS Services.

Once a written objection is received, MPAS must have parent(s)/legal guardian written permission to provide services to eligible youth.

---

## **MPAS Access to Facilities and Grounds**

MPAS provides each facility with a current list of all trained and insured MPAS advocates and attorneys who may seek access to the facility.

The facility/center director or designee ensures this list is available to personnel monitoring access to the facility and/or grounds.

Only MPAS advocates and attorneys on the list are admitted into facilities. Admission requires presentation of an MPAS identification card, or an MPAS business card and picture identification.

- MPAS advocates and attorneys are provided immediate access between the hours of 8:00 a.m. and 5:00 p.m.
- When MPAS requests access to facilities between 5:00 p.m. and 8:00 a.m. to investigate a particular complaint, MPAS provides twenty-four (24) hour advance written notice to the facility/center director or designee, or the BJJ director.
- In the event of an emergency, MPAS may obtain access by telephoning the facility/center director or designee, or the director of the BJJ Residential Facilities Division. That person ensures:
  - Reasonable access to facilities is made available.
  - Notifies personnel monitoring access to the facility and/or grounds of the visit.

## **Access to Youth**

Unless a parent/guardian has objected in writing, MPAS has access to eligible youths to:

- Inquire about any complaints.
- Inform youths of their rights.
- Make visual inspections.

The facility/center director or designee allows access for the above purposes if they are conducted in a reasonable manner and do not unduly interfere with the facility's programs and treatment responsibilities.

MPAS personnel are not present during confidential individual or group meetings, absent consent by all parties.

Any unresolved difficulties with MPAS personnel regarding access to youths are referred to the BJJ Director within ten (10) working days.

### Written Records

MPAS advocates or attorneys provide the written consent of the youth's parent/legal guardian to access a youth's file or other written records.

Given written consent, the facility/center director or designee allows MPAS reasonable access to copy a youth's records.

If the youth is eighteen (18) years old or older, the youth may provide written consent to copy the records.

**Note:** MPAS may view the files of MCI wards. Also, if MPAS attempts to contact the responsible adult and no response is received, MPAS may access the youth's records.

### Use of Telephone and Meeting Space

The facility/center director or designee ensures reasonable access to:

- A telephone for youth to contact MPAS in reasonable privacy.
- Upon request, an appropriate meeting space that is lighted and contains at least two chairs and an elevated writing surface.

### AUTHORITY

Mental Health Code, MCL 330.1931

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a (1)(l)

Developmental Disabilities Assistance And Bill Of Rights Act Of 2000, 42 USC 15000 et seq.

Advocacy for Mentally Ill Individuals Act, 42 USC 10801 et seq.

Written Agreement between MPAS and DHS (DSS), April 1994

**PURPOSE**

It is the policy of the Michigan Department of Health and Human Services (MDHHS) to respond to the health needs of youth with resources and trained medical staff.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the delivery of health services. At a minimum, these SOPs must contain the following requirements outlined in this policy.

**HEALTH CARE**

All youth placed in residential intervention receive high quality health care. Pursuant to Michigan Administrative Code, R 400.4142(1)(a)-(g), the facility director or designee must develop and implement health service policies and procedures that address all of the following:

- Routine and emergency medical, dental and behavioral health care.
- Health screening procedures.
- Documentation of medical care and maintenance of health records.
- Storage of medications.
- Dispensing medication.
- Definition and training of personnel authorized to dispense medications.
- Methods for dispensing medication when the youth will be off site.

If a health care need (health maintenance, health improvement, health crisis services) cannot be met on-site, then the youth is referred to the appropriate off-site resource.

The facility director and/or designee must provide the youth's juvenile justice specialist all medical and dental information to facilitate maintenance of the Medical Passport (DHS-221).

MDHHS may consent to routine nonsurgical medical care or to emergency medical treatment of the youth, but consent for nonemergency elective surgery shall be given by the youth's parent or legal guardian. MCL 803.303(3).

### **Qualified Residential Treatment Programs (QRTP)**

Pursuant to Social Security Act 42 USC 675(4)(B)(i)-(iii) and in addition to the services listed above, but not limited to, certified qualified residential treatment programs (QRTP) are required to enlist a registered or licensed nursing staff who:

- Provides care within the scope of their practice as defined by state law.
- Is on-site and/or available 24/7.

The nursing staff must be available, within 60 minutes, to the residential treatment facility. The nursing services may be sub-contracted.

### **LEGAL BASE**

#### **Federal**

#### **Social Security Act, 42 USC 672(4)(B)(i)-(iii)**

Provides requirements for registered or licensed nursing staff and other licensed clinical staff at certified qualified residential treatment programs.

#### **State**

#### **Youth Rehabilitation Services Act 150, MCL 803.303(3)**

When a youth is placed in a residential treatment facility, the Michigan Department of Health and Human Services (MDHHS) is responsible for providing food, clothing, housing, educational,

medical and treatment needs for youth under the care and supervision of Michigan Department of Health and Human Services. MDHHS may consent to routine nonsurgical medical care or to emergency medical treatment of the youth, but consent for nonemergency elective surgery shall be given by the youth's parent or legal guardian.

**Michigan  
Administrative  
Code**

**Mich Admin Code, R 400.4142**

Provides requirements on establishing and following written health services policies and procedures that address routine and emergency medical, dental and behavioral health care, health screening procedures, documentation of medical care and maintenance health records, storage of medications, dispensing medication, definition and training of personnel authorized to dispense medications and methods for dispensing medication when the youth will be off site.



**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that consent for medical treatment of youth is obtained prior to treatment.

**PURPOSE**

This policy ensures documentation of appropriate consent for a youth's medical treatment.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to consent for medical treatment. At a minimum, these SOPs must contain the following requirements:

**Facility/Center  
Director or  
Designee  
Responsibility**

The facility/center director or designee is the youth's guardian delegate while the youth is under the jurisdiction of the DHS and must:

- Provide consent for routine nonsurgical medical care.
- Authorize emergency medical and surgical treatment and medically necessary orthodontic services.
- Ensure the responsibility of signing consent forms for non-surgical medical care, emergency medical care, and surgical treatment is delegated in writing when the facility/center director or designee is unavailable.

**Parental Consent**

A youth's parent or legal guardian's consent precedes non-emergency, elective surgery unless the youth is eighteen (18) years of age or older and signs a consent form.

**AUTHORITY**

Child Care Organizations Act, MCL 722.124a

Youth Rehabilitation Services Act, MCL 803.303

**PURPOSE**

To ensure consistency, professional integrity and accuracy in the delivery of behavioral health services and treatments to youth, as needed and identified.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the designation of a mental health authority who will be responsible for the oversight and coordination of behavioral health service delivery. This designated authority will also be responsible for providing clinical supervision.

At a minimum, these SOPs must contain the following requirements outlined in this policy.

**BEHAVIORAL  
HEALTH SERVICES**

Each program shall designate a certified or licensed mental health professional to coordinate the service delivery system for behavioral health services for the program. The responsibilities of the mental health authority include:

- Oversight, clinical management and authorization of the delivery of mental health, substance abuse, and counseling services including:
  - Certification of services, assessment instruments, comprehensive and substance abuse evaluations, and treatment plans.
  - Psychotropic medication management (if the behavioral health authority is professionally qualified).
- Review and consult with psychiatric and medical staff to ensure the needs of individual youths are being addressed.

- Communicate with staff regarding youths' behavioral health status and care needs to ensure continuity and quality of individual care.
- Oversee the clinical administration of treatment for youths on psychotropic medications.
- Provide weekly supervision of clinical staff.
- Provide peer review of certified or licensed clinical staff.
- Review and sign comprehensive mental health and substance abuse evaluations, treatment plans, treatment plan reviews and suicide risk assessments of non-certified or non-licensed clinical staff.
- Conduct additional assessments as determined by the needs of the youth and conduct group and/or individual therapy, if necessary.
- Serve as part of release/reintegration plan coordination for youths upon completion of the treatment program or otherwise upon discharge.

### **Mental Health and Behavior Stabilization**

Facility directors and/or designees of Mental Health and Behavior Stabilization (MHBS) programs are to provide and complete a comprehensive array of services that include psychiatric and clinical assessments designed to reduce risk of recidivism and stabilize and treat the conditions of mental health/behavioral instability. The level of service intensity is tailored to and based on the needs of the youth and the youth's diagnosis at the time of intake and ongoing progress in the program.

Consideration must be given to completing assessment and subsequent intervention for Fetal Alcohol Spectrum Disorder and Traumatic Brain Injury, as determined by individual youth need.

### **Youth Trauma**

When clinically indicated, facility clinical staff are required to complete a trauma screening and assessment. Consideration must be given to completing assessment and subsequent intervention for

Fetal Alcohol Spectrum Disorder and Traumatic Brain Injury, as determined by individual youth need.

Collaboration with mental health providers to link the youth to evidence-based services and develop strength-based treatment plans will be the responsibility of the designated facility staff.

### **Human Trafficking**

In addition to the assessments outlined in this policy and per RFCJJ contract requirements, certified qualified residential treatment programs must utilize the following types of assessments:

- Biopsychosocial assessment.
- Psychiatric assessment.
- Comprehensive nursing assessment.
- Integrated Behavioral Health Team Assessment.

The assessment tools must be utilized by a professional trained in the identified tool.

### **Suicidal or Homicidal Youth**

Psychiatric hospitalization is a short-term service that should be utilized when a youth presents a risk of harm to self and/or others that cannot be managed while in placement. In collaboration with the youth's juvenile justice specialist (JJS), information about the youth and past services will be needed by Community Mental Health (CMH) and/or the Emergency Department Staff to evaluate the youth for psychiatric hospitalization.

A list of [Community Mental Health Service Provider \(CMHSP\) key contacts](#) can be found on the public website.

### **Certified Qualified Residential Treatment Programs (QRTP)**

In addition to the services above, but not limited to, certified qualified residential treatment programs (QRTP) are required to provide the following services:

### ***Psychiatric Care***

Within 15 calendar days of a youth's admission, if necessary, from the youth's treatment plan, the psychiatrist must assess the youth and coordinate with the licensed clinical personnel completing the psychosocial assessment. The psychiatrist must review the youth's medication history, current needs and prescriptions. This includes adjustment of medications and dosage as necessary.

After the first 45 calendar days of a youth's placement, the psychiatrist shall review the youth's current medical and psychiatric needs and prescription or adjustment of medications and dosage as necessary.

### ***Psychological Services***

Various professional activities or methods provided by a licensed masters social worker, licensed professional counselor, psychologist, or a limited licensed psychologist, including individual or group therapy, consultation with staff, administering and interpreting psychological tests and working with families.

The facility director or designee must ensure psychological services are provided to youth on an as needed basis, per the youth's Initial Treatment plan and Updated Treatment Plan; see [JRM 201 Residential Treatment Plans, Reentry Plans and Release Reports](#) for more information.

Psychological testing as necessary for assessment and treatment planning. Only professionals trained to administer and interpret psychological tests and whose license includes psychological testing in the scope of practice shall be allowed to provide this service.

Only professionals trained to administer and interpret psychological tests and whose license includes psychological testing in the scope of practice will be allowed to provide psychological testing, as necessary.

### ***Individual or Group Therapy***

At least two times per week, direct therapeutic interventions must be provided for each youth individually and/or in group sessions. At least one session per week must be an individual therapy session. Individual and/or group therapy must be provided in accordance with the youth's treatment needs as identified in the youth's treatment plan.

### ***Psychiatric Services***

Various professional activities or methods performed by a licensed physician with expertise in mental/behavioral health care. Activities include, diagnostic assessment, individual psychotherapy with evaluation and management, medication review with minimal psychotherapy, individual or group therapy with the youth and consultation with the residential staff. Telehealth may be used when a local psychiatrist is not available.

Psychiatric services, which may include diagnostic assessment, individual psychotherapy with evaluation and management medication review with minimal psychotherapy, individual or group therapy with the youth and consultation with the agency staff. Telepsychiatry may be used when a local psychiatrist is not available. If telepsychiatry is utilized the provider must follow general clinical guidelines for this technology. All services (in-person or telehealth) must be HIPPA compliant.

Psychosocial assessment, if necessary; see [JRM 200, Juvenile Justice Assignment Unit and Admissions](#), and RFCJJ Contract for more information.

The residential care program must provide psychiatric services to an individual youth on an as needed basis according to the youth's treatment plan, engage the family, medical and educational staff and any other relevant individuals involved in the youth's treatment initial and ongoing evaluation process, provide psychiatric consultation or supervision of residential staff as necessary to assist staff in understanding the results of the psychiatric evaluation and implications for the youth's treatment and identification of treatment interventions that are most appropriate for the youth.

Designated facility staff must develop an assessment-based treatment plan within 30 calendar days of placement; see [JRM 201, Treatment Plans, Reentry Plans and Release Reports](#) for more information on assessment-based treatment plans.

See [JRM 340, Psychotropic Medications](#) for more information on psychotropic medications and consent.

**LEGAL BASE****Federal****Social Security Act, 42 USC 672(4)(A)**

Requires certified qualified residential treatment programs to have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, for youth with serious emotional or behavioral disorders or disturbances and can implement the treatment identified by the independent assessor.

**POLICY CONTACT**

Policy clarification questions may be submitted by juvenile justice supervisors and management to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).



---

**POLICY**

Each youth initially entering a juvenile justice residential facility must receive a complete health evaluation and required immunizations. The health evaluation must include a review of available medical records, a medical history and a physical examination. The evaluation must be conducted by a licensed medical professional and must be performed within seven days of youth admission to a detention facility. Evaluations for a youth admitted to a treatment facility must be performed within 30 days of admission. Health evaluations completed within the 12 months prior to admission may be used to meet these requirements at the facility's discretion.

**PURPOSE**

To ensure that each youth receives an initial health evaluation and is appropriately immunized upon admission to a juvenile justice facility.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director, admissions staff and medical staff.

**PROCEDURE**

Each facility must develop and implement a written procedure for intake health evaluations and immunizations. The procedure must contain:

- Review of available youth medical records.
- Taking of youth medical history.
- Physical examination.
- Immunizations.

**Taking of Youth  
Medical History**

The youth medical history must include:

- Past and present illnesses including communicable diseases.
- Chronic conditions such as asthma, epilepsy and diabetes.

- Use/abuse of alcohol, legal and illegal substances. This includes last use, amount and manner of use.
- Surgeries.
- Past and present medications.
- Drug and other allergies. List date and reaction if known.
- Immunization information.
- Psychiatric history including prior treatment as well as suicide ideations, gestures and attempts and any history of self-mutilation, carving or cutting.
- Sexual history.
- For females, a history of gynecological problems, breast abnormalities, pregnancies and the date of last menstrual period.

## Physical Examination

The physical examination includes:

- Observation of youth behaviors.
- Vital signs including temperature.
- Notation of skin lesions, scars, tattoos, bruises and burns.
- Examination of head and neck, chest, abdomen, genitalia (pelvic), extremities and back.

**Note:** Documentation of Tanner staging for sexual offenders may occur at the discretion of the medical professional conducting the examination. The genital examination associated with Tanner staging must be explained to the youth in advance and the youth may refuse to participate without penalty.

The examination must include additional tests and evaluation as follows:

- Laboratory testing (urinalysis and blood tests) as indicated by history and physical examination.
- Testing for sexually transmitted diseases as clinically indicated. No testing is required if the youth has not been sexually active since they were last tested. Should the physician conducting

the examination believe HIV testing is necessary, see [JRM 360, HIV Testing](#), for additional requirements.

- Sexually active females must undergo pregnancy testing.
- A pregnant youth must be referred to an obstetrician or gynecologist (if not already under treatment by one), undergo testing for Hepatitis B and be offered HIV counseling and testing.
- Any youth who has a history of intravenous drug abuse must be tested for Hepatitis B and offered HIV counseling and testing.
- Vision and hearing testing on each incoming youth (treatment facilities only) with referral to vision specialists or audiology as indicated.

The licensed medical professional conducting the examination must document all findings, restrictions, medical services provided, tests ordered and prescribed treatments including medications. The licensed medical professional must also document diagnoses when present or if provisional.

## Immunizations

If previous immunization records are not received within 30 days of a request for same, the facility and its health provider must begin providing the necessary immunizations to the youth unless the parents refuse or the youth's records contain a statement from a physician indicating that the immunizations are contra indicated.

For a youth 7-18 years of age, follow the American Academy of Pediatrics Adolescent Immunization Schedule at [https://redbook.solutions.aap.org/SS/Immunization\\_Schedules.aspx](https://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx)

If immunizations are started late or fall behind more than one month, follow the American Academy of Pediatrics Catch-up Immunization Schedule at <http://www.aapredbook.aappublications.org/resources/IZScheduleCatchup.pdf>

## AUTHORITY

Child Caring Institutions Rules R400.4232, R400.4332 and R400.4334

Public Health Code, 1978 PA 368, as amended, MCL 333.1101

---

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youth are screened annually for tuberculosis.

**PURPOSE**

This policy ensures the health of youth placed in facilities.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to tuberculosis testing of youth. At a minimum, these SOPs must contain the following requirements:

Health record information is maintained in JJIS.

**Intake**

All youths are screened at intake for tuberculosis.

**Note:** This test does not have to be repeated if there is documentation of a TB test within the previous twelve (12) months.

**Annual Screening**

The facility/center director or designee ensures all youth are annually screened for TB using a physician approved testing method including a skin (Mantoux) or patch test.

**Response to Positive Test Results**

Youth minimally have a chest x-ray if the youth has:

- No prior history of TB.
- No prior positive TB test result.

Youths receive further diagnostic testing and treatment as determined by a physician if the youth has:

- A prior history of TB.
- A prior positive TB test result.

**AUTHORITY**

Social Welfare Act, MCL 400.115a (1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths in residential treatment facilities will receive a physical examination each year that they are in placement.

**PURPOSE**

This policy ensures that the health of youth placed in facilities is monitored.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility's standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to annual physicals. At a minimum, these SOPs must contain the following requirements:

- Each youth receives a physical examination by a physician at least every 365 days.
- Each physical examination is documented in the JJIS.

**AUTHORITY**

Child Caring Institutions Rules, R400.4163 & 400.4335

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths request for medical services will be documented and responded to on a daily basis.

**PURPOSE**

This policy encourages youth to advocate for their medical needs through confidential access to medical care.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the daily handling of medical complaints. At a minimum, these SOPs must contain the following requirements:

**Submission of  
Request for  
Medical Services**

Youths have access to request forms and to a locked box on each living unit to request medical attention without the knowledge of non-medical staff.

When a youth complains of illness or injury, or is observed with a medical problem, staff will complete the health form including the date and time of the request and follow the established protocol for the handling of medical emergencies.

Youths are provided the opportunity to discuss their medical issues with licensed medical staff during clinic hours or by appointment.

**Daily Processing  
of Medical  
Complaints**

Health complaints are documented on an approved health form.



Forms are delivered to medical staff to be processed and triaged daily by medical staff.

Youths are seen by medical staff within seventy-two (72) hours of their request.

**Documentation**

The date and time of the medical appointment, and the name and title of the person seeing the youth is documented.

Youth requests to be seen by medical staff are placed in the youth's medical file.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that accurate health records are kept for each youth.

**PURPOSE**

This policy ensures health care providers have the information necessary for medical treatment decisions by requiring accurate and complete medical records.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth medical records. At a minimum, these SOPs must contain the following requirements:

**Collection and Recording of Health Data**

Only medical staff collect and record health data onto the approved medical record forms.

**Storage of Records**

The facility maintains a secured system for identification and filing which ensures rapid access to each patient's medical record. A secured system includes:

- Medical records kept in separate locked cabinets located in the medical record section. Health record information is also maintained in JJIS.
- All inactive medical records are separate from active records.

- A copy of records are retained after a youth's release for a period of seven (7) years.

### **Access to Records**

Medical records are accessible only to authorized staff.

Non-medical personnel do not have access to a youth's medical records.

Medical records may be viewed by BJJ quality assurance personnel in the performance of their duties.

### **Release of Information**

Important information regarding a youth's medical condition necessary for the health and/or welfare of the youth, staff, other youths and visitors is provided to staff that are responsible for the youth's care.

### **AUTHORITY**

Child Caring Institutions Rules, R400.4160

Public Health Code, MCL 333.16213

Social Welfare Act, MCL 400.115a(1)(l)

**PURPOSE**

To ensure that youth's medical and mental health records are confidential and secure.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each state operated and private, contracted juvenile justice residential treatment facility director or designee is required to develop and implement standard operating procedures relative to the confidentiality of medical records. At a minimum, these standard operating procedures must contain the following requirements outlined in this policy.

**RELEASE OF YOUTH  
INFORMATION**

The facility director or designee is responsible for assuring youth and parent(s)/legal guardian(s) privacy and confidentiality and must protect youth from exploitation.

**Medical Records**

See [SRM 131, Confidentiality, Medical SRM 131, Confidentiality, Medical Records](#), for more information.

**Mental Health  
Records**

See [SRM 131, Confidentiality, Mental Health Treatment Records](#), for more information.

**Alcohol and  
Substance Abuse  
Treatment Records**

See [SRM 131, Confidentiality, Alcohol and Substance Abuse Treatment Records](#), for more information.

**Educational  
Records**

See [SRM 131, Confidentiality, Educational Records](#), for more information.

**HIV/AIDS Records**

See [SRM 131, Confidentiality, Release of HIV/AIDS Records](#), for more information.

**POLICY**

Youths in residential facilities must receive appropriate dental care.

**PURPOSE**

This policy promotes healthy living through proper dental care for youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to the provision of dental care. At a minimum, SOPs must contain the following requirements:

**Dental  
Maintenance**

Staff must make fluoride toothpaste available for each youth.

Staff must assist disabled youths who are unable to perform daily oral hygiene.

A licensed dentist may prescribe preventative fluoride treatment in a form considered appropriate for the youth.

**Dental  
Examination**

A licensed dentist must perform an initial dental examination within ninety (90) days of admission. This requirement may be waived if the youth has a documented examination within the previous 12 months.

The initial dental examination must include oral hygiene instruction and dental health education.

A licensed dentist must perform a dental exam of each youth at intervals not to exceed 12 months.

A licensed dentist must perform a release/transfer dental examination within 90 days preceding planned release or transfer to a non-secure placement.

A licensed dentist must provide treatment to restore and/or preserve the youth's oral health. If a youth with pending treatment must be transferred or released, the facility director must coordinate with the dentist to make provisions for treatment at the next placement.

### **Dental Cleaning**

Dental cleaning must be performed within ninety (90) days of admission and repeated at intervals not to exceed six months. The 90 day admission requirement may be waived if the youth has a cleaning documented within the previous six months.

Dental cleaning must be performed within 90 days preceding planned transfer to a non-secure facility or release.

### **AUTHORITY**

Child Caring Institutions Rules, R400.4335

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that orthodontic services and prosthetics are provided if necessary for the health of a youth.

**PURPOSE**

This policy ensures responsive dental care essential to the health of youths.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to cosmetic orthodontic services and prosthetics. At a minimum, these SOPs must contain the following requirements:

**Minimum Criteria**

Cosmetic orthodontic services are provided if all of the following conditions are met:

- The youth arrives with orthodontic treatment already in progress and a provider is located who is willing to continue the services.
- The youth has private dental insurance coverage or other source of private funding that will cover the cost of treatment.
- The parents/legal guardian of the youth approves and provides signed consent.
- A medical determination is made and medical and treatment staff believe that the youth is significantly benefited by the continuation of treatment.
- Security considerations (escape, community risk, etc.) do not contraindicate the provision of orthodontic treatment.



**Note:** The continuation of orthodontic care is not used as a reason to retain a youth in residential treatment.

### Referral for Services

Referral for orthodontic treatment includes:

- Written recommendation from dentist or physician.
- Clinical social worker or youth group leader verifies that the youth meets the minimum criteria.

Facility/center director or designee will:

- Consult with JJS, CMO worker, probation officer to approve referral.
- Coordinate services.

### AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

---

## PURPOSE

The use of psychotropic medication as part of a youth's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to any youth is not an arbitrary decision and documented oversight must occur to protect the youth's health and well-being. The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Informed consent must be obtained for any new psychotropic medication, a change in dosage that exceeds that previously agreed to, annually, and for a discontinuation of the psychotropic medication.

## DEFINITIONS

See [JRG, JJ Residential Glossary](#).

### Consent

MCL 330.1100a(17) defines consent as "a written agreement executed by a recipient, a minor recipient's parent, or a recipient's legal representative with authority to execute a consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment."

### Psychotropic Medication

Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication's classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bipolar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood swings in schizoaffective disorders and schizophrenia.

- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of attention deficit hyperactivity disorder (ADHD), insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications that are available over the counter are **exempt** from documented informed consent.

Follow the link below for an alphabetical listing of psychotropic medications by trade, generic name, and drug classification:

[National Institute of Mental Health/Health & Education/Mental Health Information/Mental Health Medications](#)

## SCOPE

Responsible staff include the state-run or private, contracted juvenile justice residential treatment facility director, managers, direct care staff, and contract medical staff. State-run facility staff designated to store, dispense and dispose of medications must be one of the following:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Each facility must develop and implement standard operating procedures (SOPs) relative to obtaining informed consent, prescription and dispensing medication; see requirements in JRM 380, Prescription Practices, [JRM 381, Medication Administration](#) & [JRM 382, Medication Security and Storage](#), for prescription, dispensing, storage and disposal of medications.

---

**PROHIBITED USE**

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment for any youth. Psychotropic medications may not be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a youth's mental health needs.

**PRESCRIBING  
CLINICIAN**

If the prescribing clinician is not an adolescent psychiatrist, referral to or consultation with an adolescent psychiatrist or general psychiatrist with significant experience in treating adolescents must occur if the youth's clinical status has not improved after 6 months of medication use.

**PRIOR TO  
PRESCRIBING**

Prior to initiating a new prescription for psychotropic medication, the following must occur:

- The youth must have a current physical examination on record, including baseline laboratory work (if indicated).
- The youth must have a mental health assessment with a current psychiatric diagnosis of the mental health disorder from the latest version of the Diagnostic and Statistical Manual of Mental Disorders.

Pursuant to MCL 330.1719, the prescribing clinician must explain the purpose, risks and most common adverse effects of the medication in a manner consistent with the individual's ability to understand (the youth and parent/legal guardian, as applicable) and provide a written summary of the most common adverse effects associated with the drug(s).

**Urgent Medical  
Need**

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication except in urgent situations such as:

- Suicidal ideation.
- Psychosis.
- Self-injurious behavior.
- Physical aggression that is acutely dangerous to others.
- Severe impulsivity endangering the youth or others.
- Marked anxiety, isolation or withdrawal.
- Marked disturbance of psychophysiological functioning (such as profound sleep disturbance).

## INFORMED CONSENT

The facility staff must obtain informed consent for each psychotropic medication prescribed to a youth. An informed consent is consent for treatment provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks. The DHS-1643, Psychotropic Medication Informed Consent, must be used to document the discussion between the prescribing clinician and the consenting party.

### Verbal Consent

Verbal consent is acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. Verbal consent between the prescribing clinician and consenting party must be witnessed and documented on the DHS-1643 by an individual who is **not** the individual providing treatment. If in-person and verbal consent cannot be achieved, the facility must ensure that informed consent is obtained and documented; see Consenting Party is Unavailable or Unwilling to Provide Consent, in this item.

### When to Complete

Informed consent must be obtained and documented in each of the following circumstances:

- When a youth is placed in a facility and is already taking psychotropic medication. Documentation of informed consent can be accomplished either by uploading an existing DHS-1643 into MiSACWIS from the youth's prescribing clinician or assigned caseworker or by completing a new DHS-1643. Documentation must be complete and uploaded into MiSACWIS within 45 days of admission.

**Note:** Psychotropic medications must not be discontinued abruptly while awaiting this consent unless it has been determined and documented as safe to do so by a prescribing clinician.

- Prescribing new psychotropic medications.
- Increasing dosage beyond the approved maximum dosage on the most recent valid informed consent.
- Annually, to renew consents for ongoing psychotropic medications.
- At the next regularly scheduled appointment following a legal status change (such as termination of parental rights) or when a youth turns 18.

### Authority to Consent

A youth who is 18 years of age or older may provide informed consent for prescribed psychotropic medication.

For delinquent wards referred to MDHHS under MCL 400.55(h) or committed to MDHHS under 1974 PA 150 who are under 18 years of age, a parent/legal guardian must consent.

For abuse/neglect wards and dual wards who are Michigan Children's Institute wards or permanent court wards under 18 years of age; see [FOM 802-1, Psychotropic Medication in Foster Care](#).

The DHS-1643 must be used to authorize consent for all psychotropic medications. The triggering points for review on the DHS-1643 apply only to abuse/neglect and dual wards; see [FOM 802-1](#).

### Consenting Party is Unavailable or Unwilling to Consent

Diligent efforts must be made to obtain consent from an adult youth or parent/legal guardian. Pursuant to MCL 712A.12, 712A13a(8)(c) and 712A.18(1)(f), when an adult youth or parent/ legal guardian is unavailable or unwilling to provide consent within 7 business days and a youth's prescribing clinician has determined there is a medical necessity for the medication, the facility must provide

medical necessity documentation to the assigned caseworker. The assigned caseworker must file a motion with the court on the eighth business day requesting an order for the prescription and use of psychotropic medication(s).

**Note:** When the youth is placed in a state-run facility directly by a court, the state-run facility staff must work with the assigned court probation officer to file the motion with the court.

Residential facility staff must continue to facilitate communication between the adult youth or the youth's parent/legal guardian and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity but the prescribing clinician indicates that medication would improve a youth's well-being or ability to function.

### **Informed Consent Exception**

Circumstances that permit an exception to the psychotropic medication informed consent include the prescribing clinician making a determination that an emergency exists requiring immediate administration of psychotropic medication. Documentation of emergency medication administration must be completed in the youth's MiSACWIS health profile with the report or other documentation of the emergency uploaded in the informed consent document section.

**Note:** Emergency use is considered a single event.

### **MONITORING**

The facility and the youth's assigned caseworker must regularly review medication compliance and the medication's effect on the youth during monthly facility visits. At each facility visit with a youth prescribed psychotropic medication, the following items must be discussed by the facility staff with the assigned caseworker and the youth:

- Facility staff must discuss:
  - Information about the intended effects and any side effects of the medication.
  - Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.

- Medication availability, administration and refill process.
- Youth discussion from the youth's point of view must include:
  - Noted side effects and benefits of the medication.
  - Administration of medication; time frame, and regularity.

It is important for the facility staff and assigned caseworker to review with the youth the following points:

- Medication cannot be discontinued unless recommended by the prescribing clinician or informed consent is withdrawn in writing by the consenting party in writing.
- Medical appointments, including any applicable lab work, must occur on a routine basis.
- Any adverse effects must be reported to the prescribing clinician and staff supervising the youth.

The facility must contact the prescribing clinician with information regarding the youth's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported; see Prescribing Clinician in this item.

## DOCUMENTATION

The following required documentation must be completed and recorded by the facility staff:

- In the youth's MiSACWIS health profile:
  - Health Needs and Diagnosis, specifically the mental health diagnosis or diagnoses.
  - Appointments, including mental health, medication review and medication lab work.
  - Psychotropic medications that will be administered to the youth.
  - Informed Consent, including the DHS-1643, Psychotropic Medication Informed Consent, signed and uploaded to MiSACWIS and filed in the medical section of the youth's case record within five business days of receiving a completed informed consent.



- In the JJ Strengths and Needs Assessment item D2 Emotional Stability: a brief summary of any changes listed above that were recorded in the health profile during the reporting period.
- In the Strengths and Needs section of the treatment plan, the Need Domain of Emotional Stability must document the use of psychotropic medication(s) and how the use relates to the goal addressing Emotional Stability.
- In Social Work Contacts, the efforts taken to obtain informed consent.
- In Medication Log, psychotropic medications administered to the youth.

## LEGAL BASE

### State

**Social Welfare Act, 1939 PA 280**, as amended, MCL 400.115a(1)(l)

**Probate Code, 1939 PA 288**, MCL 712A.1 et seq.

Probate Code, 1939 PA 288, MCL 712A.12

Authority for the court to order an examination of a child by a physician, dentist, psychologist or psychiatrist.

**Probate Code, 1939 PA 288, MCL 712A.18(1)(f)**

Provide the juvenile with medical, dental, surgical, or other health care, in a local hospital if available, or elsewhere, maintaining as much as possible a local physician-patient relationship, and with clothing and other incidental items the court determines are necessary.

**Probate Code, 1939 PA 288, MCL 712A.13a(8)(c)**

The court may include any reasonable term or condition necessary for the juvenile's physical or mental well-being or necessary to protect the juvenile.

**Probate Code, 1939 PA 288, MCL 712A.19(1)**

Subject to section 20 of this chapter, if a child remains under the court's jurisdiction, a cause may be terminated or an order may be amended or supplemented, within the authority granted to the court

in section 18 of this chapter, at any time as the court considers necessary and proper.

**Youth Rehabilitation Services Act, 1974 PA 150**, as amended, MCL 803.303(3)

**Mental Health Code, 1974 PA 258**, as amended, MCL 330.1100 et seq.

### **Licensing Rule**

R 400.4142 Health services; policies and procedures.

R 400.4143 Medical treatment; supervision.

R 400.4159 Resident restraint.

### **POLICY CONTACT**

Policy clarification questions may be submitted by facility supervisors or managers to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that youth are provided appropriate psychiatric services when the level of services required exceed the capability of the BJJ facility.

**PURPOSE**

This policy provides guidance to staff in obtaining necessary mental health services when the exhibiting behaviors require interventions that are not provided at facilities.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to involuntary psychiatric hospitalization. At a minimum, these SOPs must contain the following requirements:

**Evaluation**

Each facility provides guidance to treatment staff for referring youths for psychological or psychiatric evaluations who are exhibiting dangerous behaviors due to mental illness.

**Notification  
Requirements**

Upon the recommendation of a psychologist, psychiatrist, or treatment team that the youth is evaluated for placement in a mental health facility, the following persons are notified:

- The youth's parent/legal guardian.
- The youth's assigned JJS, CMO worker, or probation officer.

**Note:** Parental consent is not necessary for state wards.

When a youth has been accepted for involuntary hospitalization, the parent/legal guardian, JJS, CMO worker, or probation officer is informed of the youth's location as soon as possible.

### **Approval Requirements**

Community mental health services program:

- The CMHSP in the youth's home county is the gatekeeper for short term services and is contacted and provided with any information they request regarding the need for a youth's involuntary hospitalization.
- When necessary, arrangements are made with the CMHSP staff to have the youth evaluated in the home county or in the local county.

Court order:

- The facility/center director or designee provides the JJS, CMO worker or probation officer with documentation supporting the short term involuntary hospitalization of the youth for presentation to the court.
- The youth's assigned JJS, CMO worker, or probation officer is responsible for seeking the court order regarding the youth's hospitalization.
- Facility staff remain with the youth for security purposes:
  - Pending a court order approving the hospitalization.
  - When the psychiatric facility has inadequate security measures in place.

### **Placement Options**

Short term placement:

- Follow the procedure outlined in sections above.

Long term treatment/transfer to community health facility:

- After reviewing the psychological/psychiatric assessments, the facility/center director or designee, after consultation with the designated behavioral health authority, must determine:

- That the youth will substantially benefit from the care and training in the other institution or facility.
- That the interests of the youth and of the state will be best served by the transfer.
- The facility/center director or designee must:
  - Provide written notification of the proposed transfer to the youth's parent/legal guardian.
  - Ensure the written transfer request is approved by the committing court, the DHS director through administrative channels, and the Department of Community Health administration.

### Emergency situations

When the youth's behavior warrants immediate treatment, the local hospital emergency room is utilized. The facility/center director or designee must notify:

- The youth's parent/legal guardian.
- The youth's JJS, CMO worker, or probation officer.

### Return to Facility

The BJJ facility/center director or designee ensures that security, transportation and notification (including notification of release from the psychiatric facility) arrangements are clear and have been documented. The facility/center director or designee notifies:

- The youth's parent/legal guardian.
- The youth's JJS, CMO worker, or probation officer.
- The committing court and DHS administration (through administrative channels) if the youth is placed in a Department of Community Health facility.

### AUTHORITY

Social Welfare Act, MCL 400.115b(1)

Mental Health Code, MCL 330.1001 et seq.

Transfer of Juveniles between Institutions Act, MCL 720.601 et seq.

Youth Rehabilitation Services Act, MCL 803.304

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that any youth undergoing detoxification with abnormal vital signs is transferred to a hospital.

**PURPOSE**

This policy ensures appropriate medical care for youths.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to monitoring youth who have ingested alcohol or other drugs and those youths who are suffering withdrawal symptoms that indicate a potential medical crisis. At a minimum, these SOPs must contain the following requirements:

**Youth under the  
Influence**

Youths who are under the influence of drugs or alcohol are constantly observed by trained staff and separated from the general population.

**Youth undergoing  
Detoxification**

Youth undergoing detoxification should be treated as ordered by a physician.

Youths who have abnormal vital signs during the withdrawal process must be taken to a hospital.

**Monitoring**

Monitoring of youths is done at fifteen (15) minute intervals and recorded.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

All residential juvenile justice facility staff must be trained in the bloodborne pathogen standard so that they are aware of and practice universal precautions appropriate for situations that may occur at their worksite.

**PURPOSE**

To increase awareness and reduce the risks of exposure to a communicable disease.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director, supervisors, health care, maintenance, and direct care staff.

**PROCEDURE**

Each facility must develop and implement a written procedure regarding training in the bloodborne pathogen standard and the practice of universal precautions. At a minimum, the procedure must contain the following requirements:

**Universal  
Precautions  
Requirements**

Staff must use universal precautions when handling blood or other body fluids including:

- Gloves and double gloving when risk of contamination is present.
- Puncture proof containers for needle disposal.
- Disposable or autoclavable dental and surgical instruments.
- Blood spills and other body fluids cleaned with bleach in a 1:10 solution.
- Linen/clothing washed in hot water with detergent.



- Washing hands thoroughly with hot soap and water in case of any contact with body fluid.

Each facility must designate a staff member to ensure that each living unit is furnished with:

- Boxes of gloves.
- Gowns.
- Goggles.
- Pocket masks.

### **Transport Vehicles**

Any vehicle used to transport youth must be equipped with a first aid kit that includes gloves and a pocket mask. Kits must be inspected regularly.

### **Medical Waste Disposal**

Medical waste and contaminants must be disposed of in approved containers or receptacles.

A licensed medical waste hauler must be utilized for the removal of medical waste from each facility.

### **Training**

In accordance with [JRM 170, Staff Development and Training](#), staff must receive initial training in the bloodborne pathogen standard including the use of universal precautions. Staff must also receive annual bloodborne pathogen refresher training. The training must be documented.

### **AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)  
29 CFR 1910.1030, Bloodborne Pathogens

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth with communicable diseases are identified and treated by medical care staff.

**PURPOSE**

This policy provides guidance to staff when working with youths who have a communicable disease.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the transmission of communicable diseases. At a minimum, these SOPs must contain the following requirements:

**Communicable Disease Suspected****Referral:**

- When a youth exhibits symptoms that indicate the presence of a communicable disease, staff immediately refer the youth to a physician for testing, diagnosis and treatment.

**Response:**

- The physician may impose conditions that restrict the youth's association with others in the interest of public health and resident safety.
- The facility/center director or designee is informed of the youth's health status and approves of changes to the youth's treatment program that are needed if the youth remains in the residential program.

- Youth diagnosed with a communicable disease are not restricted beyond routine program requirements in their association with others unless there are exceptional documented behavioral and medical circumstances unique to the youth.
- Excluding HIV and AIDS, medical staff have the obligation to report all instances of a communicable disease or diagnosed serious infection to the local health department.

#### Hospitalization:

- If the youth is hospitalized by a physician, the facility/center director or designee notifies:
  - The youth's parent/legal guardian.
  - The youth's JJS, CMO worker or probation officer.
  - The director of the BJJ residential facilities division.
- The facility/center director or designee arranges with the hospital to provide sufficient security to ensure the safety of the youth and the public.

### **Universal Precautions**

Because it is not medically possible to detect early stages of many communicable diseases, staff should always practice universal precautions.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

Community Health Rules, R 325.172

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youths in residential facilities are counseled about Human Immunodeficiency Virus (HIV) and offered HIV testing.

**PURPOSE**

This policy ensures that HIV positive youths are counseled and tested to protect their health and the safety of other residents.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to HIV counseling and testing. At a minimum, these SOPs must contain the following requirements:

**Voluntary Testing**

Pre-testing and counseling:

- All HIV testing is voluntary.
- Pre and post HIV test counseling is provided by a physician or designee or a health facility.
- The youth signs a consent form (approved by the Michigan Department of Community Health) prior to the testing.

**Testing**

HIV testing is provided through local health departments or approved laboratories.

Post-testing:

- All youths with positive HIV results are referred to an appropriate physician or medical facility for evaluation and treatment as indicated.
- The facility/center director or designee is informed of all positive HIV tests.

### **Involuntary Testing**

#### Court Order:

- The facility/center director or designee may file an affidavit with the family division of the circuit court for an ex-parte hearing to order HIV testing over the objection of a youth when there is reasonable cause to believe that a youth or staff member has sustained a percutaneous, mucous membrane, or open wound exposure to the blood or body fluids of a youth.

#### Pregnant Youth:

- All pregnant youths are offered HIV testing.

### **Records and Confidentiality**

Records pertaining to HIV counseling and testing are confidential and may not be shared with non-health care staff, with the exception of facility/center director or designee.

These records are available to health care professionals only and are excluded from the medical file sent with the social file to the JJS, CMO worker or probation officer.

Testing results may be shared with other health care providers in order to:

- Protect the health of an individual.
- Prevent further transmission of the disease.
- Assist in diagnosis and care for the patient.

### **AUTHORITY**

Public Health Code, MCL 333.5101 et seq.

Public Health Code, MCL 333.5131(5)(g)

Public Health Code, MCL 333.5204

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that any high-risk behavior that occurs in a residential facility involving youth or staff is reported and treated as required.

**PURPOSE**

This policy ensures appropriate staff response to high-risk behaviors.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to high-risk behaviors. At a minimum, these SOPs must contain the following requirements:

**Reporting**

Staff reports all high-risk behavior involving youths or staff that occurs during their work day to a supervisor.

All high-risk behavior is documented in an incident report.

**Evaluation and  
Treatment**

The facility/center director or designee ensures that any youth or staff involved in a high-risk behavior is evaluated by medical staff who will determine the appropriate medical response.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that age and situational appropriate information, counseling and services by trained medical staff, family planning providers or teachers regarding sexuality, pre-natal care, and services are available at every facility.

**PURPOSE**

This policy promotes healthy living by ensuring appropriate information and services regarding sexuality and pregnancy are available to youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to family planning. At a minimum, these SOPs must contain the following requirements:

**Educational Materials**

The facility/center director or designee ensures that age and situational appropriate family planning information, counseling and services are available to youths if the youth's parent/legal guardian has provided written consent.

Family planning information, counseling and services are provided by trained medical staff, family planning providers or teachers.

**Pregnant Youth**

All pregnant youths will:

- Receive pre-natal checkups.
- Receive quality care as directed by a physician.



- Receive nutritional information:
  - Appropriate diet.
  - Vitamins.
  - Parenting classes.
  - Hepatitis B testing.
  - HIV counseling and testing if medically indicated.

**AUTHORITY**

Revised School Code, MCL 380.1507

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that a nurse or physician evaluate and monitor any youth refusing food for forty-eight (48) hours or longer.

**PURPOSE**

This policy ensures that a youth's refusal to eat does not adversely affect the long term health of the youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth refusing food. At a minimum, these SOPs must contain the following requirements:

**Notification**

When a youth refuses food for a period of forty-eight (48) hours, notify the following persons:

- A licensed nurse or physician.
- The youth's parent/legal guardian.

**Medical Response**

The youth is offered a daily medical assessment of his/her physical condition.

The youth's refusal of a medical assessment is witnessed and documented.

A nurse, physician, or designee monitors and documents the youth's vital signs on a daily basis.

**Hospitalization**

If the youth's vital signs are abnormal or other medical problems develop, the youth is transported to a hospital for treatment.

If the youth is hospitalized, the facility/center director or designee notifies:

- The youth's parent/legal guardian.
- The youth's assigned JJS, CMO worker or probation officer.
- The director of the BJJ residential facilities division.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that the use of juveniles for medical, non-medical, pharmaceutical or cosmetic experiments is prohibited.

**PURPOSE**

This policy clarifies boundaries of medical experimentation to ensure that any research involving BJJ youths is appropriate.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to medical experimentation. At a minimum, these SOPs must contain the following requirements:

**Medical  
Experimentation**

The use of juveniles for medical, pharmaceutical or cosmetic experiments is prohibited.

This does not preclude individual treatment of a juvenile based on his/her need for a specific medical procedure that is not generally available.

**Non-Medical  
Research**

Statistical, psychological and social research may be conducted only when it is approved by:

- The facility director.
- The DHS office of performance excellence after completing and submitting a written request as described in the procedures of that office.

- The director of the BJJ residential facilities division.
- The director of the BJJ.

DHS supervised youths are only allowed to participate in a research study if the appropriate authorizing party determines the study is in the best interest of the youths. Even with authorization, the youth may decline to participate.

<b>Legal Status</b>	<b>Authorizing Party for Research/Study Participation</b>
Temporary Court Ward	Court/judge and parent or legal guardian or youth if age 18 or over unless youth has been determined incompetent.
Permanent Court Ward	Court/judge or youth if age 18 or over unless youth has been determined incompetent.
Delinquent State Ward (1974 PA 150)	DHS director or designee or youth if age 18 or over unless youth has been determined incompetent.
Dual Wards (1974 PA 150 and 1935 PA 220 or 1974 PA 296)	DHS director or designee and the MCI superintendent, or youth if age 18 or over unless youth has been determined incompetent.

## AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth have the right to refuse routine medical treatment, excluding immunizations.

**PURPOSE**

This policy ensures guidance to staff when a youth refuses to submit to a recommended course of medical treatment.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to a youth's refusal of medical treatment. At a minimum, these SOPs must contain the following requirements:

**Mandatory  
Immunizations  
(Unless Medically  
Contraindicated)**

Tuberculosis testing.

Standard immunizations are mandatory:

- Diphtheria.
- Tetanus.
- Polio.
- Tetanus boosters (every 8-10 years).
- Hepatitis B.
- Varicella (chicken pox).
- Measles, Mumps and Rubella (MMR).
- Influenza vaccine (administered, when available, in the fall).

**Note:** Influenza vaccine may be administered when it is available in the fall).

If a youth refuses mandatory immunizations, the facility/center director or designee contacts the youth's JJS, CMO worker, or probation officer to seek a court order authorizing measures to ensure compliance with this policy.

### **Routine Medical Treatment**

The facility/center director or designee ensures the youth receives routine medical treatment.

If a youth refuses recommended routine medical treatment, a document stating that refusal is signed by the youth and witnessed by a physician or other licensed medical professional.

If the youth has been judicially determined incompetent or has a communicable disease, the facility/center director, conjunction with the JJS, CMO worker or probation officer may petition the court for an order mandating the youth to receive medical treatment.

Youths are not punished for refusing medical care or diagnostic testing.

### **Emergency Situations**

In cases of emergency, the facility/center director or designee and/or the youth's parent or legal guardian may override the youth's decision to refuse medical treatment.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

Youth Rehabilitation Services Act, MCL 803.303(3)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facilities evaluate the need to pay medical costs incurred by an escaped youth.

**PURPOSE**

This policy ensures that facilities only pay medical expenses of youth who have escaped when no other payment sources exist.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to liability for medical expenses incurred by an escaped youth. At a minimum, these SOPs must contain the following requirements:

**Escaped Youth**

Medical costs incurred while a youth is on escape status are evaluated on an individual basis dependent on:

- Court ordered parental responsibility to maintain health insurance.
- Whether an automotive accident is the source of injury or medical need. If the involved vehicle was stolen, no fault benefits may not be available if the youth was either:
  - The driver.
  - A passenger that knew the vehicle was stolen.

**Escape Attempts**

Youths injured during an unsuccessful escape attempt in the immediate vicinity of the residential facility have not left custody status and any medical expenses remain the responsibility of the facility.



**Youth on Leave of  
Absence**

Authorized leave of absence situations are treated as an extension of physical custody.

**AUTHORITY**

Insurance Code of 1956, MCL 500.100 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

Youth Rehabilitation Services Act, MCL 803.301 et seq.

---

## POLICY

Medication orders for non-controlled substances may be issued by the prescribing authority in writing, electronically through a secured medication ordering system, or by telephone. Telephone orders must be documented in writing and signed by the prescribing authority within seven calendar days of the verbal order. Medication orders for controlled substances must be in writing. Medications consist of three types in this policy and related policies [JRM 340](#), [JRM 381](#) and [JRM 382](#):

- Over-the-counter (OTC) medications; medications that can be purchased without a prescription.
- Prescription medications; medications prescribed by authority above.
- Controlled substances; medications appearing on a federal schedule which require special controls for various reasons including high potential for addiction or abuse.
  - Controlled substances are indicated by packaging with distinctive labeling (for example, a red "C").
  - Controlled substances must be stored separately from other prescription medications.

Following removal from storage, individual staff in the classifications below designated to administer medications to a youth may administer controlled substances to a youth as prescribed.

Psychotropic medications are prescription medications and may also be controlled substances; see [JRM 340, Psychotropic Medications](#).

## PURPOSE

To ensure that each youth receives necessary and appropriately authorized medication.

## DEFINITIONS

See [JRG, JJ Residential Glossary](#).

---

**RESPONSIBLE  
STAFF**

Responsible staff for prescription practices includes the facility director, facility managers, direct care staff, and contracted medical staff. Staff designated to store, dispense, and dispose of medications must be in one of the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

**PROCEDURE**

Each facility must develop and implement written standard operating procedures for prescription practices that describe how this policy is implemented at the facility. Procedures must contain the following requirements:

**Intake Medication  
Verification**

Prior to intake, as part of scheduling an accepted referral for placement, staff must, to the extent practical, contact the juvenile justice specialist or court probation officer and attempt to determine if the youth will be arriving with any medications, including medications that are dispensed by other than the oral route (for example, intravenous, intramuscular, subcutaneous).

Staff must review any medical records available or provided including the DHS-221, Medical Passport, to assist in evaluating the youth's medication needs.

At intake, staff must interview the youth and the parent/guardian/transport staff to determine if the youth is taking any medications.

At intake, staff must review any additional records provided, including the DHS-221, Medical Passport, to determine if there are

any medications prescribed or orders to discontinue medications. Medications that are the subject of discontinuation orders may not be administered and must be disposed; see [JRM 382, Medication Storage and Disposal](#).

Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container, may be accepted into the facility.

Prior to entry of the medications into the facility medication storage and administration system, all of the following requirements must be met:

- The youth or parent/guardian must report the youth is taking the medication.
- The youth, parent/guardian or transporter has brought the medication to the facility.
- The medication is properly labeled per criteria described later in this policy.

Designated staff must enter any medications arriving with a youth, parent/guardian or transporter into the facility's medication storage and administration system.

Medication administration for medications meeting the above criteria must continue until the newly admitted youth is evaluated by a physician.

In cases where there are staff questions prior to the physician evaluation, the authenticity of a prescription medication must be verified by:

- Calling the pharmacy that dispensed the medication.
- Calling the outside provider (for example, the physician) who prescribed the medication.

Staff must ensure that the youth is referred to a physician for an intake medication review as soon as feasible and in any case within seven calendar days of admission. The physician may make use of videoconferencing to speak with the youth during the evaluation if unable to meet with the youth in person.

The facility must contact a physician within 24 hours for any case when:

- The youth is prescribed a medication which must be administered intramuscularly, subcutaneously (for example, insulin for a diabetic), or intravenously.
- The youth is admitted without a prescription medication that he/she reports taking (or with an empty medication container).
- Staff is uncertain or has reasonable doubt about the need, appropriateness or effectiveness of the medication.
- Staff at the facility is uncertain as to the status of the medication.
- Any other situation that appears to require a medication evaluation.

Staff must document situations requiring physician contact above in an incident report.

Where concern for the youth's medical status exists, an evaluation by a physician must be conducted regardless of the status of the prescription.

Staff must notify the parent, guardian or transporter by telephone to pick up any medication that is not successfully verified. Staff must explain why the medication cannot be used and inform the parent/guardian transporter that the medication will be held for 10 calendar days and then will be disposed of. These medications must be securely stored until disposed of.

### **Prescription Order Requirements**

All prescriptions must be prescribed in accordance with standard prescribing practices and protocols.

Medication orders for non-controlled substances may be issued by the prescribing authority in writing, electronically through a secured medication ordering system, or by telephone. Telephone orders must be documented in writing and signed by the prescribing authority within seven calendar days of the telephone order. Medication orders for controlled substances must be in writing.

---

**Medication Labeling**

Each container for prescription medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for its use.
- Date filled.
- Name and address of the pharmacy or supplier.
- Expiration date.
- Warning statements; if applicable.

**Bulk Medication Limits**

Prescription medications must not be purchased in bulk form, stored, saved or otherwise kept in inventory except when:

- Used for immunizations or Tuberculin skin testing.
- Contained in kits used for emergency resuscitation or treatment including Epinephrine (Epi-pens) or Albuterol inhalers.
- As a limited supply of injectable Glucagon for emergency treatment of insulin-induced hypoglycemia when contracted health services staff or trained staff are available.
- Stored as insulin for diabetic use; insulin for individual youth must still be prescribed in terms of an individual dose.
- Kwell (lindane) or other ectoparasiticide/ovicide.

Bulk medications must be ordered by a physician using the physician's Drug Enforcement Administration number.

A monthly supply of medications for an individual youth does not constitute storing in bulk form.

**Youth Transfer or Release Practices**

The sending facility must coordinate transfer or release with the youth's parent/guardian and the next placement to ensure the youth has access to required medications and that informed consent for psychotropic medications is in place. Based on coordination and

need, the facility may provide up to a 45-calendar-day supply of medications to the youth. If psychotropic medications must be prescribed for continued use, informed consent must be in place or obtained; see [JRM 340, Psychotropic Medications](#), and FOM 802-1, Psychotropic Medication in Foster Care for youth with open foster care cases including dual wards. If the parents are unavailable or refuse to provide consent, the facility director or designee must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication.

The facility must provide medication administration records with each medication.

The facility director or designee must require the person transporting the youth and the person accepting care of the youth sign a facility receipt form for medications. The receipt must:

- Include the printed name and signature of the person providing the medication(s).
- Include the printed name and signature of the person receiving the medication(s).
- Include the name(s) of the medication(s).
- Include the quantity(ies) of each medication.
- Include instructions for the return of unused medication(s).
- Be retained at the sending facility.

### **Expired Medication Limits**

Expired or excess medication must be:

- Kept to a minimum and securely stored pending return or disposal.
- Returned to the pharmaceutical supplier for credit when feasible.
- Disposed of in accordance with [JRM 382, Medication Storage and Disposal](#).

### **LEGAL BASIS**

Child Caring Institutions Rules, R400.4161

---

**POLICY**

Medications for each youth in a residential juvenile justice facility must be administered as prescribed by a designated staff member or medical contractor. This policy applies to over-the-counter (OTC) medications, prescription medications, and controlled substances; see [JRM 380, Prescription Practices](#).

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment; see [JRM 340, Psychotropic Medications](#).

Staff must keep personal medications to a minimum, in their possession, and never provide them to any youth. Staff use of any facility medications, including over-the-counter medications, is strictly prohibited. Staff must ensure that visitors limit the number of medications brought into the facility to the minimum necessary and that these medications remain in the custody of the visitor and are never provided to a youth.

In cases where the youth is 18 years of age, parental/guardian notifications, approvals and objections discussed in this policy are provided/applicable to the youth.

**PURPOSE**

To ensure that each youth receives his/her correct medication as prescribed and with proper consent.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Staff designated to store, dispense and dispose of medications must come from the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.



- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

## PROCEDURE

Each facility must develop and implement written standard operating procedures for medication administration. These procedures must include the following requirements:

## MEDICATION OBJECTIONS

Staff must report receipt of any parent/guardian medication objection to the prescribing authority within one business day. Any case when this report cannot be made within the time limit must be reported to the facility director. Any case in which the physician is not notified of an objection within three business days must be reported to the Director, Juvenile Justice Programs. The physician and facility director, in consultation with the parent/guardian, must determine an appropriate course of action.

## DISCONTINUING MEDICATIONS

All prescription medications to be discontinued must be documented with a written order from the prescribing authority.

## MEDICATION DISPENSING

Medication for each youth must be dispensed:

- As prescribed. Psychotropic medications must only be administered with informed consent; see [JRM 340, Psychotropic Medications](#).
- By a contracted medical staff or trained and designated staff in one of the positions listed in this policy.

### Dispensing Rules

Staff must dispense medication in accordance with the six right rules for medication dispensing. These are:

- Right youth. Staff dispensing the medication must positively identify the youth.
- Right medication. The prescription, medication administration record form, and label on the medication container must match.
- Right dose. The dose must be that specified on the medication container.
- Right time. Unless otherwise directed in writing by the prescriber, medications must be dispensed within 30 minutes either side of the time listed on the medication administration record.
- Right route. This is the means by which the medication enters the body.
- Right documentation. Staff must document the medication being taken or refused on the medication administration record.

## Dispensing Medication

The staff designated to dispense medication must wash his/her hands prior to beginning the process.

The staff must focus exclusively on medication dispensing at the scheduled time and limit youth movement, noise and activities in the medication administration area.

The staff must avoid dispensing medications in an area that poses a risk of losing the medication if dropped, such as near a sink, toilet or drain.

The staff must not dispense any medication that is obviously discolored, malformed, broken, or that has an unusual odor.

The staff must assist each youth individually while taking medication. Staff must provide the youth with a disposable cup of water or other specified liquid (for oral medication) and observe the medication being taken by asking the youth to:

- Open his/her mouth to show he/she has swallowed the medication. Staff may ask the youth to pull away his/her cheeks from the gums and or pull away his/her tongue to aid in

a thorough search if deemed necessary (for example, a youth with past history of hiding medications or cheeking).

- Follow any special written instructions (for example, take medication with food) for administering the medication.
- Check the water cup when returned to make sure the youth has not returned the medication to the cup.

### **Dispensing Parenteral Medication**

While most medication is taken orally (enteral), some medications will have other routes (parenteral). Dispensing of intramuscular and intravenous medications must be conducted by a qualified medical staff.

Administration of Epinephrine pens (Epi-pens) may be conducted by any of the following:

- Qualified medical contractors.
- Trained staff. Staff supervising youth and carrying these devices are considered designated staff to administer these medications and must be trained in their use.

Administration of individual doses of subcutaneous insulin for diabetics or Glucagon for those with hypoglycemia may be conducted by any of the following:

- Qualified medical contractors.
- The youth with diabetes if the youth demonstrates satisfactory willingness, behavior and competency to administer the injection. The youth shall be afforded access to only the dose prescribed.
- Designated staff trained in the use of the syringe or pen. Glucagon is administered only by injection.

Administration of insulin via an insulin pump must be the subject of a written facility plan approved by the facility director and physician. The plan must describe the role of the physician, medical staff, facility staff, and the youth including describing how to monitor the youth and actions to take based on status of the youth.

---

**Nebulizers and Inhalers**

Staff must receive training in the use of nebulizers and inhalers prior to administering medications to youth via this route. Staff must observe youth for proper use of inhalers.

**Youth Observation**

Following medication dispensing, staff must continue to monitor the youth for side effects, allergic response, or other reactions. Should these occur, staff must respond to the youth's condition, make an immediate report to their supervisor, and complete an incident report.

**Medication Administration Documentation**

Staff must record the dispensing of all medications:

- On a medication administration record form approved by the facility director. Forms provided by the medication vendor may be used.
- For controlled substances, on the vendor-supplied, Controlled Medication Inventory Record, in addition to the medication administration record.
- By initialing the record form(s) in the appropriate box.

Staff must record all as-needed PRN (Pro Re Nata) medications on the form when provided to the youth.

When a youth is allowed to self-administer PRN medications (for example, an albuterol inhaler), the staff must record the reported use/doses taken.

Staff must file completed medication administration forms in the youth's medical record.

Staff must make medication administration records available to the parent/guardian, juvenile justice specialist, and case management organization caseworker for review on request.

---

**Documentation of  
Medication Refusal**

Staff must document medication refusal on the medication administration record form by taking the following actions:

- Write the letter "R" in the appropriate block of time for the medication that was refused.
- Ask the youth to initial the refusal. If the youth refuses to initial the refusal, note the refusal to initial on the record form by a note on the back of the form (for example, Youth refused to initial for 0800 dose of Concerta on May 30, 2014.).
- Complete an incident report documenting the medication refusal including medication name, dose, dose time, youth's basis for refusal (if known), and staff efforts to obtain cooperation.

Staff may never use medication refusal as the basis for youth discipline.

**Medication  
Dispensing While  
Off-Site**

In cases where an off-site activity, such as court, is planned, staff must dispense medications as prescribed. Transport staff must be trained and designated to maintain custody of medications until the appropriate time for dispensing. Procedures for dispensing medications remain in effect.

**MEDICATION  
ERRORS**

Medication errors are defined as any time a medication is not given as prescribed including but not limited to:

- Missed dose.
- Wrong dose.
- Wrong youth.
- Overdose when a youth takes too much of a medication or takes the medication via the wrong route (for example, snorting an oral medication).

In the event that the dose is missed or unavailable to be given, staff must circle the missed dose block on the medication administration record form in red ink.

Staff must immediately notify their supervisor of a medication error and begin actions to ensure youth safety in collaboration with medical staff. Such actions include but are not limited to:

- Staff observation of the youth.
- Consultation by the physician.
- Scheduled medical appointment(s)
- Evacuation to another medical facility/hospitalization.

Staff must complete an incident report for any medication error.

## LEGAL BASIS

The Child Care Organizations Act, 1973 PA 116, MCL 722.111 et seq

Michigan Administrative Code, R400.5101 through R400.5940

Child Caring Institutions Rules, R400.4160

**POLICY**

All medications must be stored in locked containers or secured in locked areas accessible only to authorized staff and designated for medication storage. All over-the-counter and prescription medications must be stored in a secure, locked storage area that is inaccessible to any youth unless accompanied by a designated staff member. The area must be clean, organized and free from temperature extremes, direct sunlight, and moisture.

A limited supply of over-the-counter medications designated for youth only and approved by the facility director and facility physician may be stored in a locked container controlled by shift management. These medications may not be stored on the living unit.

All controlled substances must be stored in a medication storage area separate from that used for other prescription medications.

Keys for medication containers must be maintained in the physical possession of the staff on the shift designated to dispense medication. No one else must be able to access the keys. Designated medication staff must be in one of the position classifications in this policy:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Staff members designated to dispense medications must only transfer medication key custody to another designated staff and only via hand-to-hand transfer.

Staff may never remove medication keys from the facility. If circumstances require the designated staff with key custody to leave the facility during the shift, the keys may be temporarily transferred to another staff on shift with transfer documented in a

facility key log. Key transfer must occur again when the original staff returns or the next scheduled designated staff arrives.

When the original designated staff does not return prior to the end of the shift, a medication count must be completed by two staff on duty.

## PURPOSE

To promote safety by limiting the opportunity for unauthorized use or loss of medication.

## DEFINITIONS

See JRG, JJ Residential Glossary.

## RESPONSIBLE STAFF

Medical staff including nurses, medical and pharmacy technicians and direct care staff involved in medication security and storage.

## PROCEDURE

Each facility must develop and implement written standard operating procedures for medication security and storage. Procedures must contain the following requirements:

### Medication Storage

All youth prescription medications must be stored in their original issue container until dispensed to the youth and:

- In a locked container and/or area accessible only to designated staff.
- If required to be kept cold, in a refrigerator designated for medications only that complies with the locked or authorized area requirements above.
- With oral or injectable medications physically separated from medications taken by other routes (for example, skin creams).

Packs worn by direct care staff while supervising youth may be used to provide ready access to selected youth medications where rapid response may be necessary; for example asthma inhalers and Epinephrine pens (Epi-pens).



Staff, contractors, volunteers, interns, and visitors must never provide their personal medications to any youth.

### **Prescription Labeling**

Each container for medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for dispensing.
- Date filled.
- Name and address of pharmacy or supplier.
- Expiration date.
- Warning statements, if applicable.

### **GENERAL INVENTORY REQUIREMENTS**

Facility procedures for medication inventories must include:

- An ongoing daily running inventory of medication utilization for all prescription and over-the-counter medication.
- Shift-to-shift inventory counts of controlled substances and counts at any other times when the person with custody of the controlled substance storage changes.
- Weekly inventory counts for all opened over-the-counter medications.
- Special inventories when tampering is detected or there is reason to believe that a theft has occurred.
- Reporting criteria and procedures for inventory discrepancies (such as when the count physically on hand does not match the record).
- Requirements for staff to make an immediate verbal report of any inventory discrepancy, sign of tampering, or theft. Staff must also complete an incident report and the facility must investigate the occurrence.
- Inventory documentation within a facility log or on a facility form approved for that purpose.

The ongoing daily running inventory process must be completed for inventories of over-the-counter and prescription medications. This process begins with a known total quantity of each medication and the number/amount of remaining tablets, pills or liquid is decreased each time a dose is given.

### **Inventory of Over-the-Counter and Non-controlled Prescription Medications**

The dose-by-dose daily administration and documentation of medication must be conducted using the ongoing daily running inventory process for the daily distribution of over-the-counter and non-controlled prescription medications. Documentation of each individual dose of medication dispensed to the youth must be maintained on the medication administration record form. Facility or vendor-supplied forms may be used. Staff distributing the medication to the youth must initial the form.

The facility director must designate a staff or contracted medical staff to conduct a weekly inventory count of all open supplies of over-the-counter medications. The count must be reconciled with dispensing records and the previous count.

### **Inventory of Controlled Substances**

When a controlled substance is dispensed to a youth as ordered through prescription, the number of pills, tablets or doses remaining after each dose must be documented on the youth's individualized Controlled Medication Inventory Record received from the supplier. The dose must also be documented on the medication administration record form.

Controlled substances must be counted and compared by two staff against on-hand records in each facility or living unit. Results of the count, including quantity of each controlled substance, names of staff involved, and date/time of the count must be documented on a facility form or log.

## Medication Disposal

Disposal of any medication, over-the-counter, prescription medication, or controlled substance must be in accordance with the guidelines of the Michigan Department of Environmental Quality (DEQ) and the federal Food and Drug Administration (FDA); see the web site at [http://www.michigan.gov/deq/0,4561,7-135-3585\\_57802\\_4173--,00.html](http://www.michigan.gov/deq/0,4561,7-135-3585_57802_4173--,00.html) and <http://fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseOfMedicine/SafeDisposalofMedicines/ucm186187.htm> for more information.

The facility must seek to return medication in original packaging to the vendor for credit when feasible.

The facility must make use of available local medication return programs when feasible.

Do **not** flush medications down the toilet unless the drug labeling contains specific instructions to do so.

Disposal of any medication, including over-the-counter medications must be jointly witnessed by any two designated persons from the following groups (including two persons from the same group):

- Youth residential director.
- Youth specialist supervisor.
- Youth specialist.
- Youth group leader.
- Social worker.
- Contract medical staff.

Disposal of over-the-counter and non-controlled prescription medications must be documented on a facility-approved form or log and include:

- Medication name, strength and number of doses destroyed.
- Date of disposal and disposal method.
- Vendor or program name and signature if turning in medication.
- Full printed names of staff involved.

The disposal of controlled substances must be documented in a letter or form on facility letterhead that includes:

- Prescription number(s).
- Name(s) of medication(s) and to who it was prescribed.
- Drug strength(s).
- Quantity.
- Date of disposal and disposal method.
- Full printed and signed names of staff involved.

The facility must maintain controlled substance disposal records per its record retention schedule and provide the controlled substance provider with a copy of the disposal document.

## LEGAL BASIS

Controlled Substances Act, 21 USC 812

Child Caring Institutions Rules, R400.4160

---

**POLICY**

Residential juvenile justice facilities providing educational services must obtain school records from the last known school attended for each youth.

**PURPOSE**

To ensure educational programs for each youth are consistent with previous school and education needs.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE PARTY**

Facility director or designee.

**REQUEST FOR RECORDS**

The facility director or designee must request all official school records from the last known school a youth attended within three days of admission. The request for records must include a telephone call and a written request using the Juvenile Justice Information System (JJIS) Request for School Information.

The telephone call and written request for records must be documented.

**Actions When School Records are not Received**

If school records are not received within 15 days of the initial request, the facility director or designee must make a follow-up telephone call and send a copy of the request to the superintendents of the youth's local and intermediate school districts using certified mail to request the youth's records.

If school records are not received within 15 days of the second contact, the facility director or designee may seek a court order to produce the records. The facility director or designee must send copies of the court petition to the superintendents of the youth's last local and intermediate school districts.

The facility director or designee must document all follow-up attempts to obtain records using case notes in the JJIS and in the student's school file.

### **Actions When Youth is Believed to be Eligible for Special Education Services**

If information suggests the youth previously received special education services, the facility director or designee must:

- Make a telephone call and send the school record request to the special education departments of the local and intermediate school districts to determine whether the student received special education services.
- Place the youth in a special education program pending an official determination of eligibility for services if the parents and/or school district affirm the student received special education services. See [JRM 402, Previous Enrollment in Special Education](#).
- Request a copy of the student's most recent individualized education program, multidisciplinary evaluation team report, and other pertinent documents.

### **Actions When Special Education Records are not Received**

If the youth's special education records are not received within 15 days of the initial request, the facility director or designee must:

- Make a follow-up telephone call and send the request form to the special education departments of the local and intermediate school districts.
- Contact the BJJ special education consultant for assistance. The facility director may seek a court order to produce the records if the records are not received within 15 days of the second request.
- Document all attempts to obtain the youth's special education records.

**AUTHORITY**

Family Educational Rights and Privacy Act, 20 USC 1232g.

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Elementary and Secondary Education Act of 1965, 20 USC 6301 et seq.

Michigan Department of Education Administrative Rules for Special Education.

---

**POLICY**

Any residential juvenile justice facility that provides educational services must refer any youth experiencing academic or adjustment difficulties to a student support team (SST) and provide intensive instructional intervention(s) to address the student's needs.

**PURPOSE**

To ensure that each youth experiencing academic or adjustment difficulties is appropriately referred for services.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE PARTY**

Facility director or designee.

**ACTIONS PRIOR TO REQUESTING A STUDENT SUPPORT TEAM**

Prior to requesting a student support team, the youth's teacher or another assigned staff member must meet with the youth to explore the presenting problem, the youth's school history, and previous interventions.

The teacher or other designated staff must consult with the youth's parent(s)/legal guardian and seek their input regarding the problem.

If the problem persists, the youth must be referred for SST services.

Any youth, parent/legal guardian, teacher, or facility staff may request services. Services may be requested verbally or by submitting a DHS-4310-BJJ, Student Study Team Referral Form, to the facility director or designee.

Within three school days of receipt of the request, the facility director or designee must appoint the team and its chairperson.



---

**STUDENT SUPPORT  
TEAM  
RESPONSIBILITIES**

The SST must assist the youth's teachers in planning and executing intervention strategies to resolve the learning and/or behavior problem. The team must:

- Document its activities on the referral form.
- Review the youth's work samples, teacher observations, documentation of youth's strengths and weaknesses, and other relevant information.
- Delineate the problem in measurable terms.
- Develop the intervention plan. Prior to implementing an intervention, review the plan with the youth and the parent/legal guardian. Provide the youth and the parent/legal guardian with an opportunity to provide input in assessing the plan. Input may be obtained by telephone, certified mail, personal visit, or actual meeting attendance.
- Meet at least weekly to review the effectiveness of interventions and monitor the youth's progress. A quorum of three members must be present to validate decisions made in the team meeting. Progress notes must be documented on the referral form.

**Note:** In cases where parental rights have been terminated or no parent/legal guardian can be located after reasonable documented efforts to make contact, see [JRM 421, Appointment and Training of Surrogate Parents](#).

The team chairperson must assign a team member to work closely with the classroom teachers, assist in executing the intervention plan, and monitor the youth's progress.

The team chairperson must prepare the team written report including documentation of the problems and interventions on the referral form.

Interventions must normally be completed within 30 school days and the team report submitted to the facility director or designee. A copy of the report must be filed in the youth's school file. The facility director may approve continuation of interventions for up to 60

additional school days. Written reports must be completed at each 30 school day interval.

The team chairperson must review each report with the parent/legal guardian and the youth. The parent/legal guardian must receive a copy of the report within five school days after the team meets to complete the report.

If intervention strategies are unsuccessful, the facility director or designee must refer the youth for special education or Section 504 services.

The chairperson or designee must enter the team report in the juvenile justice information system and file a copy in the youth's school file.

## **AUTHORITY**

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Michigan Department of Education Administrative Rules for Special Education.

## POLICY

Each residential juvenile justice facility that operates its own school must provide special education services to any student who was previously enrolled in a special education program or who is referred for special education services. These services must be administered through an Individualized Education Program (IEP) team composed of appropriate members to accomplish three functions. The team works closely with the student and parent(s)/legal guardian to execute the special education process. The three functions are:

- Conducting the Review of Existing Evaluation Data (REED) which determines if available information is sufficient to support current or new disability determinations; see [JRM 403](#).
- Conducting a comprehensive, multidisciplinary evaluation which includes additional specific evaluations to support disability determinations based on the REED; see [JRM 404](#).
- Developing or revising the IEP using the results of the REED and/or multidisciplinary evaluation; see [JRM 405](#).

Students must be re-evaluated and have a new IEP developed at least every three years and when requested by the parent(s)/legal guardian or appropriate facility staff.

Entry into the special education process at the facility may be through a determination of previous eligibility or through an initial referral. Student Study Teams (Childfind) as described in [JRM 401](#) may also refer the youth to the special education process. Anyone, including the student involved, may make a referral.

While multiple professionals support the student during the special education process, the education case manager serves a key role. Normally a special education teacher or school social worker familiar with the process and required time lines, the education case manager is the prime mover in keeping the process moving, coordinating notices and other communications, and encouraging the participation of the parent(s)/legal guardian and the student in the process.

## PURPOSE

To ensure each student receives appropriate educational services.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
PARTY**

Facility director or designee, education case manager, school social worker, teachers, and members of the Individualized Education Program team.

**ACTIONS WHEN  
STUDENT MAY  
HAVE BEEN  
PREVIOUSLY  
ELIGIBLE**

The facility director or designee who becomes aware of a youth with possible previous special education eligibility must:

- Contact the student's parent(s)/legal guardian and inform them that the facility:
  - Is aware that the student previously received special education services.
  - Will provide their child with special education services.
- Document the parent/legal guardian contact and response in the student's education file and case notes in the Juvenile Justice Information System (JJIS).
- Appoint an education case manager to coordinate the special education process for the student.
- Gather information that documents the student's previous education eligibility. This information may include letters, previous notices or invitations to special education meetings, independent assessments of the student, or other records associated with previous evaluations or IEPs.
- Within three business days of verifying previous special education services/eligibility, document the eligibility in the education domain (D5) of the Strength and Needs Assessment in the JJIS.

**EDUCATION CASE  
MANAGER ACTIONS  
FOR PREVIOUSLY  
ELIGIBLE STUDENT**

The education case manager must:

- Conduct an Individualized Education Program (IEP) team meeting within 30 school days following the date notification is received (or verification) of a student's previous enrollment in a special education program/services. A typical process leading to an IEP will involve conduct of a REED and, based on the REED results, the conduct of a multidisciplinary evaluation prior to program development of the IEP. If the facility adopts the student's current IEP from the district previously providing services, the scheduling of a new IEP team meeting is not required.
- Using certified mail, send all of the following to the parent(s)/legal guardian:
  - A DHS-4268-BJJ, Permission for Temporary Placement Due to Previous Enrollment, requesting approval to continue providing special education services to the student.
  - A copy of the DHS special education parent handbook and eligible procedural safeguards.
  - A self-addressed, stamped envelope for the return of the signed temporary placement permission form.
- Make a follow-up telephone call to the parent(s)/legal guardian if the consent for placement form is not returned within seven calendar days.
- Implement the student's current IEP to the extent possible if the parent(s)/legal guardian approve the temporary placement request.
- Convene a meeting of the IEP team to conduct a Review of Existing Evaluation Data within 20 school days of the initial request for placement.
- Implement the student's current IEP to the extent possible if the parent(s)/legal guardian do not provide consent for the placement.

- Proceed to conduct a Review of Existing Evaluation Data as described in [JRM 403](#).

### Consent Requirements

If the student's parent(s)/legal guardian refuse to consent, the student must not be evaluated.

Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after the use of reasonable efforts. Reasonable efforts may be considered as at least three documented attempts over a 15 calendar day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact; see [JRM 421](#).

### ACTIONS FOR INITIAL SPECIAL EDUCATION REFERRAL

When an initial referral is made, the person making the referral must take the following actions:

- Complete the DHS-4260, BJJ Special Education Referral Report, in the Juvenile Justice Information System. Ensure the form documents:
  - The problem in substantial detail.
  - Interventions attempted and for how long.
  - Work samples and anecdotal observations.
- Notify the facility director or designee named to receive special education referrals.

The facility director or designee must appoint an education case manager to coordinate the special education process for the student.

---

**EDUCATION CASE  
MANAGER ACTIONS  
FOR AN INITIAL  
REFERRAL**

The education case manager must:

- Contact the parent(s)/legal guardian by telephone within five school days of the referral data and share information about the referral and special education process.
- Using certified mail, send all of the following to the parent(s)/legal guardian within 10 calendar days of receipt of the referral and prior to any formal evaluation designed to determine special education eligibility:
  - Written notice containing the reason an evaluation is being sought, the nature of the evaluation, and a description of the types of special education programs and services currently available.
  - A copy of the DHS-4262-BJJ-EV, Special Education Consent to Evaluate.
  - A copy of the DHS special education parent handbook and procedural safeguards.
  - A self-addressed, stamped envelope for the return of the signed consent to evaluate.
- Include the case manager's name and telephone number for future contact regarding special education.
- Make follow-up contacts with the parent(s)/legal guardian to obtain the signed evaluation consent and respond to questions.
- Document all case activities in the case notes in the youth's education file and in JJIS.
- Proceed to the Review of Existing Evaluation Data as described in [JRM 403](#).

**Consent  
Requirements**

If the student's parent(s)/legal guardian refuse to consent, the student must not be evaluated.

Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after the use of reasonable efforts. Reasonable efforts may be considered as at least three documented attempts over a 15 calendar day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact; see [JRM 421](#).

**AUTHORITY**

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals With Disabilities Education Improvement Act of 2004, 34 CFR 300.300, 305 and 309.

Michigan Department of Education Administrative Rules for Special Education R340.1721.



---

## POLICY

Each residential juvenile justice facility that operates its own school must provide each student referred for special education services with appropriate reviews to support special education disability determination and planning for services. The Review of Existing Evaluation Data (REED) is conducted by the Individualized Education Program (IEP) team to determine if evaluation is required prior to proceeding with program development in the IEP. The review enables the team to critically examine existing student data to determine:

- If a student continues to have a disability and educational need.
- If additional data is needed to support a disability determination.
- The student's present levels of academic achievement and related services needs.
- Whether any additions or modifications to the student's special education program and related services are needed to achieve measurable annual goals.

This policy assumes that the student:

- Is initially referred for special education.
- Requires re-evaluation for special education.
- Is being considered for special education eligibility termination.

This policy also assumes that an education case manager has been appointed; see [JRM 402](#).

## PURPOSE

To ensure each student receives a Review of Existing Evaluation Data as appropriate.

## DEFINITIONS

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
PARTY**

Facility director or designee, education case manager, school social worker, teachers, and members of the Individualized Education Program teams.

**EDUCATION CASE  
MANAGER**

The education case manager must:

- Ensure the parent(s)/legal guardian and student have been notified of the REED and invited to participate.
- Make arrangements for the use of telephone or videoconferencing in cases where the parent(s)/legal guardian are unable to be physically present.
- Coordinate appointment of a surrogate parent in cases where the parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact; see [JRM 421, Appointment and Training of Surrogate Parents](#).

**REVIEW OF  
EXISTING  
EVALUATION DATA  
(REED)**

The review team must include the following in its review:

- Evaluations and information provided by the parent(s)/legal guardian. Examples include external evaluations, medical reports, or a medical condition fact sheet.
- Current classroom-based local or state assessments and classroom-based observations. Examples include Michigan Educational Assessment Program results, universal screening or progress monitoring data using a response to intervention model, record reviews, discipline reports, attendance records, report cards, medical/health records, and developmental assessments for young children.
- Observations by teachers and related services providers including review of documents to ensure sufficient data exists to comply with Michigan rules. As a minimum, this information

must include documentation from the previous school the student attended.

- Any other input from the parent(s)/legal guardian. Input requires the opportunity for meaningful engagement through means such as interviews, telephone discussion, participation at a meeting, or a questionnaire. Examples include developmental history, parent perception of the student's possible disability, information about the student's learning, and input on the student's educational experiences. The input must be documented by the parent(s)/legal guardian/REED team in writing to the maximum extent practical.

The review team must make a determination if information is sufficient or, if additional data is needed, the team must identify what additional data is needed to determine:

- Whether the student continues to be a student with a disability.
- The educational needs of the student.
- The present levels of academic achievement and related developmental needs of the student.
- Whether the student needs special education and related services.
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet measurable annual goals of the Individualized Education Program (IEP) and to participate in the general education curriculum.

**Example:** Modifications to services may include adjusting the duration of the class day spent in a resource room, assignment of a teacher consultant, or other modification consistent with the continuum of services and continuing progress towards education in the least restrictive environment; see [JRM 410, Continuum of Services](#).

The review team must document the data that they reviewed in the REED report. Documentation must be substantive and describe how the data reviewed relates to the youth's disability or performance.

**Sufficient  
Information**

If information is sufficient, the education case manager must notify the parent(s)/legal guardian in writing that the review has determined:

- No additional information is necessary.
- The reasons for the sufficient information decision.

The education case manager must advise the parent(s)/legal guardian that they have the right to request an assessment to determine whether the student continues to be a student with a disability and to determine the student's educational needs.

The education case manager must provide the parent(s)/legal guardian a copy of the REED report.

The IEP team may determine that re-evaluation at the three-year point following an IEP is not required. However, a REED and IEP that determines eligibility must be completed every three years.

**Insufficient  
Information**

If information is not sufficient, the education case manager must:

- Notify the parent(s)/legal guardian in writing and provide the parent(s)/legal guardian a copy of the REED report.
- Develop an education plan which includes assessment areas and information needed.
- Obtain parent/legal guardian written consent to evaluate the student (if not obtained previously).
- Make a follow-up call to the parent(s)/legal guardian to discuss the report and answer any questions.
- Forward a copy of the REED report including all attachments to the IEP team that will conduct the multidisciplinary evaluation.

In cases where the REED determines that eligibility is not a question and a multidisciplinary evaluation is not required, the report must document the data that was used to make the

determination and be forwarded to the IEP team for development of the student's individual program.

### **REED ASSOCIATED WITH RE- EVALUATION**

In the event the student is within the 90 calendar day period prior to the three year anniversary of the Individualized Education Program, the facility director or designee must ensure an education case manager is appointed. The education case manager must follow this policy to ensure a REED is conducted prior to any re-evaluation. A REED must also be completed if the parent(s)/legal guardian request a re-evaluation.

### **AUTHORITY**

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals with Disabilities Education Improvement Act of 2004, 34 CFR 300.300, 303, 304 and 305.

Michigan Department of Education Administrative Rules for Special Education R340.1721a.

---

**POLICY**

Each residential juvenile justice facility that operates its own school providing special education services must conduct appropriate comprehensive multidisciplinary evaluations. These evaluations must be used to identify special education disabilities and determine special education eligibility. The evaluations must be coordinated by the education case manager and conducted by an Individualized Education Program (IEP) team formed in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and Michigan Department of Education Administrative Rules. The education case manager must notify the parent(s)/legal guardian of the evaluation, obtain their written consent for the student to be evaluated, provide them with appropriate documentation, and encourage them to participate in the evaluation process.

This policy assumes that an education case manager has been appointed, that the Review of Existing Evaluation Data (REED) has been completed, and that the review has determined that additional evaluation is necessary; see [JRM 403](#).

**PURPOSE**

To ensure that each facility complies with IDEA and state administrative rules that require the involvement of the parent(s)/legal guardian through notice, consent and participation in conducting required multidisciplinary evaluations of each student who is suspected of having a disability.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE PARTY**

Facility director or designee, education case manager, school social worker, teachers, and team members conducting the multidisciplinary evaluation.

**PARENT/LEGAL GUARDIAN CONSENT**

Within 10 calendar days of receipt of a referral of a student suspected of having a disability, the education case manager must

notify the parent(s)/legal guardian of intentions to evaluate the student and request consent to evaluate using the DHS-4262-BJJ-EV, Special Education Consent to Evaluate.

The notice must include the reason(s) the evaluation is sought, the nature of the evaluation, and a description of the types of special education programs and services currently available in the school district/facility.

Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after the use of reasonable efforts. Reasonable efforts may be considered as at least three documented attempts over a 15 calendar day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact, see [JRM 421, Appointment and Training of Surrogate Parents](#).

If the parent(s)/legal guardian refuse to consent for an initial evaluation, the youth must not be evaluated. Written parental permission to evaluate may not be used as approval authority for more than 45 school days from the date the approval is received.

The parent(s)/legal guardian may revoke their consent prior to and during the administration of the multidisciplinary evaluation. All contacts and activities to obtain parent/legal guardian consent must be documented using the case notes feature in the Juvenile Justice Information System.

## INITIAL EVALUATION

Initial evaluations must be conducted within 45 school days from the date the consent to evaluate is received to determine if the student has a disability.

**Note:** Screening conducted to develop instructional strategies for curriculum implementation is not considered an evaluation.

---

**RE-EVALUATION**

Re-evaluation must be conducted when educational or related services, including improved academic achievement or student performance, warrant a re-evaluation. Re-evaluation must also occur if requested by the parent(s)/legal guardian or teacher.

Re-evaluation may not occur more than once per year unless the facility director or designee and the parent(s)/legal guardian agree. Re-evaluation must occur at least every three years unless the facility director or designee and parent(s)/legal guardian agree that re-evaluation is not necessary.

**MULTIDISCIPLINARY EVALUATION TEAM**

The evaluation must be conducted by an appropriately-staffed IEP team that must:

- Evaluate the student in the suspected disability area(s) for special education eligibility.
- Focus on the disabling condition(s) and the impact on the student's involvement in the general education curriculum.
- Use a variety of assessment tools and strategies to gather relevant information to complete the evaluation.
- Encourage and document parental input using the Multidisciplinary Evaluation Team (MET) Summary.
- Compile information for making determinations regarding:
  - Eligibility.
  - Impact of the disability on general education performance.
  - Progress in the general education curriculum.
  - Current performance, strengths and educational needs.
  - Instructional modifications.
  - Youth profile.
- Ensure the recommendations for primary determinations of eligibility are not due to:



- A lack of appropriate instruction in reading and math.
- A limited English proficiency (native language of the student and/or primary language of the parents is not English).
- Develop the MET report that includes a summary of information and findings from clinical, medical and education reports as well as classroom observation and other academic assessments.

All reports used in the determination of a disability must be attached to the MET Summary. The completed report must specify the student's disability eligibility and recommendations must be based on the student's evaluations and accompanying data in accordance with Michigan Department of Education rules.

One team member must be designated to contact the parent(s)/legal guardian and discuss evaluation findings and respond to questions.

## AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals with Disabilities Education Improvement Act of 2004, 34 CFR 300.301-311.

Michigan Department of Education Administrative Rules for Special Education R340.1701b, 1705-1716, 1721.

---

**POLICY**

Each residential juvenile justice facility that operates its own school must develop and implement an Individualized Education Program (IEP) for each student determined to have a special education disability. The IEP is a written statement for each student with a disability that is developed, reviewed and revised periodically. This policy assumes that an education case manager has been appointed for the student and a Review of Existing Evaluation Data (REED) has been completed. This policy also assumes that any necessary multidisciplinary evaluation has been completed.

Staff at the facility must work with the student so that he/she learns to advocate for themselves during the special education process and, as the ultimate goal, lead their own IEP.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact, see [JRM 421, Appointment and Training of Surrogate Parents](#). Training of the youth's surrogate parent must be documented in case notes in the Juvenile Justice Information System and in the youth's education file.

**PURPOSE**

To ensure that each facility complies with federal law and state rules regarding Individualized Education Programs (IEP).

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE PARTY**

Facility director or designee, education case manager, school social worker, teachers, and members of the Individualized Education Program team.

**INDIVIDUALIZED EDUCATION PROGRAM**

The education case manager must:

- Collaborate with the parent(s)/legal guardian in setting a time for the IEP meeting. The facility may reimburse the

parent(s)/legal guardian for reasonable costs (with receipts) of transportation, food and lodging incurred in support of the meeting. Invite the parent(s)/legal guardian to participate in the IEP meeting by sending the DHS-4309-BJJ-IN IEPT Invitation using certified mail with a self-addressed stamped envelope for returning the invitation. Ensure that the parent(s)/legal guardian have copies of the REED report and the multidisciplinary evaluation report prior to attending the IEP meeting. Inform the parent(s)/legal guardian of the availability of staff or community resources to assist them in clarifying their rights and preparing for the meeting.

- Advise the parent(s)/legal guardian of their right to invite others with knowledge or special expertise to assist them at the meeting.
- Make special accommodations to involve the parent(s)/legal guardian via video conference or telephone when they are unable to attend in person.
- Ensure that the student involved attends their meeting. If a significant event prohibits the student's attendance, the meeting must be rescheduled.
- Provide representatives from agencies outside DHS and the parent(s)/legal guardian with a list of the invitees.
- Schedule the meeting at least seven calendar days following contact with the parent(s)/legal guardian. The seven day limit may be modified with parent/legal guardian agreement.
- Convene the IEP team meeting. The team must make themselves knowledgeable of the youth's case in addition to the education file. The team must consider the REED and/or the multidisciplinary report in its declaration of eligibility for special education services and initiate planning of the youth's Individualized Education Program. Team members must include:
  - The parent(s)/legal guardian.
  - At least one general education teacher of the child.
  - At least one special education teacher of the child.
  - The education case manager or similarly knowledgeable staff.

- An individual who can interpret the instructional implications of the evaluation results (if different from above).
- Other individuals with knowledge or special expertise (at parent/guardian and facility discretion).
- The student.
- Document all required activities in case notes in the Juvenile Justice Information System and the student's education file including completion of the written IEP.

The IEP must be completed within 30 school days of the referral or receipt of initial consent for an evaluation. This may be extended if the parent(s)/legal guardian and facility agree. The agreement to extend the IEP date must be documented in writing in the case notes in the Juvenile Justice Information System.

Within seven calendar days of completion of the IEP, the education case manager, in coordination with the facility director or designee, must notify the parent(s)/legal guardian of intent to implement special education programs and services in accordance with the IEPT report. The report must identify where the programs and services are to be provided and when the program begins.

The facility director or designee must initiate special education services within 15 school days after the notice is provided. Services must be in accordance with the IEP.

The education case manager must ensure that the student's Individualized Education Program is reviewed annually and that a new program (including REED and multidisciplinary evaluation (if required)), is completed at least every three years.

## **SPECIAL EDUCATION PORTFOLIO**

The education case manager must meet with each assigned student to develop a special education portfolio. The collection of this information must be shared at the Individualized Education Program team meetings and continued thereafter. Selected content of this information, as requested by the student, must be included in the IEP.

The education case manager must meet at least monthly with each student to review and update the content of the portfolio and the IEP.

The education case manager must use the student's interests, preferences, career choices, abilities, educational needs, and life skill adjustments in planning needed transition services. Additional areas that must be included in the self-determination/self-efficacy learning modules are personal responsibility, conflict management, and communication. Planned learning modules, courses of study, and needed transition services documents must be maintained in the special education portfolio and be accessible to the student.

Secondary courses and other educational experiences must be identified and included in the student's course of study. The course of study must include completion of academic requirements for graduation and must align with the preparatory experiences leading toward post-secondary goals.

## TRANSITION SERVICES

In planning and coordinating transition services, the education case manager must include the student's interests, abilities, educational needs, post-secondary school goals, and adult life skills.

Each IEP must include:

- Appropriate measurable post-secondary goals based upon age- appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills.
- The transition services, including courses of study, needed to assist the student in reaching those goals.

Assigned staff must assist students in preparing their statement of needed transition services. This statement lists the supports the student needs and will continue to need as an adult to accomplish life goals. Supports must be examined in areas of employment, instruction, community experiences, and adult/daily living.

If the statement of needed transition services requires the involvement of a vocational rehabilitation representative such as Michigan Rehabilitative Services (MRS) and other community organizations, a representative of that agency must be invited to the student's IEP

team meeting. When needed, the MRS representative must meet with the education case manager and student to:

- Determine eligibility for rehabilitation services.
- Provide suggestions for preparing an employment plan.
- Coordinate linkages with other community agencies.
- Initiate a referral for the area MRS site director where the youth is to be released.

If the services of community agencies are needed, the education case manager must obtain written commitment from the organization to provide services to the youth upon discharge.

Beginning at age 16, the facility director or designee must inform the youth and parent(s)/legal guardian verbally and in writing of the pending changes when the youth becomes 18 years old and rights pertaining to education transfer to the youth.

## AUTHORITY

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals With Disabilities Education Improvement Act of 2004, 34 CFR 300.320-324 and 520.

Michigan Department of Education Administrative Rules for Special Education, R340.1721, 1722.

---

**POLICY**

Residential juvenile justice facilities providing education services must identify each youth with disabilities that may impact their education, evaluate those disabilities, and provide appropriate measures to support the youth.

**PURPOSE**

To protect the civil rights of each youth and prohibit discrimination against individuals with disabilities.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE PARTY**

Facility director or designee and members of the section 504 committee.

**PROCEDURE**

Each facility providing on-site educational services must develop and implement a written procedure relating to section 504 eligibility. This procedure must contain the following requirements:

**Facility Section 504 Committee**

The facility director must appoint a facility section 504 committee in writing. The facility director, school administrator, or designee must serve as the committee chairperson and must convene and document committee meetings.

The committee must screen the records of each new admission to identify any youth with a disability. The committee must also review referrals from staff for other youths suspected of having a disability.

The committee must exert reasonable efforts to obtain the consent of the parent(s)/legal guardian before conducting an evaluation of any youth. Record review screenings conducted incident to youth admission do not require the permission of the parent(s)/legal guardian.

When a youth is referred under section 504, the committee must provide a written invitation to the parent(s)/legal guardian and the

youth to participate in the meeting. The committee must advise the youth and the parent(s)/legal guardians of their rights, procedural safeguards, and due process procedures.

**Note:** Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after use of reasonable efforts. Reasonable efforts may be considered as multiple attempts over a 15 day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

**Note:** In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after reasonable documented efforts to make contact, see [JRM 421, Appointment and Training of Surrogate Parents](#).

Committee members unable to attend a 504 meeting must provide written input on matters to be discussed to the committee chairperson at least one day prior to the meeting.

The committee must consider the youth's current performance, school history, and related records. Selected areas for review must include all of the following:

- Instances where the youth is suspended for 10 or more cumulative days during a school year.
- Repeated school grade retention.
- Demonstration of a pattern of poor school performance, and/or not benefiting from instruction or educational interventions.
- Reported chronic health problems or serious illness (for example, asthma).
- Medical treatment, including psychotropic or other medications that impact the youth's school performance.
- When the youth is evaluated and determined ineligible for special education.
- Any youth who was considered eligible for special education services in the past.
- Any youth receiving psychiatric services or who has a history of substance abuse.



The 504 committee chairperson must immediately notify the parent(s)/legal guardian in writing when referrals are submitted to the 504 committee. The chairperson must also notify the parent(s)/legal guardian of findings and proposed actions to be taken (for example, education, educational services).

The evaluation of each youth must include multiple assessments to address the youth's educational needs and services. The committee must review pertinent data related to the youth's suspected disability, assess how the disability impacts the youth's education, and identify needed services.

The declaration of 504 eligibility must document the existence of a disability and how it substantially limits the youth's performance in a major life activity.

### **Student Accommodation Plan**

The committee must develop the student accommodation plan for each eligible youth. The implementation of the plan must be the responsibility of the general education program.

The committee chairperson and youth's case manager must ensure that all staff responsible for the education of each eligible youth are knowledgeable and receive copies of the student accommodation plans.

The committee must complete an ongoing evaluation of the accommodation plan at least every two weeks.

The committee chair or designee must enter information into the Special Education/Section 504 Referral Report and the Section 504 Education Plan in the Juvenile Justice Information System and forward copies to the Bureau of Juvenile Justice education unit.

The committee must monitor the implementation of the accommodation plan and prepare progress reports each marking period for entry into the D5 section of the Strengths and Needs Assessment in the Juvenile Justice Information System.

The committee must provide the youth and the parent(s)/legal guardian with copies of each progress report.

**AUTHORITY**

Section 504 of the Rehabilitation Act of 1973, 29 USC 791 et seq.

The Americans with Disabilities Act of 1990, 42 USC 12101 et seq.

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

**POLICY**

Residential juvenile justice facilities providing education services must offer a continuum of education services for any youth with disabilities.

**PURPOSE**

To ensure that any youth with a disability is educated with their peers who do not have disabilities. The planning of a youth's academic placement must be guided by the principle of a least restrictive environment.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

Facility director or designee.

**PROCEDURE**

Each facility providing on-site educational services must develop and implement a written procedure relating to providing a continuum of services. The procedure must contain the following requirements:

**Program Structure**

The facility director or designee must ensure that the facility educational program includes a special education placement continuum. This continuum must include a range of placement alternatives for each youth. The minimum alternatives that must be included in order of the least restrictive alternative first are:

- One or more general education classrooms with special education consultant services.
- A resource room.
- A self-contained classroom.

**General Education Classroom**

The general education classroom must be a full-time youth placement and must include:

- Supplementary support for each disabled youth.
- Special education teacher consultation services.
- Indirect services or ongoing support services to the general education teacher.
- Direct services to each youth.

**Resource Room**

The resource room is normally a part-time placement for each youth for less than 50 percent of the school day with all of the following:

- Direct instructional services from a special education teacher.
- Instruction with non-disabled youths in a general education classroom when the resource room is not used.
- Instructional support must be provided to general education classroom teachers.
- Pull-out service and instruction for each youth with the disability must occur in the resource room.
- Team teaching/co-teaching may occur with the general education teacher.

**Self-contained Special Education Classroom**

The self-contained special education classroom must normally be a full-time placement where each youth spends more than 50 percent of the school day in special education classes. The classroom must include direct intensive instruction of each youth.

Each youth may attend some elective classes with non-disabled peers.

**Placement Criteria**

The individualized education program team (IEPT) must determine if the youth's academic or emotional needs have a significant impact on the youth's ability to learn in the general education environment. If a more restrictive learning environment outside of the general education classroom is approved, then the team must attach the rationale to the individualized education program.

The youth's educational needs must guide the placement decision instead of the limited program alternatives or classroom space.

The facility director or designee must monitor the continuum of services, placement decisions, and ensure the academic setting is appropriate and based on the educational needs of the youth.

**Placement Decisions**

The general education classroom must be the first option considered for placement. If the youth is not placed in the general education classroom, the following issues must be addressed before selecting a more restrictive placement:

- There is a complete written rationale that explains and justifies rejecting a general education classroom placement option.
- Educational benefits were considered for the least restrictive option.
- The placement decision was based on the youth's disability or severity of the handicapping condition.
- The placement decision was not based on the absence of space in the least restrictive setting.
- The placement decision was not made before the development of goals, benchmarks, and supplementary services.

The facility director or designee must monitor and prepare a quarterly report summarizing the decision process of the IEPT in placing each youth. The facility director must ensure that team placements comply with the principle of a least restrictive environment.

The quarterly report must be submitted to the Bureau of Juvenile Justice director and special education consultant.

**AUTHORITY**

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Michigan Department of Education Administrative Rules for Special Education.

**POLICY**

Residential juvenile justice facilities providing educational services must prepare and use lesson plans to administer services to each youth in general and special education programs.

**PURPOSE**

To ensure youth education services are provided in a logical, organized, and continuous manner that supports effective classroom instruction and complies with applicable laws and regulations.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
PARTY**

Facility director or designee, school administrator, and teachers.

**PROCEDURE**

Each facility providing on-site educational services must develop and implement a written procedure relating to lesson plans. This procedure must contain the following requirements:

**Written Daily Plans**

All teachers must prepare detailed descriptive daily lesson plans to guide the learning experiences of each youth in the classroom. Plans must include:

- Benchmarks.
- Goals.
- Objectives.
- Activities.
- Exercises.
- Resources.
- Evaluations.

The lesson plans must be in writing and in a format approved by the facility director.

The lesson plans must be located in the classroom so they are readily available for use in the event a substitute teacher replaces the teacher who is normally scheduled.

**Special Education  
Lesson Plans**

Special education lesson plans must address and be consistent with the goals as well as the academic and affective benchmarks in the youth's individualized education program.

Special education lesson plans must document systematic meaningful planned activities aimed at achieving the education program goals and benchmarks.

Special education lesson plans may be written to apply to a group of special education youths in limited cases where the youths have common needs and planned activities. However, individual lesson plans for each special education youth must be written when needed to address the individual educational needs and strengths of each youth.

Special education lesson plans must describe the use of supplemental aids, services, and assistive technology where applicable.

Special education lesson planning must be evaluated; teachers must prepare summary evaluative notes reflecting youth progress each week.

**General Education  
Lesson Plans**

General education lesson plans must have sufficient detail to support:

- Differentiated learning.
- Youth achievement toward curriculum benchmarks.

Teachers must collaborate with their youths in preparation of an education development plan. This plan must require goal setting and accomplishment. Teachers must structure their lesson plans to reflect an ongoing process that is connected to the youth's goals in their plan.

There must be written individualized goals/benchmarks in each curriculum area for each youth.



**Lesson Plan  
Process**

Teachers must submit their weekly lesson plans to the facility director or designee prior to leaving work on the Thursday preceding the week that the lesson plan is to be implemented.

The facility director or designee must review and approve the lesson plans. In cases where there are questions or issues which prevent approval, the facility director or designee must resolve these issues prior to use of the lesson plans.

The teacher must leave a duplicate copy of their weekly lesson plan on their classroom desk or at a facility designated location readily accessible for a substitute teacher.

Lesson plans must address the expectations of staff and each youth for achieving mastery of curriculum standards. Lesson plans must reflect assignments made from the curriculum, textbooks and supplementary materials/supplies approved by Bureau of Juvenile Justice School Improvement Committee.

Lesson plans and weekly teacher evaluations must be retained in accordance with the record retention schedules and made available for licensing and other authorized inspection staff.

**AUTHORITY**

Section 504 of the Rehabilitation Act of 1973, 29 USC 791 et seq.

The Americans with Disabilities Act of 1990, 42 USC 12101 et seq.

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Michigan Department of Education Administrative Rules for Special Education.

**POLICY**

Residential juvenile justice facilities providing educational services must administer the Kaufman Test of Educational Achievement (KTEA-II) to each youth.

**PURPOSE**

To ensure that youth academic progress is measured periodically.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director or designee.

**TESTING PROGRAM**

The KTEA-II assessment must be administered to each youth within 30 days following admission to the facility. The results must be documented in the Juvenile Justice Information System.

Paper copies of the KTEA-II must be filed in the youth's case record.

Students eligible by grade and academic plan for the Michigan Merit Exam/ACT merit testing program must be examined each spring in accordance with the procedures of the Michigan Department of Education.

**AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400. 115a (1)(l)

---

**POLICY**

Residential juvenile justice facilities providing educational services must appoint a surrogate parent when the parent(s)/legal guardian cannot be located after a diligent search and the youth may be eligible for special education services.

**PURPOSE**

To ensure the interests of any youth who may be eligible for special education services are protected by a qualified person designated to act on the behalf of the youth. To provide guidance for recruitment and appointment of surrogate parents.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
PARTY**

Facility director or designee.

**PROCEDURE**

Each facility providing on-site educational services must develop and implement a written procedure relating to the appointment and training of a surrogate parent. The procedure must contain the following requirements:

**Surrogate Parent  
Appointment**

The facility director or designee must appoint a surrogate parent in writing when facility staff identify a youth less than 18 years of age who may need special education services and the parent(s)/legal guardian cannot be located.

**Note:** The parent(s)/legal guardian may be considered unable to be located after the facility has devoted at least 15 days to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

The facility director or designee's appointment letter must identify the youth to be represented and indicate the projected period of service.

**Note:** A surrogate parent may be appointed for a definite period of time or for a special purpose. It is desirable that the same surrogate parent represents the youth for the duration of the youth's stay at the facility. Surrogate parent appointments automatically terminate when the youth reaches 18 years of age, upon facility release, or when the youth is determined ineligible for special education services.

The facility director or designee must notify the surrogate parent and the youth in writing when a surrogate parent appointment is terminated including the reason for termination. This requirement includes cases where the appointment is for a set period of time or when the appointment is subject to automatic termination.

### Surrogate Parent Screening and Training

The facility director or designee must conduct the same initial and annual screening checks of potential surrogate parents as for any volunteer; see [JRM 100, Screening & Ongoing Checks for Staff](#). Surrogate parents must also be screened for potential conflicts of interest that would hinder or prevent them from acting in the best interests of the child.

**Note:** DHS employees may not serve as surrogate parents.

The Bureau of Juvenile Justice special education consultant must provide the required surrogate parent training including:

- Development and educational needs of children.
- Educational rights of children having disabilities.
- Special education statutes and rules.
- DHS policy relating to treatment, security and related issues.

Prior to assuming youth supervisory duties, the facility director or designee must ensure that prospective surrogate parents receive specific facility training for volunteers.

### List of Trained Surrogates

The facility director or designee must maintain a current list of trained surrogate parents including their name, address, phone number, starting date, and dates of initial and most recent training. The facility director or designee must forward updated copies of the list to the education unit.

**Conflicts**

If there is a question regarding the need for a surrogate parent or relating to the appointment, the facility director or designee must attempt to resolve the question by meeting with the individual raising the question. If this conflict cannot be resolved within 10 days and affects pending education or service matters, the facility director or designee must contact the special education consultant to resolve the conflict.

**AUTHORITY**

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all BJJ schools align classroom instruction with the BJJ school district's curriculum.

**PURPOSE**

This policy ensures that students receive instruction responsive to their individualized needs and is based on the standards and expectations of the Michigan core curriculum framework.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) relative to the school curriculum. At a minimum, these SOPs must contain the following requirements:

- Alignment of the annual syllabus with the BJJ curriculum.
- Alignment of the weekly lesson plans with the BJJ curriculum.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(1)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that education staff participate in professional development activities consistent with the programmatic needs of youth, BJJ and their professional interest.

**PURPOSE**

Professional development activities increase staff knowledge and the competencies needed to work with youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) relating to education professional development. At a minimum, these SOPs must contain the following requirements:

**Needs Assessment**

School programs conduct an annual needs assessment survey of staff serving youth. Each instructional staff completes the annual needs assessment survey.

**Training**

Education staff participate in ongoing training activities to:

- Upgrade their instructional competencies.
- Increase their knowledge of legal requirements for educating youth with disabilities.
- Develop an awareness of best practices.
- Participate in topical areas of professional interest.

Professional development activities are identified at two (2) levels, BJJ wide and by facility.

Teachers will complete at least twenty-five (25) hours of annual training.

Teachers will maintain certification and meet the definition of “highly qualified” as defined by the Michigan Department of Education.

## **AUTHORITY**

Individual’s With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Elementary and Secondary Education Act of 1965, 20 USC 6301 et seq.

Michigan Department of Education Administrative Rules for Special Education.



**POLICY**

Residential juvenile justice facilities providing educational services must publish an annual school calendar that identifies the names and time frames of periods of classroom instruction. Each facility's school calendar must align with the annual school calendar issued by the Bureau of Juvenile Justice (BJJ) education unit.

**PURPOSE**

To ensure continuity in educational programming.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director or designee.

**SCHOOL CALENDAR**

The facility director or designee must:

- Develop an annual school calendar based on the BJJ school district calendar.
- Submit a draft copy of the facility school calendar to the BJJ education unit at least 30 days prior to the start of the fall semester.
- Ensure that the calendar is entered into the Juvenile Justice Information System no later than one week prior to the beginning of the semester.

**AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

**POLICY**

Residential juvenile justice facilities providing education services must maintain a record of student attendance. Additionally, each facility must document the impact of absences and tardiness on the student's academic progress and take appropriate corrective action.

**PURPOSE**

To ensure continuity in the delivery of education services.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director or designee.

**ATTENDANCE  
RECORDS**

The facility director or designee must maintain a record of student attendance. Records of attendance must be entered into the Juvenile Justice Information System. Records must include classes that each youth is required to attend and:

- Excused absences.
- Unexcused absences.
- Total absences.
- Instances of tardiness.

The facility director or designee must also ensure that cases where attendance issues affect academic performance are documented in case notes and section D5 of the Strengths and Needs Reassessment in the information system. Documentation must include the amount, nature, and cause of absences during a treatment plan reporting period, their impact on academic progress, corrective actions taken, and an evaluation of the effectiveness of these actions.

The facility director or designee must ensure that each teacher has a standard procedure for:

- Taking and documenting daily attendance.

- Ensuring that the location of each youth who is not in class as scheduled is understood.
- Completing make-up work or homework as appropriate to avoid falling behind in studies.

**AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a  
(1)(l)

**POLICY**

Residential juvenile justice facilities that operate schools in the Bureau of Juvenile Justice (BJJ) school district must provide a minimum of 1,098 hours of classroom instruction per school year.

**PURPOSE**

To ensure BJJ's educational programming is aligned with the expectations of public schools as outlined in the public school code.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director or designee.

**SCHEDULED  
CLASSROOM  
HOURS**

The facility director or designee must ensure the following:

- Development and implementation of an academic schedule providing at least six hours of classroom instruction per weekday.
- Documentation of the academic schedule for each youth in the Juvenile Justice Information System.
- A description of the facility internal monitoring process ensuring the six hours of instruction relates only to academic course work.

**AUTHORITY**

Michigan School Code, 1976 PA 451, as amended, MCL 380.1284

**POLICY**

Residential juvenile justice facilities providing educational services must select and schedule courses from a course list approved by the department.

**PURPOSE**

To ensure Bureau of Juvenile Justice (BJJ) courses are aligned with Michigan's Merit Curriculum requirement.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director or designee.

**PROCEDURE**

Each facility providing on-site educational services must develop and implement a written procedure relative to academic course offerings. The procedure must contain all of the following requirements:

- The facility director or designee must oversee the school curriculum and course offerings.
- The facility director or designee must ensure that all courses are documented in the Juvenile Justice Information System and that lesson plans align with the class course description.
- As needs change, the facility director or designee must direct modification of existing courses or development of new courses. Recommendations must be made to the BJJ education unit or school improvement committee.
- A process to make recommendations regarding curriculum/courses to the BJJ education unit/school improvement committee which is charged with making bureau education decisions.
- An internal process that monitors course offerings to ensure all courses are listed in the information system and that lesson plans/syllabus align with the course description of the class.

**AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

Michigan School Code, 1976 PA 451, as amended, MCL 380.1278

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility selects primary textbooks for purchase from the BJJ School Improvement Council (SIC) approved textbook list. When teaching a class where there is no approved textbook, recommendations are submitted to the SIC for approval.

**PURPOSE**

This policy ensures instructional continuity and curriculum alignment throughout the school district.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) that govern the review, selection and purchase of textbooks. At a minimum, these SOPs must contain all of the following requirements:

- Textbooks must be selected from the SIC approved list or after SIC approval.
- Establish a process to recommend new textbooks to the SIC for adoption.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(1)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all computer-aided instructional technology purchases are approved by the BJJ education unit.

**PURPOSE**

This policy standardizes the use of computer-aided software and ensures that software is aligned with the BJJ and Michigan core curriculum.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) relative to computer-aided instruction software purchases. At a minimum, these SOPs must contain all of the following requirements:

- Require prior approval to purchase any CAI software, regardless of funding source and/or dollar amount, from the BJJ Education Unit.
- For approved requests, develop protocol to facilitate the purchase order with the facility business office.
- Develop protocol for securing final approval and processing from the BJJ fiscal & technology division.

**AUTHORITY**

Social Welfare Act, MCL 499.115a

Executive Directive 2004-8



**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility utilizes appropriate educational software.

**PURPOSE**

This policy ensures that clear and accurate communication is established and maintained between each facility and the Department of Information Technology (DIT) regarding the use of educational software.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) that govern the utilization, maintenance, and monitoring of all educational software. At a minimum these SOPs must contain the following:

- Designate the “site administrator.”
- Site administrator responsibilities including, but not limited to:
  - Create and delete user identities (ID’s) and passwords.
  - Reset user ID’s and passwords.
  - Maintain communication with DIT’s helpdesk.
  - Provide oversight of the network environment on a day by day basis.
  - Maintain current list of all educational software.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(1)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that students in the BJJ School District have a transition referral form completed on the Juvenile Justice Information System (JJIS) and a paper copy retained in the youth's file.

**PURPOSE**

This policy ensures youths receive an education emphasizing services designed to meet their unique needs and prepares them for post school activities.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOP's) relating to transition services. At a minimum, these SOPs must contain the following requirements:

**Orientation**

Following admission, document the youth's MRS initial orientation in the youth's case notes using the JJIS case note form.

**Note:** In the field entitled "Type," use the drop down menu and select "MRS Orientation."

One MRS initial orientation is required for each admission to a facility.

If the youth received an MRS initial orientation within the preceding twelve (12) months, this step can be omitted.

**Transition Referral**

Within six (6) months of a youth's anticipated release date, complete a transition referral form in JJIS to identify youths with specific service needs following their release from BJJ.

Once a youth has an anticipated release date, or upon a youth's release, contact the agency providing transition services.

**AUTHORITY**

Individual's With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that all eligible youth will be assisted in submitting a Tuition Incentive Program (TIP) application.

**PURPOSE**

TIP can provide funding for post secondary education.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**PROCEDURE**

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOP's) relating to TIP. At a minimum, these SOPs must contain the following requirements:

**TIP Eligibility**

Students are eligible for TIP if they:

- Are receiving (or have received) medicaid.
- Apply before graduating from high school or receiving a general education development (GED) certificate.
- Are under the age of twenty (20) at the time of graduation or GED completion.
- Are U.S. citizens.
- Meet the participating institution's residency requirements.
- Enroll in associate degree or certificate program courses equivalent to at least half-time student status according to the college / university.
- Take classes within four (4) years of graduation from high school or GED completion.

**Assistance to Youth**

Staff assist the student in completing the online TIP application process within thirty (30) days following admission through:

- Advising.
- Assisting the student to complete the application process.

**TIP Eligibility / Change of Address**

The TIP office determines eligibility, enrolls the youth, and notifies the youth at the address provided of its decision. If a student has previously completed the TIP application process and has a change of address, the TIP office must be notified. Further information is available at: [www.MI-StudentAid.org](http://www.MI-StudentAid.org).

**AUTHORITY**

Social Welfare Act, MCL 400. 115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services/Bureau of Juvenile Justice (BJJ) that the education office maintains student files for sixty (60) years according to the State of Michigan Records Retention and Disposal Schedule.

**PURPOSE**

This policy ensures compliance with Michigan requirements to centralize the cataloging and maintenance of educational records.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to education record retention. At a minimum, these SOPs must contain all of the following requirements:

- A protocol that ensures that all current student education information is entered into JJIS.
- A protocol that ensures that youth education records are safely delivered to the school district for which the student is transferring.
- A process that ensures that education records of youths whose education is completed (whether via H.S. diploma, GED, etc.) at the time of release from the BJJ school district are sent to the education unit upon release of the youth.

The education unit is responsible to prepare the records for storage for the mandated sixty (60) plus years.

**AUTHORITY**

Social Welfare Act, MCL 400. 115a(l)

Special Education Programs and Services Rules R340.1861

**POLICY**

Bureau of Juvenile Justice (BJJ) facilities must maintain an accurate and complete account of all education federal grant expenditures in conformance with their approved project plan.

**PURPOSE**

This policy ensures that federal grant monies are spent appropriately and are documented in accordance with generally accepted accounting principles.

**DEFINITIONS**

None.

**RESPONSIBLE PARTY**

Designated in the facility standard operating procedure.

**PROCEDURE**

Facilities providing on-site educational services are required to develop and implement standard operating procedures (SOPs) relating to the receipt and disbursement of federal grant funds. At a minimum, these SOPs must contain the following requirements:

- All grant expenditures must comply with federal funding guidelines and legal requirements as provided by the BJJ education unit.
- Documentation for all expenses is maintained and separated by funding source.
- All expenditures are recorded on the Expenditure Registry form approved by the BJJ Education Unit. Allowable expenses are recorded and deducted from the approved cost centers column.
- Deviations from approved cost center allocations require the:
  - Submission of an amendment within the funding cycle of the grant to both the BJJ grant coordinator and funding agency, and
  - Approval of the BJJ grant coordinator and funding agency.

- A separate expenditure registry is maintained for each funded project.
- At the end of each month, a cumulative balance is calculated and recorded in the appropriate columns for cost centers and the total grant award.
- Cumulative monthly expenditure registries are sent electronically to the appropriate BJJ staff, i.e. grant coordinator, Education Director, and fiscal analyst, by the 20th of each month.

## AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Elementary and Secondary Education Act of 1965 [as amended by the No Child Left Behind Act of 2001], 20 US. 6301 et seq.

Adult Education and Family Literacy Act of 1998, 20 USC 1201 et seq.

Carl D. Perkins Vocational and Technical Education Act of 1998, 20 USC 2301 et seq.



**POLICY**

Facility staff must be alert to youth movement and conduct and communicate as needed to facilitate safety, security and services to youths.

**PURPOSE**

To ensure safe, secure and service-oriented facilities for youth.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**ESCAPE  
PREVENTION  
PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to escape prevention. At a minimum, SOPs must contain the following requirements:

**Required Staff  
Communications**

Staff must provide:

- Information necessary to ensure security and to facilitate the delivery of services to youths.
- Information regarding matters that need attention from staff coming on-duty provided in the manner best suited to ensure follow-up.

**Youth Counts**

Staff responsible for direct service to youths maintain youth counts and know the identity and location of youths.

**Youth Activities**

Staff responsible for an activity must:

- Be present and ready to receive youths at the start of the activity.
- Remain with youths throughout the activity.
- Communicate any change in starting or ending times or need for assistance to appropriate staff and/or to supervision.
- Ensure there are sufficient staff to maintain safety and security.

### **On-Grounds Travel**

Staff must accompany youths in secure facilities.

In non-secure programs, youths may travel on facility grounds without direct staff supervision if staff confirms departures and arrivals.

### **Security Measures**

Staff must routinely check doors, windows and other security measures during their shift and report security problems to a supervisor.

### **Escape Consequences**

As part of orientation at the facility, staff must advise youths of the possible legal and facility determined consequences of escape behaviors.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**PURPOSE**

Delinquent youth under the care and supervision of the Michigan Department of Health and Human Services (MDHHS) must be in an approved placement with legal permission. Residential juvenile justice programs must be structured and supervised so that youth and public safety is not compromised. Residential facility staff must ensure timely actions are taken to notify all required individuals and to cooperate with diligent search efforts made by the assigned caseworker to locate the youth.

When a youth in AWOL or escape status is believed or known to have left the state, the additional requirements of [ICM 160, Interstate Runaway, Escapee and Absconder Procedures](#) must be followed.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**Escape**

MCL 803.306a and MCL 400.115n define the escape of a youth as "to leave without lawful authority or to fail to return to custody when required" when from a facility or residence "other than his or her own home or the home of his or her parent or guardian." A youth is considered to be in escape status if he or she leaves an approved placement other than his or her own home or the home of his or her parent or guardian without legal permission or fails to return when required.

**RESPONSIBLE  
STAFF**

All state run and private, contracted juvenile justice residential treatment facility staff.

**STANDARD  
OPERATING  
PROCEDURE**

Each facility must develop and implement written standard operating procedures for escape response. The procedures must contain the following requirements:

---

**Immediate  
Notifications**

All notifications and attempted notifications must be documented in MiSACWIS within Social Work Contacts and Victim Notification.

**Note:** In addition to the immediate notifications listed below, state run facility staff must also determine if a MDHHS Alert Unusual Case/Incident or DHS Alert needs to be completed based on the circumstances of the case, such as the potential for coming to the public's attention or could generate media stories, etc.

***Law Enforcement***

Pursuant to the Probate Code (MCL 712A.18j), the Social Welfare Act (MCL 400.115n), the Youth Rehabilitation Services Act (MCL 803.307a), and Child Caring Institution Licensing Rules (Mich Admin Code, R 400.4150), when residential facility staff determine that a youth has escaped or failed to return at the expected time, staff must immediately report the information to law enforcement. When the incident occurs in a city, village, or township that has a police department, staff must notify the police department of that city, village, or township. If the incident does not occur in a city, village or township or there is no local police department, notify either the sheriff department of the county in which the incident occurred or the state police post having jurisdiction over the area in which the incident occurred.

***Parent, Legal Guardian or Next of Kin***

Pursuant to Child Caring Institution Licensing Rules (Mich Admin Code, R 400.4150), when residential facility staff determine that a youth has escaped or failed to return at the expected time, staff must immediately report the information to the parent/legal guardian(s) or next of kin. The facility must establish procedures to implement this policy 24 hours a day.

***Responsible Referring Agency, Licensing Authority***

Pursuant to Child Caring Institution Licensing Rules (Mich Admin Code, R 400.4150), when residential facility staff determine that a youth has escaped or failed to return at the expected time, staff must immediately report the information to the assigned MDHHS caseworker or court probation officer and the Division of Child Welfare Licensing consultant. The facility must establish procedures to implement this policy 24 hours a day, but no later than the next working day.

Residential facility staff must complete the DHS-3198, Unauthorized Leave Notification, Section I and fax it to the local MDHHS office supervising the youth's case.

### ***Victim***

Pursuant to William Van Regenmorter Crime Victim's Rights Act, when residential facility staff determine that a youth has escaped or failed to return at the expected time, staff must immediately attempt to telephone any victim(s) and complete a victim notification letter to any victim(s) who requested notice; see [JRM 502, Victim Notification](#) for detailed requirements.

## **Immediate Actions**

Any staff who determines that a youth has escaped or failed to return at the expected time must:

- Ensure remaining youth are supervised.
- Ensure remaining youth do not physically pursue an escaping youth.
- Physically pursue and apprehend the escaping youth only when it is safe to accomplish.
- Notify facility management when:
  - Staff cannot immediately apprehend the youth.
  - It is unsafe to pursue the youth.
  - The pursuit is unsuccessful.
  - The youth fails to return from an approved home pass or other off campus activity.
- If the incident occurs off campus and more than one staff member is present, staff supervising the remaining youth must notify the facility as soon as feasible.

### ***Additional Immediate Actions Required for State Run Facilities for Direct Court Placed Youth***

The facility director or designee must ensure all of the following:

- Organize the search for the escaping youth.
- The residential case manager or designated facility staff has made contact with the youth's court probation officer and has

---

coordinated and provided all information that is needed in order for the court probation officer to work with law enforcement.

### **Within 24-hours**

- Staff must complete an incident report in MiSACWIS documenting the escape or failure to return at the expected time. All notifications and attempted notifications must be documented in the incident report, along with all of the following elements:
- Name of the youth.
- Time of the escape or failure to return at the expected time.
- Youth's clothing description.
- Youth's direction and method of travel.
- Name(s) of anyone pursuing the youth.
- Staff's location at the time of escape.
- If the incident occurred off campus, the telephone number from which the call was made to report the incident.
- Notify the facility director or designee of the escape and whether victim notification is required and accomplished.

### **Apprehension or Return of Youth**

Upon the apprehension or return of an escaped youth, the facility director or designee must notify all entities previously notified of the youth's escape or failure to return at the expected time.

### **JOB AIDS**

The DHS-5520, Residential AWOLP & Escape Checklist, is available as an optional tool to assist with ensuring required actions are completed.

---

**LEGAL BASE**  
**Federal****The Preventing Sex Trafficking and Strengthening Families Act, PL 113-183**

States must develop and implement plans to expeditiously locate any child missing from foster care; determine the primary factors that contribute to the child's running away or being absent from foster care; determine the child's experiences while absent from foster care, including screening whether the child was a victim of sex trafficking. The supervising agency must report within 24 hours of receiving information on missing or abducted children to the law enforcement authorities and the National Center for Missing and Exploited Children.

**State**

Michigan Penal Code, 1931 PA 328, as amended, MCL 750.186a

Established penalties for youth placed in a juvenile facility and who escape or attempt to escape from that juvenile facility or from the custody of an employee of that juvenile facility.

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115n

If a juvenile escapes from a facility or residence funded or authorized under this act in which he or she has been placed...the individual at that facility or residence having responsibility for maintaining custody of the juvenile at the time of the escape shall immediately notify 1 of the following of the escape or cause 1 of the following to be immediately notified of the escape:

(a) If the escape occurs in a city, village, or township that has a police department, the police department of that city, village, or township.

(b) Except as provided in subdivision (a), 1 of the following:

(i) The sheriff department of the county in which the escape occurs.

(ii) The department of state police post having jurisdiction over the area in which the escape occurs.

(2) A police agency that receives notification of an escape under subsection (1) shall enter that notification into the law enforcement information network without undue delay.

(3) As used in this section:

(a) "Escape" means to leave without lawful authority or to fail to return to custody when required.

(b) "Juvenile" means 1 or more of the following:

(i) An individual under the jurisdiction of the juvenile division of the probate court or the family division of circuit court under section 2(a)(1) of chapter XIA of Act No. 288 of the Public Acts of 1939, being section 712A.2 of the Michigan Compiled Laws.

(ii) An individual under the jurisdiction of the circuit court under section 606 of the revised judicature act of 1961, Act No. 236 of the Public Acts of 1961, being section 600.606 of the Michigan Compiled Laws.

(iii) An individual under the jurisdiction of the recorder's court of the city of Detroit under section 10a(1)(c) of Act No. 369 of the Public Acts of 1919, being section 725.10a of the Michigan Compiled Laws.

The Probate Code of 1939, 1939 PA 288, as amended, MCL 712A.18j.

If a juvenile escapes from a facility or residence in which he or she has been placed for a violation described in section 2(a)(1) of this chapter, other than his or her own home or the home of his or her parent or guardian, the individual at that facility or residence who has responsibility for maintaining custody of the juvenile at the time of the escape shall immediately notify 1 of the following of the escape or cause 1 of the following to be immediately notified of the escape:

(a) If the escape occurs in a city, village, or township that has a police department, the police department of that city, village, or township.

(b) Except as provided in subdivision (a), 1 of the following:

(i) The sheriff department of the county in which the escape occurs.



(ii) The department of state police post having jurisdiction over the area in which the escape occurs.

(2) A police agency that receives notification of an escape under subsection (1) shall enter that notification into the law enforcement information network without undue delay.

(3) As used in this section, "escape" means to leave without lawful authority or to fail to return to custody when required.

Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.306a

If a public ward escapes from a facility or residence in which he or she has been placed the individual at that facility or residence responsible for maintaining custody of the public ward at the time of the escape shall immediately notify 1 of the following of the escape or cause 1 of the following to be immediately notified of the escape:

(a) If the escape occurs in a city, village, or township that has a police department, that police department.

(b) If subdivision (a) does not apply, 1 of the following:

(i) The sheriff department of the county where the escape occurs.

(ii) The department of state police post having jurisdiction over the area where the escape occurs.

(2) Subsection (1) applies if the public ward is a public ward under an order of any of the following:

(a) The juvenile division of the probate court or the family division of circuit court under section 2(a)(1) of chapter XIA of 1939 PA 288, MCL 712A.2.

(b) The circuit court under section 606 of the revised judicature act of 1961, 1961 PA 236, MCL 600.606.

(c) The recorder's court of the city of Detroit under section 10a(1)(c) of former 1919 PA 369.

(3) A police agency that receives notification of an escape under subsection (1) shall enter that notification into the law enforcement information network without undue delay.

William Van Regenmorter Crime Victim's Rights Act, 1985 PA 87, as amended, MCL 780.770a(3)

Upon the victim's written request, the family independence agency or county juvenile agency, as applicable, shall give to the victim notice of a juvenile's escape. A victim who requests notice of an escape shall be given immediate notice of the escape by any means reasonably calculated to give prompt actual notice. If the escape occurs before the juvenile is delivered to the family independence agency or county juvenile agency, the agency in charge of the juvenile's detention shall give notice of the escape to the family independence agency or county juvenile agency, which shall then give notice of the escape to the victim who requested notice.

**Michigan  
Administrative  
Rules**

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4150(3) and (4)**

(3) If an institution determines that a youth is absent without legal permission, then the institution shall immediately report the information to law enforcement, the parent/legal guardian or next of kin, the licensing authority, and the referring agency.

(4) When a resident's behavior results in contact with law enforcement, the incident shall be reported to the parent/legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.

**POLICY CONTACT**

Policy clarification questions may be submitted by juvenile justice supervisors and management to [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

---

**POLICY**

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that victims who have requested notification of youths' activities will receive actual notice of those activities.

**PURPOSE**

This policy ensures that facilities fulfill their responsibility under the Crime Victim's Rights Act.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to victim notification. At a minimum, these SOPs must contain the following requirements:

**Identifying Files  
and  
Documentation**

When the court or the victim requests notice:

- Enter the notification request in the youth's case file.
- Clearly identify the file as containing a victim notification request.

The facility maintains a log of phone calls and written correspondence made pursuant to the victim notification procedures. The log contains:

- The date.
- The time.
- The name of the person contacted.

---

**Situations  
Requiring  
Notification**

The facility notifies victims requesting notification of all the listed events.

***Overnight Visits***

At least two weeks prior to any overnight visit, written notification of the visit is sent to all of the following:

- The victim.
- The judge of the committing court.
- The JJS, CMO worker or probation officer.

The notice includes:

- The youth's name.
- Identifying case numbers.
- Date(s) of the anticipated visit.
- Location of the visit.
- Reason for the visit.
- Contact telephone number for the court to call with any questions.

Facilities regularly using multiple overnight visits as a part of a standard treatment modality may establish a home visit plan and prior to the first visit notify all of the following:

- The victim.
- The court.
- The JJS, CMO worker or probation officer.

***Discharge, Transfer Or Change Of Plan Hearing:***

The facility/center director or designee notifies the victim by first class mail at the time that a petition for discharge or change of plan is filed with the court.

A copy of the notification is retained in the youth's file and copies sent to the:

- JJS, CMO worker, or probation officer.
- The applicable court.
- If a hearing is required, the court notifies the victim of the date and time of the hearing.

The facility/center director or designee notifies the victim by first class mail of any decision to release, discharge or transfer a youth to another facility.

- When possible, such notification occurs prior to the release, discharge or transfer of the youth.
- The facility/center director or designee provides a copy of the notice of the victim and notification to the JJS preparing the petition for the change of plan hearing or petition for approval to discharge.

### ***Dismissal***

The facility/center director or designee ensures the victim is notified if the youth is dismissed from court jurisdiction.

### ***Name Change***

The facility/center director or designee notifies the victim if the youth has his/her name legally changed while in the facility.

### ***Escape***

In the event of an escape from campus, an off campus activity, or home visit, BJJ staff immediately attempt to notify by telephone those victims who requested notice.

If the escape occurs during an off campus activity, staff involved must immediately report the escape to the facility office.

Facility personnel receiving a report of an escape immediately attempt to contact by phone those victims who requested notification pursuant to law.

- Failing to make telephone contact, facility staff continue to make phone attempts until the JJS is notified or until it can be assured that a notification letter sent by the facility to the victim has been received.
- A victim notification letter is completed immediately by facility staff, regardless of whether telephone contact is made with the victim. A copy of the letter is sent to all of the following:
  - The victim.
  - The JJS, CMO worker or probation officer.
  - The court of jurisdiction.

- The youth's file.
- The facility/center director or designee contacts the JJS or supervisor by phone as soon as possible but no later than the next working day with information regarding the escape and whether or not contact was made with victims requiring notice.
  - A message is left with an identified staff person in the county office for the JJS or supervisor.
  - A message left on voice mail or other mechanical means does not count as notification.

### ***Threats to Victim***

If the facility/center director or designee believes the safety of the victim is threatened as a result of the escape and telephone contact cannot be made, immediate contact is made with the JJS, JJS supervisor or on-call local office staff to request that written notice be delivered immediately to the last known address of the victim ([JJM 260](#)).

The facility/center director or designee ensures notification to all of the following:

- The county sheriff's department or local police in the county of the victim's residence to inform of the potential danger to the victim.
- The committing court.
- All victims as soon as possible.

### **Additional Responsibilities of Detention Facilities**

### ***Telephone Requests for Information***

Victims may call detention facilities to determine the incarceration status of the purported offender.

- Facilities use reasonable efforts, as defined by the facility/center director or designee, to determine whether the calling party is the victim.
- Each victim request for incarceration status and the reasonable efforts used to identify the victim are documented.

***Release from Detention***

When there is a written or verbal request from the law enforcement agency that investigated the crime that led to the youth's placement in detention, the facility/center director or designee notifies the law enforcement agency when the youth is released from detention.

***Escape from Detention***

The facility/center director or designee immediately notifies the victim if a youth escapes and a written request for notification has been received.

**AUTHORITY**

Crime Victim's Rights Act, MCL 780.751 et seq.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youth are screened for risk of suicide behavior at intake into residential facilities and continuously monitored for suicide risk on an ongoing basis.

**PURPOSE**

This policy sets the minimum standard for all residential facilities to ensure the safety of youths. Each facility has different mental health resources and is best able to delineate a local procedure affecting the use of those resources.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to suicide prevention. At a minimum, these SOPs must contain the following requirements:

**Community  
Justice Centers**

In community justice center (CJC) programs, local procedures will provide for the immediate referral of a suicidal youth to a community mental health provider. There should be a service agreement or memorandum of understanding between the CJC and local mental health provider.

**Training**

All staff who routinely work with youths are trained in the identification and management of suicidal youth. The initial training will be a minimum of eight (8) hours and annual refresher training will be a minimum of two (2) hours. Response drills will be part of the training.

A staff member currently certified in first aid and cardiopulmonary resuscitation is always on duty at each facility.



Staff responsible for administering and interpreting the results of the MAYSI-2 receive training on using and interpreting the results of the screening.

### **Emergency Response Equipment**

Ligature cut down tools, face masks and automatic electronic defibrillators will be readily accessible and their availability documented on a daily basis.

### **Communication**

Staff will communicate with transporting personnel to determine relevant information regarding the youth's condition and history.

Staff will share information necessary to keep a youth safe with other staff and youths.

### **Intake Screening**

All youths are administered a screening instrument to determine their risk of suicide within twenty-four (24) hours of admission to a facility.

- Youths are screened using the MAYSI-2 instrument. Other screening instruments to augment the use of the MAYSI-2 are allowed if requested by the facility and authorized by BJJ administration.
- Youths will remain in the line of sight of staff until the MAYSI-2 or other facility approved screening instrument for older youths is completed.
- Youths who exhibit suicide risk factors are placed on constant observation unless or until a lesser level of observation is approved by a mental health professional.
- If the screening instrument indicates no cautions or warnings, the youth may be placed on routine observation by a manager.

### Initiating/Decreasing Levels of Observation

Any staff member may increase the level of observation of a youth based upon the presence of suicide risk factors.

- If the staff initiating a suicide watch is not a mental health professional, the youth is placed on constant observation until consultation with, or assessment by, a mental health professional has been completed and a lesser observation level approved.
- Youths exhibiting suicidal behavior must be assessed.
  - The assessment is performed by a licensed mental health professional or an individual possessing a bachelor level degree in a human service field.
  - If the assessment is not completed by a mental health professional, a mental health professional is consulted to determine the appropriate level of observation.
  - Only a mental health professional, after assessing the youth, may authorize a decrease in a youth's level of observation.
  - For youths who remain on constant or close observation following assessment, the youth is maintained on the level of observation assigned by mental health professional for a minimum of twenty-four (24) hours prior to any decrease.
- Youths on constant observation (level 3) must remain on this level for twenty-four (24) hours and then be moved to close observation level (level 2) for at least 24 hours prior to being placed on routine observation (level 1).

### Programming/Housing

Decisions regarding the management of suicidal youths are based solely on the individual's level of risk.

- Treatment programming and regular privileges (showers, telephone, visits, and recreation) should continue to be

commensurate with the youth's security level, with appropriate supervision by staff.

- Any room used to house a suicidal youth is fully visible to staff and as suicide resistant as possible.
- Youths isolated from the general population are regularly assessed by medical and mental health professionals.

### **Clothing**

Removal of a youth's clothing (excluding belts and shoelaces) is avoided whenever possible and only used when the youth is engaging in self-destructive behavior.

If clothing is removed, a safety smock or other suicide resistant protective clothing is provided.

### **Mechanical Restraints**

Mechanical restraints are only used as a last resort when the youth is physically engaging in self-destructive behavior and only to the extent that the youth continues to be a threat to him/her self.

If consultation with a psychiatrist or physician is not possible, approval for the mechanical restraint must be obtained from a psychiatrist, physician or the facility/center director or designee.

### **Monitoring of Youth**

A youth in constant observation status must remain within the line of sight of staff at all times.

Electronic monitoring (e.g. closed circuit television) may supplement, but is not a substitute, for the monitoring requirements of this policy.

Staff record the time, behavioral observations, and their signature/initials on a facility approved form at the following intervals:

- Constant observation - No more than every five (5) minutes.
- Close observation - No more than every fifteen (15) minutes.

**Follow-up**

Youths discharged from suicide precautions (constant or close observation level) receive documented regularly scheduled follow-up assessments by a mental health professional for the duration of their stay at the facility.

Unless the youth's treatment plan specifies otherwise, this reassessment will be:

- Daily for the first five (5) days.
- Weekly for the following month.
- Monthly thereafter.

**AUTHORITY**

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

---

## PURPOSE

All unusual incidents that occur in state run and private contracted juvenile justice residential treatment facilities must be reported to ensure timely notification and proper response.

## DEFINITIONS

### *Unusual Incident*

An alleged, suspected, or actual event or occurrence involving a Michigan Department of Health and Human Services (MDHHS), employee, contractor, subcontractor or volunteer that significantly impacts or compromises the integrity of MDHHS programs or which threatens the health or safety of a youth, employee, or the general public, or property. Examples include, but are not limited to:

- Death or suicide. See [SRM 172, Child/Ward Death Alert Procedures and Timeframes](#) for detailed reporting requirements.
- Attempted Suicide.
- Serious injury.
- Illness requiring inpatient hospitalization.
- Behavior resulting in contact with law enforcement.
- Corporal punishment.
- Physical/personal restraint.
- Seclusion.
- Absent Without Legal Permission (AWOLP)/Escape.
- Mechanical restraint.
- Sexual assault, attempted sexual assault, or sexual harassment.
- Media involvement/inquiry.
- Natural disaster.
- Legislative interest.

- Adverse audit findings.
- Environmental hazard.

See [JRG, JJ Residential Glossary](#).

## RESPONSIBLE STAFF

All facility staff including contractors and volunteers.

## UNUSUAL INCIDENT PROCEDURES

Each facility must develop and implement written procedures to report unusual incidents. These procedures must contain the following requirements:

- Maintenance of a list of confidential information to facilitate the communication of unusual incident information.
- Immediate reporting by staff of an unusual incident to facility director or designee.
- Provision of the resolution or updated information to the individuals that were notified as directed above.

## RESTRAINT AND SECLUSION NOTIFICATIONS

Pursuant to MCL 722.112e(9), after a youth is restrained or secluded, designated facility staff must make appropriate notifications as soon as possible. Any use of physical or mechanical restraint or seclusion of a youth in a treatment or detention facility must be reported:

- Within 12 hours in writing to the youth's parent(s) or legal guardian(s). Emergency Rule 2(d).
- Within 24 hours in writing to:
  - The facility's licensing consultant.
  - The youth's juvenile justice specialist, care management organization worker or probation officer.

---

**EMPLOYEE  
INCIDENT**

All facility employees are required to immediately inform the facility director or designee when they are involved in an incident that could result in suspension, demotion or dismissal. See [JRM 512, Suspected Abuse & Neglect Reporting](#) & [APR 200, Mandated Reporter-Child](#) if the incident involves child abuse/neglect. See [JRM 173, Investigation Protocol](#), for investigation requirements.

**Discriminatory  
Harassment**

All employees are required to report discriminatory harassment of another person in the workplace. The facility director or designee is required to investigate allegations of discriminatory harassment. See [APR 211, Discriminatory Harassment](#) and [JRM 173, Investigation Protocol](#) for more information.

**MEDIA INTEREST,  
INVOLVEMENT OR  
INQUIRY*****State Operated Facilities***

All unusual incidents which could generate media attention/interest must be reported to administration through the DHS Alert system.

If it is known that the media is already interested in an unusual incident, immediately report all available information to the Office of Communications.

All media inquiries must be directed to the Michigan Department of Health and Human Services (MDHHS) Office of Communications for response. Only the Director of the Division of Juvenile Justice Programs and the Director of Children's Services Agency Operations may authorize direct contact by MDHHS staff with the media.

***Private Facilities***

All unusual incidents that would generate media attention/interest must be reported to the [Juvenile Justice Policy Mailbox](#) with a brief statement of what happened and why it may be of concern/interest to the media and/or public.

**LEGAL BASE**

Emergency Rules of the Department of Health and Human Services entitled "Prohibition of Prone Restraint; Procedures Involving Other Restraints in Child Caring Institutions", 2020 Mich Reg 14 (August 15, 2020), p 206.

Deputy Directors, Bureau and Office Director Memorandum, MDHHS/DHS Alert System, February 11th, 2016.

Provides information on completing an unusual incident notification via the DHS Alert System.

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).



---

**PURPOSE**

To ensure the safety of youth, staff, and visitors through consistent practices in the searches of youth conducted in a professional and respectful and least-intrusive manner possible consistent with security needs.

**DEFINITIONS*****Body Cavity***

The interior of the human body not visible by normal observation, being the stomach or rectal cavity of a person and the vagina of a female person. MCL 764.25b(a).

***Body Cavity Search***

A physical intrusion into a body cavity for the purpose of discovering any object concealed in a body cavity. MCL 764.25b(b).

***Exigent Circumstances***

Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. 28 CFR 115.5.

***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 of sex development. 28 CFR 115.5.

***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. 28 CFR 115.5.

***Pat Down Search***

Running of the hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband. 28 CFR 115.5.

***Strip Search***

A search which requires a person to remove his or her clothing to expose underclothing, breasts, buttocks or genitalia. MCL 764.25a & 28 CFR 115.5.

***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. 28 CFR 115.5.

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility staff who conduct body searches.

**SEARCHING YOUTH**

Each facility must develop and implement standard operating procedures relative to body searches. At a minimum, the standard operating procedures must contain the following requirements:

**Searches of  
Transgender or  
Intersex Youth**

Staff must not search or physically examine a youth identifies as transgender or intersex for the sole purpose of determining a youth's genital status (28 CFR 115.315(e)). If a youth's genital status is unknown, it may be determined during conversations with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Any searches of youth who identify as transgender and intersex must be conducted in a professional, respectful and least intrusive manner possible, consistent with security needs. It is never appropriate for a youth who identifies as transgender or intersex to be searched by both male and female staff, with the male staff searching the parts of the youth's body that are anatomically male and the female staff searching the parts of the youth's body that are anatomically female.

Facility staff have three options for conducting searches of youth who identify as transgender or intersex:

- Searches conducted only by medical staff.
- Asking the youth to identify the gender of staff with whom they feel most comfortable conducting the search.
- Searches conducted in accordance with the gender with which the youth identifies.

A case-by-case determination of the most appropriate staff member to conduct the search is necessary and should take into consideration the gender identity of the youth.

### **Metal Detectors/Wands**

State operated, contracted and private juvenile justice residential facilities may use metal detectors and/or metal detector wands as one of the least intrusive ways to search a youth.

### **Pat Down Search**

All state operated and private, contracted juvenile justice residential facility staff may conduct a pat down search of youth under any of the following circumstances:

- The youth is completing the admission process.
- There are objects missing that the youth had access to or a reasonable basis to believe that the youth possesses contraband.
- The youth returned to the facility from an off site-activity (such as home pass, school or work).
- The youth returned to the facility from being AWOLP/escape or jail.
- The youth has been placed on suicide watch.

Staff that conduct the pat down searches must have the same gender identity as the youth being searched. The second person witnessing or involved in the pat down search must have the same gender identity as the youth being searched.

***Exception:*** Exigent circumstances as defined in this policy.

***Pat-Down Documentation***

Document a pat-down search in MiSACWIS incident reports using the *Incident Type Search*. The incident report must contain all of the following:

- The name, sex and gender identity of the youth being searched.
- The name, job title, sex and gender identity of the person who conducted the search.
- The name, sex and gender identity of any witnesses present at the search.
- Reason for conducting the pat down search.
- A list of all items recovered from the youth who was searched.

Documentation of any cross-gender strip search must be made readily available during a PREA audit.

***Inventory***

Facility staff must:

- Inventory any contraband taken from the youth. Items obtained from the search must be documented in MiSACWIS, *Admissions, Personal Inventory* tab.
- Provide the youth an opportunity to sign the inventory form and provide the youth a copy of the form.
- Process all illegal items and dispose of them as directed by local law enforcement.
- Return or otherwise account for all legal inventoried items upon the youth's release.

**Strip Search**

Pursuant to the Code of Criminal Procedure, MCL 764.25a, a youth arrested or detained for a misdemeanor offense, or an offense which is punishable only by a civil fine shall not be strip searched unless both of the following occur:

- The arrested youth is court ordered into a detention facility **or** there is reasonable cause to believe that the youth is

concealing a weapon, a controlled substance or evidence of a crime.

- The strip search is conducted by a person with written authorization from the chief law enforcement officer or designee of the law enforcement agency conducting the search or if the search is conducted in the detention facility, the search is conducted by a person who has prior written authorization from the facility director or designee.

A strip search performed by an authorized person who is not a law enforcement officer, must be of the same sex or gender identity as the youth being searched. A law enforcement officer who assists in the strip search shall be of the same sex as the person being searched. A strip search shall be performed in a place that prevents the search from being observed by a person not conducting the search.

Any witness or involved staff in the strip down search must be of the same gender as the youth.

The facility director or facility staff who conducts or authorizes a strip search in violation of MCL 764.25a is guilty of a misdemeanor.

## Body Cavity Search

### *Detention Facility*

Pursuant to MCL 764.25b, when a youth is placed in detention **prior** to a court adjudication or conviction, a search warrant is needed to conduct a body cavity search.

If a youth is placed following court adjudication or conviction, a search warrant is not required prior to conducting a body cavity search. MCL 762.25b. Written authorization from the facility director or designee is required.

### *Residential Treatment Facility*

If a youth is placed post adjudication in a state operated or private, contracted juvenile justice residential treatment facility and a body cavity search is necessary then a search warrant is needed. Only law enforcement may request the search warrant.

All authorized cavity searches must also be:

- Conducted only with prior written authorization from the facility director or designee. If the facility director designates this authority, that designation must be in writing.
- Performed only by a licensed physician or a physician's assistant, licensed practical nurse, or registered professional nurse acting with the approval of a licensed physician. If the body cavity search is conducted by a person of the opposite sex of the youth, the search must be done with a witness who is of the same sex as the youth being searched.

### ***Strip Search and Body Search Documentation***

Document a strip search or body cavity search in MiSACWIS incident reports using the *Incident Type Search*. The report must contain the following information:

- The name, sex and gender identity of the youth being searched.
- The name, job title, sex and gender identity of the staff who conducted the search.
- The name, job title, sex and gender identity of the staff who assisted or witnessed the search.
- The date, time and place of the search.
- The justification for conducting the search.
- A list of all items recovered from the youth who was strip searched.
- Notice sent to the legal parent(s)/guardian(s) and attorney (if applicable) of the search.
- A copy of the proper written authorization to conduct the search. This must be uploaded with the incident report under documents.
- A copy of authorized search warrant. This must be uploaded with the incident report under documents.

A copy of the incident report must be given to the youth who has been searched.

**Note:** Documentation for any cross-gender searches must be made readily available during a PREA audit.

### ***Inventory***

Facility staff must:

- Inventory any contraband taken from the youth. Items obtained from the search must be documented in MiSACWIS, *Admissions, Personal Inventory* tab.
- Provide the youth an opportunity to sign the inventory form and provide the youth a copy of the form.
- Process all illegal items and dispose of them as directed by local law enforcement.
- Return or otherwise account for all legal inventoried items upon the youth's release.

## **TRAINING**

Staff must be trained in how to conduct searches of youth who identify as transgender and intersex in a respectful, professional and least intrusive manner possible, consistent with security needs. 28 CFR 115.315.

See to [JRM 170, Staff Training and Development](#) for more information on required training.

## **DOCUMENTATION**

### **Pat Down Search**

Document a pat-down search in MiSACWIS incident reports using the *incident type search*. The incident report must contain the following:

- The name, sex and gender identity of the youth being searched.
- The name, job title, sex and gender identity of the person who conducted the search.
- The name, sex and gender identity of any witnesses present at the search.

- Reason for conducting the pat-down search.
- A list of all items recovered from the youth who was searched.

Make documentation of any cross-gender strip search readily available during a PREA audit.

### ***Inventory***

Facility staff must:

- Inventory any contraband taken from the youth. Document items obtained from the search in MiSACWIS, *admissions, personal inventory* tab.
- Provide the youth an opportunity to sign the inventory form and provide the youth a copy of the form.
- Process all illegal items and dispose of them as directed by local law enforcement.
- Return or otherwise account for all legal inventoried items upon the youth's release.

### **Strip Search and Body Cavity Search**

Document a strip search or body cavity search in MiSACWIS incident reports using the *incident type search*. The report must contain the following information:

- The name, sex and gender identity of the youth being search.
- The name, job title, sex and gender identity of the staff who conducted the search.
- The name, job title, sex and gender identity of the staff who conducted the search.
- The name, job title, sex and gender identity of the staff who assisted or witnessed the search.
- The date, time and place of the search.
- The justification for conducting the search.



- A list of all items recovered from the youth who was strip searched.
- Notice sent to the legal parent(s)/guardians(s) and attorney (if applicable) of the search.
- A copy of authorized search warrant. Upload the search warrant with the incident report under *documents*.

Give a copy of the incident report to the youth who has been searched.

Documentation for any cross-gender searches must be made readily available during a PREA audit.

### ***Inventory***

Facility staff must:

- Inventory any contraband taken from the youth. Document items obtained from the search in MiSACWIS, *admissions, personal inventory* tab.
- Provide the youth an opportunity to sign the inventory form and provide the youth a copy of the form.
- Process all illegal items and dispose of them as directed by local law enforcement.
- Return or otherwise account for all legal inventoried items upon the youth's release.

## **RECORD RETENTION**

All documents shall be retained for no less than seven (7) years after the youth has discharged. Mich Admin Code, R 400.4167.

## **LEGAL BASE**

### **Federal**

#### **Prison Rape Elimination Act (PREA) National Standards for Juvenile Facilities, 28 CFR 115.5.**

Provides the definition of exigent circumstances, intersex, medical practitioner, pat-down search, strip search and transgender.

**Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.315.**

Prohibits facility staff from conducting cross-gender body searches and conducting searches on transgender or intersex youth for the sole purpose of determining the youth's genital status. Requires facility staff to train direct care staff in how to conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

**State****1927 PA 175, Code of Criminal Procedure, MCL 764.25a.**

Provides the definition of strip search and guidelines around conducting a strip search.

**1927 PA 175, Code of Criminal Procedure, MCL 764.25b.**

Requires facility staff to obtain a written authorization from the facility director or designee in order to conduct a body cavity search. Outlines who can conduct a body cavity search and provides guidelines for conducting a body cavity search and a definition.

**Michigan  
Administrative  
Code****Mich Admin Code, R 400.4167.**

Requires youth records to be maintained in a uniform and organized manner for not less than seven (7) years after the youth has discharged.

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

---

**PURPOSE**

To ensure that all instances of suspected child and adult abuse and neglect or exploitation are reported to Michigan Department of Health Human Services (MDHHS) Centralized Intake and the facility director or designee.

**DEFINITIONS**

See [APR 200 Mandated Reported-Child](#) and [APR 201 Mandated Reporter-Adult](#) for definitions.

**RESPONSIBLE STAFF**

All state run and private, contracted juvenile justice residential treatment facility staff.

**PROCEDURE**

Each state run and private, contracted juvenile justice residential treatment facility is required to develop and implement standard operating procedures for reporting child and adult abuse and neglect or exploitation. At a minimum, these procedures must contain the following:

**REPORTING REQUIREMENTS FOR SUSPECTED ABUSE/NEGLECT/EXPLOITATION**

As a mandated reporter, facility staff are required to report suspected child abuse and neglect. [Refer to APR 200, Mandated Reporter-Child](#) for reporting requirements and procedures.

***Reporting requirements for suspected abuse/neglect involving facility staff***

- See [JRM 530, Incident Reports](#) for reporting requirements for suspected abuse/neglect involving facility staff.

***Investigation procedures for suspected abuse/neglect occurring within a facility and/or involving facility staff:***

See [JRM 173, Investigation Protocol](#) for information for investigation procedures.

***Reporting requirements for suspected abuse/neglect occurring outside a facility and no involvement of facility staff:***

Staff makes an immediate oral report to the facility director or designee of suspected or alleged abuse or neglect.

The facility director or designee ensures the mandated reporter completes reporting according to [APR 200, Mandated Reporter-Child](#) or [APR 201, Mandated Reporter-Adult](#).

Documentation of any report should be retained.

**LEGAL BASE**

**State**

**The Child Protection Law, MCL 722.621 et seq.**

Provides requirements for mandated reporters.

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that in emergencies staff will take actions to maintain the safety and security of youth and other staff.

**PURPOSE**

This policy ensures the safety of staff, youths, and the community in emergency situations.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to emergency planning. At a minimum, these SOPs must contain the following requirements:

**Written Plan and  
Flipchart**

Each facility is expected to develop a written plan and maintain a flipchart to provide direction to staff encountering emergency situations.

**Emergency  
Contacts**

Staff have access to a list of emergency telephone numbers (police, fire, ambulance and utilities).

**Directions for Staff**

Local procedure includes all of the following:

- Ensure notification to administration.
- Properly assess the scene.
- Account for youth and staff.
- Contact emergency services.

**Outside Assistance**

Facility/center directors or designees will:

- Identify needed services and make outside contacts necessary to ensure their availability under emergency conditions.
- Enter into written agreements or memorandums of understanding with outside entities and/or agencies to provide needed services under emergency conditions.
- Develop contingency plans in the event that the outside entities and/or agencies fail to provide the facility's needed services upon request.

**Plan Location and Review**

Flipcharts are placed in areas readily accessible to staff. Written plans are available for staff review. The facility/center director or designee ensures that there is an annual review and update of the written plan and flipchart as needed.

**Training**

Staff shall receive training on key items of the facility emergency plan. At least one walk through drill of the emergency plan will be conducted annually.

**AUTHORITY**

Occupational Health and Safety Administration, Emergency Action Plans Standard, 29 CFR 1910

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility establishes accountability guidelines for the issuance, distribution, and control of facility access control devices.

**PURPOSE**

This policy provides for the safety of staff, members of the public, and youths through effective, consistent, and complete control of facility keys and other access control devices.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern utilization of access control devices. At a minimum, these SOPs must contain all the following requirements:

**Assignment and Storage**

The facility/center director or designee must approve the issuance, manufacturing, exchange, and duplication of access control devices and changes to locks or doors.

Access control devices are only issued to designated staff.

The assignment of access control devices is documented and annually reviewed.

A key classification system is developed that clearly identifies and describes the appropriate uses of the various keys.

Access control devices are stored in a manner that restricts access and ensures accountability.

## Inventory System

An inventory system for access control devices is developed that includes all of the following:

- Code numbers.
- A key ring reference file that identifies the lock or door each key opens.
- The location of locks, doors and rooms requiring access control devices.
- Key rings, including:
  - A written process for the efficient, documented and safe transfer of keys from the staff of one shift to that of another shift.
  - Periodic checking of key rings with prompt notification to the facility/center director or designee in the event of discrepancies.
  - A process for ensuring the immediate return of keys by staff upon their termination or transfer of employment.

## Audits

Mandatory documented audits, inventories, maintenance checks and periodic testing of access control devices.

## Off-site Possession

At the discretion of the facility/center director or designee:

- Staff are not to take access control devices with them when they leave the facility.
- Staff must immediately notify the facility in the event this occurs.
- If the discovery is made by onsite staff, they will contact the departed staff and direct him or her to immediately return the access control device.



**Loss, Theft or Damage**

Specific reporting instructions for staff in the event of the loss, theft, misplacement or damage of access control devices, including time-frames. At a minimum, these reports will:

- Indicate time of occurrence or discovery of occurrence.
- Describe surrounding circumstances.
- Specifically identify the key or key ring.

Require the facility/center director or designee to immediately assess and respond to any potential risk in the event of a lost, stolen, misplaced or damaged access control device.

The facility/center director or designee must immediately report lost or damaged access control devices to the BJJ residential facilities director and arrange for a timely repair or replacement.

**Youth Access**

Youths will not possess keys, access control devices and/or passwords to security systems.

**Training**

Training on the utilization of access control devices will include:

- Staff responsibility for safeguarding access control devices directly.
- Checking the number of keys on a ring when keys are received.
- Cautioning staff against the following with respect to access control devices:
  - Placing them in areas accessible to youths or leaving them unattended.
  - Throwing or sliding them.
  - Leaving them in locks.
  - Using them for other than their intended purposes.
  - Loaning them to unauthorized persons.

- Unauthorized duplication.
- Altering or defacing them.
- Failing to report locks that are in need of repair or appear to be tampered with.
- Verbally identifying access control devices by number or other identifying information within hearing of youths.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

Staff in residential juvenile justice facilities must conduct visual checks of youths when in their rooms at staggered intervals not to exceed 15 minutes.

**PURPOSE**

To ensure that staff effectively, efficiently and accurately maintain safety, security and accountability for youths in their rooms.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Facility director and direct care staff.

**PROCEDURE**

Each facility must develop and implement a written procedure for the conduct and documentation of room checks. The procedure must contain the following requirements:

**Frequency**

Staff must conduct room checks when youths are in their rooms for any reason. Staff performing room checks must perform a visual check of the youth; staff must see or hear some indication that the youth appears safe. Such indication may be signs of breathing, skin tone, movement, snoring, or other reasonable indicator.

Staff must complete room checks at uneven intervals no longer than 15 minutes apart or at shorter intervals as directed by supervision.

**Note:** Room checks of youths are not required when the time in the room is expected to be less than 15 minutes. However, staff must ensure youths are appropriately supervised. Checks must be conducted when the time in the room exceeds 15 minutes.

**Youth Coverage**

Room checks must be conducted in a way to account for each resident youth.

Video monitoring may be used as an additional way to monitor youths but the room check must be performed using direct staff line of sight.

Staff conducting room checks must remain alert to security or safety issues, document any unusual activity or observations noted in the facility logbook, take appropriate corrective actions, and report these to their supervisor.

Staff must remain alert to any available sounds that may indicate a youth in distress or requiring assistance.

In cases where a youth is temporarily not in the room, staff must document the youth's full name, the reason, and the time range when the youth was out of the room.

## Documentation

Staff must document room checks electronically, on facility-approved room check forms, or in a facility log.

When using room check forms, documentation must include the legible initials and name of the staff conducting the room check and the time the room check was completed.

When using a room check form or facility log, checks may be documented on a room-by-room basis or by considering the rooms in a living unit as a group. All occupied rooms must be checked, checks must be staggered, and intervals must not exceed 15 minutes or shorter intervals as otherwise specified by supervision.

Problems in complying with room check requirements must be documented in the facility log and promptly reported to supervision.

**Note:** Preprinted times on room check forms are not allowed.

Supervisors must periodically monitor staff conduct of room checks and review room check documentation to ensure that checks are conducted properly.

## AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

---

**POLICY**

Staff in residential juvenile justice facilities must conduct periodic and situation-based counts of youths in residence.

**PURPOSE**

To ensure that staff effectively, efficiently and accurately maintain accountability of youths and track the movement of youths assigned to the facility.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director and direct care staff.

**PROCEDURE**

Each facility must develop and implement a written procedure for the conduct and documentation of youth counts. The written procedure must contain the following minimum requirements:

**Mandatory Youth  
Counts**

Facility staff must conduct and document youth counts under the following situations:

- As part of each shift turnover.
- At least once per shift at a random time during the shift.

**Note:** During sleeping hours, one of the room checks conducted as part of [JRM 515, Youth Room Checks](#), may be used to fulfill youth count requirements for the midnight shift. The count and the supervisor's count comparison must be logged separately from the room check.

- Following a drill or facility-wide incident (for example, escape, fire, riot, or tornado).
- Prior to a youth transport and upon transport return.

- Facility staff may conduct counts at other times as they deem appropriate.

**Note:** When at the facility, all youths must be counted, including those separated from their normally-assigned group. An approved off-campus activity form may be used for documenting each youth who is physically not at the facility.

### Central Checks of Counts Against Youths Assigned

The facility director or designee must maintain a current, accurate list of youths assigned to the facility.

Facility supervision must receive each report of youth counts and compare the results to the facility's current population. The sum of the youths counted at the facility and those on approved off-campus activities must match the current population. Should discrepancies be found, the facility supervisor must order an immediate recount. If the recount does not resolve the discrepancy, the facility supervisor must implement escape response; see [JRM 501, Escape Response](#).

### Logging and Additional Criteria

Only facility staff may conduct counts.

Staff conducting counts must visually sight each youth counted or verify the youth's location by the report of another staff. Staff may have youths verbally count off as long as the staff ensures that each assigned youth is present.

Staff must enter the results of youth counts in the facility log.

Staff must verbally report the results of each youth count to the facility supervisor.

For each count, the supervisor must log the total facility count, the number of youths on approved off-campus activities, the sum of the facility counts and the youths off-campus, and the facility population. The sum of the facility counts and youths off-campus must match the facility population.

**AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

---

**POLICY**

Youth transportation must ensure the safety of the youth, staff and the community. Prior to transporting a youth in a secure placement, staff must assess the youth to determine the need for mechanical restraints during transport.

**PURPOSE**

To ensure the safety of the youth, staff and community during the transport of youth to court appearances, medical appointments, facility transfers and off-campus activities.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director, program manager, and transport team.

**TRANSPORT  
PROCEDURES**

Each facility must develop and implement written procedures for youth transportation. At a minimum, procedures must contain the following requirements:

**Staffing and  
Supervision**

Staff must complete the youth transport form (DHS-520). Staff must follow youth to staff ratios. (See [JRM 540, Youth to Staff Ratio](#), Procedure, Minimum Staff to Youth Ratios.)

A transport team of at least two staff (including the vehicle driver) must escort youths when transporting two or more youths. At least one staff must be the same gender as the youths.

Fire and safety officers and contracted transporters may be members of the transport team.

At least one transport staff must be trained in the use of mechanical restraints.

The transport team must transport any detention youth with leg shackles, handcuffs and waist restraint except as noted below.



The facility director must review the appropriateness of any case where a pregnant youth is to be restrained for transport.

The facility director may waive the use of mechanical restraints as required by this section based on an assessment of risk. This waiver must be documented in writing.

Staff must offer a youth the opportunity to use the restroom prior to departure, upon arrival and prior to beginning the return trip. Staff must ensure that the youth uses secure restroom facilities (for example, court or law enforcement) to the extent practical. Staff of the same gender as the youth must accompany the youth into the restroom and maintain close physical proximity.

Occupants of the transporting vehicle must sit in designated seats and properly wear seat belts.

Staff must verify that the transport vehicle carries all of the following:

- A first aid kit (inspected prior to every transport).
- A universal precaution kit.
- A fire extinguisher.
- A cellular telephone.

Staff must load all medications, documentation and luggage prior to placing the youth in the vehicle.

Staff may make only stops approved on the transport form.

Attendant staff must maintain line of sight supervision of the youth and must ensure that the youth remains in the secure area of the vehicle.

Staff must call the facility upon beginning the return trip.

## **AUTHORITY**

Social Welfare Act, MCL 400.1 et seq.

**PURPOSE**

To ensure appropriate response, proper documentation and data collection for serious events that occur at the facility.

**DEFINITIONS*****Serious Injury***

Any significant impairment of the physical condition of the youth as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma and injuries to internal organs, whether self-inflicted or inflicted by someone else. MCL 722.112b(1)(k).

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

All facility employees.

**REQUIRED  
INCIDENT REPORTS**

Incident reports augment facility logs by providing additional information and data which can be stored, reviewed, and processed into reports used for analysis and decision-making.

The facility director and designee(s) must develop and implement a written procedure relative to incident reporting. The procedure must contain the following requirements that are outlined in this policy item.

Staff must immediately inform a supervisor of any of the incidents listed below. An incident report must be completed and approved in MiSACWIS. Licensing Rules (Mich Admin Code, R 400.4150) and contract language requires incident reports for, but not limited to:

- Death. See [SRM 172, Child/Ward Death Alert Procedures and Timeframes](#) for detailed reporting requirements.
- Suicide.
- Attempted Suicide.
- Serious injury.

- Illness requiring inpatient hospitalization.
- Behavior resulting in contact with law enforcement.
- Corporal punishment.
- Physical/personal restraint.
- Seclusion.
- Absent without legal permission (AWOLP).
- Mechanical restraint.
- Sexual assault, attempted sexual assault, or sexual harassment.

Facility standard operating procedures must indicate if incidents that occur at the facility, other than the ones indicated above, require an incident report.

## CONTENT AND TIMEFRAMES

The incident report is a factual recount of observed events and behaviors involving youths, staff, volunteers, and visitors (as applicable).

Facility staff must complete an incident report. Mich Admin Code, R 400.4159(6)(c). MiSACWIS will require the following:

- Incident type (such as, personal restraint or seclusion).
- Location of incident.
- The date and day of the week the incident occurred.
- Whether or not behavior of youth resulted in contact with law enforcement.
- Whether or not the facility contracts with or receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance and supervision of a minor child. MCL 722.112b(2).
- Description of incident.
- Staff involved in incident (including witness or supportive staff).

- Youth involved in incident (including perpetrator, victim or witness).
- Incident factors.

### Personal Restraint Reports

Facility staff must document the use of personal restraint along with justification for its use in the youth's case file. MCL 722.112e(4). The incident report must be completed by the end of the shift in which the personal restraint occurred. MCL 722.112e(4). The incident report must be documented in MiSACWIS. See [JRM 510, Reporting Unusual Incidents](#), *Restraint and Seclusion Notifications* section, for detailed requirements on required notifications after a restraint.

MCL 722.112e(4)(a)-(b) & (d)-(e), requires the following to be documented:

- Each order of personal restraint.
- Staff who initiated and/or were involved in the personal restraint.
- Time the personal restraint began and ended.
- Description of the situation that resulted in the use of the restraint.

See *Content & Timeframes* section of this policy for more information that must be included in the incident report.

### Mechanical Restraint Reports

Mich Admin Code, R 400.4159(13)(a)-(g) requires that when a mechanical restraint is used, the incident report must include:

- Youth's name.
- Name of the facility director or designee who authorized the use of the equipment and the time of the authorization.
- Time the restraint equipment was applied.
- Name of the staff who was responsible for application.

- Description of the specific behavior that preceded the use of mechanical restraint.
- Name of staff who was continuously with the youth.
- Date and time of removal of the equipment and the name of the staff removing the equipment.

**Note:** In cases where the type of mechanical restraint(s) used or application location changes, the incident report must clearly document the change and the names of the staff removing and re-applying the restraints. The incident report must be completed in MiSACWIS. See [JRM 510, Reporting Unusual Incidents](#) for detailed requirements on required notifications after a restraint

See *Content & Timeframes* section of this policy for more information that must be included in the incident report.

## Seclusion Reports

When a youth is isolated or secluded, facility staff must complete a seclusion room log and an incident report in MiSACWIS detailing the reasons for the use of seclusion. See [JRM 630, Seclusion, Documentation](#) section for more information on completing a seclusion log.

MCL 722.112e(4)(a)-(e), requires the following to be documented:

- Each order for seclusion.
- The time seclusion began and ended.
- The time and results of the one hour assessment.
- Description of the situation that resulted in the use of seclusion.
- The name of staff involved in the seclusion.

Facility staff must document the use of seclusion along with justification for its use in the youth's case file. MCL 722.112e(4). The incident report must be completed by the end of the shift in which the seclusion occurred. MCL 722.112e(4). The incident report must be documented in MiSACWIS. See [JRM 510, Reporting Unusual Incidents](#) for detailed requirements on required notification after a restraint.

See *Content & Timeframes* section of this policy for more information that must be included in the incident report.

### Supervisor Approval

Submit the incident report to a supervisor in MiSACWIS. The incident report is a factual recount of observed events and behaviors involving youths, staff, volunteers, and visitors (as applicable).

The supervisor must:

- Review the incident report for completeness, clarity and accuracy.
- Distribute copies of the incident report to appropriate facility staff (for example, medical, security or education staff) as directed by the facility written procedure.
- Ensure the incident report is entered into MiSACWIS within 72 hours of the incident.

**Note:** Appropriate entry of incident reports into MiSACWIS includes steps to ensure a complete, accurate, and unduplicated set of incident report information is entered for each incident that occurs.

### Debriefing

Debriefing of each incident shall occur as outlined in [JRM 530A, Incident Review](#).

### PRISON RAPE ELIMINATION ACT (PREA) INCIDENTS Allegations of Youth-on-Youth Sexual Abuse Beyond Sexual Touching Through the Clothing

For allegations, reports or suspicions of youth-on-youth sexual abuse that involved sexual contact beyond sexual touching through the clothing, staff must notify Centralized Intake and report the incident or allegation.

Facility staff must complete and submit an incident report in MiSACWIS and complete the DHS-3200, Report of Actual or Suspected Child Abuse or Neglect or report online to Centralized Intake, within 72 hours of becoming aware of the incident.

**Allegations of Youth-on-Youth Non-Penetrative Sexual Touching or Sexual Harassment.**

For allegations, reports, or suspicions of youth-on-youth non-penetrative sexual touching through the clothing or youth-on-youth sexual harassment, staff must complete an incident report in MiSACWIS by the end of the shift.

**Allegations of Staff-on-Youth Sexual Activity or Sexual Harassment of Any Type.**

See [JRM 512, Suspected Abuse & Neglect](#) for more information on reporting requirements.

Records of allegations will be kept for as long as an employee is employed at the facility or the youth is a resident, plus five years.

**SUSPECTED ABUSE & NEGLECT**

Make an immediate report of suspected or alleged staff abuse or neglect of a youth to the facility director or designee. See [JRM 512, Suspected Abuse & Neglect](#) for centralized intake reporting requirements and [JRM 560, Sexual Abuse Response and Prevention](#), if the suspected abuse is related to sexual harassment or abuse.

**INCIDENT REVIEW**

All restraint, seclusion and PREA incidents reported within the facility must be reviewed; see [JRM 530A, Incident Review](#) for more information.

---

**LEGAL BASE****Federal****Prison Rape Elimination Act, Juvenile Facility Standards, 28 CFR 115.351-115.354.**

Provides reporting requirements of sexual abuse and harassment.

**State****Child Care Organization Act, 1973 PA 116, MCL 722.112b(1)(k).**

Provides the definition for serious injury.

**Child Care Organization Act, 1973 PA 116, MCL 722.112e(4).**

Requires the incident report to be completed by the end of the shift in which the personal restraint or seclusion occurred.

**Child Care Organization Act, 1973 PA 116, MCL 722.112e(10)-(13).**

Requires facility staff to conduct a debriefing with the youth 24 hours after the use of personal restraint or seclusion. Requires facility staff and appropriate supervisory and administrative staff to conduct a debriefing to discuss circumstances resulting in the use of personal restraint or seclusion. Requires both debriefing sessions to be documented in the youth's case file.

**Child Care Organization Act, 1973 PA 116, MCL 722.112e(15)(a)-(g).**

Requires facility staff to maintain a record of each incident of personal restraint or seclusion and what, at a minimum, the record should include.

**Michigan  
Administrative  
Code****Mich Admin Code, R 400.4150.**

Provides requirements on who must be contacted when a youth's behavior results in contact with law enforcement, is believed to be absent without legal permission (AWOLP), seriously injured or hospitalized due to a serious illness or dies while in facility care.



**Mich Admin Code, R 400.4159.**

Provides requirements on youth restraint.

**Emergency Rules of the Department of Health and Human Services entitled "Prohibition of Prone Restraint; Procedures Involving Other Restraints in Child Caring Institutions", 2020 Mich Reg 14 (August 15, 2020), p 206.**

**POLICY CONTACT**

Juvenile Justice managers and supervisors may submit policy clarifications to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**PURPOSE**

Ensure that all incidents that occur in a state run and private, contracted juvenile justice residential facilities are reviewed for continuous quality improvement of prevention and response procedures.

**DEFINITIONS*****Seclusion Room***

A room or area approved for the confinement or retention of a single youth. The door to the room may be equipped with a security locking device which operates by means of a key or is electrically operated and has a key override and emergency electrical backup in case of a power failure. Mich Admin Code, R 400.4101(z).

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director or designee, supervisory staff and facility staff who initiate, witness and/or are involved in an incident that requires reporting.

**PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to reviewing incidents. At a minimum, SOPs must contain the following requirements outlined in this policy item.

**INCIDENT REVIEW**

Facility staff are responsible for involving the youth in a review of any restraint including, de-escalation techniques used and problem-solving for behaviors leading up to the restraint.

The facility director or designee may choose to establish an incident review committee.

The facility director or designee must:

- Ensure that each incident report is reviewed for its underlying cause. In particular, review each incident report to determine if physical barriers enabled the occurrence of the incident, if staffing levels and training were appropriate, and if additional

technology would be of use in mitigating or preventing future incidents.

- Ensure that appropriate corrective actions resulting from the incident report review are developed and implemented.
- Ensure that relevant youth behavior documented in the incident report is discussed in group and treatment team meetings and documented in treatment plans.

The following incidents require a review:

- Personal restraint.
- Mechanical restraint.
- Seclusion.
- Sexual Abuse.
- Death.
- Serious injury.
- Illness requiring inpatient hospitalization.

## **RESTRAINT Debriefings**

A comprehensive review of any restraint must occur within 24 hours. Emergency Rule 2(e). The review may need to occur multiple times over multiple days to support the youth involved and youth who witnessed the restraint. Family should be invited to assist.

Debriefing following physical or mechanical restraint is a required step to engage with staff, youth and family to support the youth and identify approaches to prevent a future incident. The goals of debriefing are:

- To reverse, or minimize, the negative effects of the use of restraint:
  - Evaluate the physical and emotional impact on all involved individuals.
  - Identify need for and provide counseling or support to the youth and staff involved for any trauma that may have resulted or emerged from the event.
  - To develop appropriate coping skills.
- To prevent the future use of restraint.

- Assist the youth and staff in identifying what led to the incident and what could have been done differently.
- Determine if all alternatives to restraint were considered.
- To address organizational problems, issues or processes and make appropriate changes.
  - Determine what CCI barriers may exist to avoid the use of restraint in the future.
  - Recommend changes to the CCI philosophies, procedures, environment and standards of care, treatment approaches, staff education and training.
- For the treatment team to determine how to assist the youth and staff more effectively in understanding what precipitated the event.
- To develop interventions designed to avoid future need for restraint.

The following debriefings are required with key participants following any use of restraint:

- Debriefing of the restraint among the staff involved and supervisors immediately following the restraint. Documentation of the conversation must include:
  - Examination of preventive strategies that could have been used to avoid the restraint.
  - Review of any changes in the child's condition that may require follow up.
- Debriefing with the youth. Documentation must include the following details:
  - The youth's call with their parent(s) or caregiver(s) that occurred after the restraint which must be consistent with the youth's treatment plan.
  - The youth's perspective of preventive strategies that could have been used to help support the youth to avoid behavior or help the youth de-escalate.
  - Time and date the debriefing occurred with the staff and youth.

**Facility Review**

Facility reviews assist with determining if restraint could have been avoided, or if there is a pattern of use within the facility. A quality assurance review must be initiated within 24 hours by a level of supervision above the staff ordering or conducting the restraint to determine if the requirements of the facility's procedures were followed in directing and conducting the restraint.

**Semi-Annual Review**

The facility director or designee is responsible for gathering and reviewing all incident reports regarding youth restraint at least twice a year. Mich Admin Code, R 400.4159(6)(d).

**Non-transport Mechanical Restraint Review**

The facility director is responsible for reviewing the non-transport use of mechanical restraints to determine if procedures were followed and take any corrective action needed.

**SECLUSION**

When a youth is in seclusion for more than three hours, an administrative review above the level of the supervisor who approved the extended use shall be completed and documented within 48 hours. Mich Admin Code, R 400.4162(5).

**SEXUAL ABUSE**

The facility director and/or designee(s) must create a sexual abuse incident review committee consisting of the parties listed in 28 CFR 115.386(c):

- Upper-level management staff, with input from line supervisors.
- Investigators.
- Medical or mental health practitioners.

All sexual abuse incidents must be reviewed at the conclusion of the investigation unless the allegation has been determined to be unfounded. 28 CFR 115.386(a). The review shall take place within 30 days of the conclusion of an investigation.

Pursuant to 28 CFR 115.386(d)(1)-(6), the incident review committee shall document the following:

- Consideration of whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
- Determination if corrective actions are needed to reduce the number/rate of sexual abuse incidents.
- Consideration of whether the incident or allegation was motivated by:
  - Race.
  - Ethnicity.
  - Gender identity such as lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status.
  - Gang affiliation.
  - Other group dynamics within the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Review the results of investigations carefully and use the findings to support requests as appropriate.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to what is mentioned above, and any recommendations for improvement. Submit each report to the facility director and Prison Rape Elimination Act compliance manager.

**Documentation**

Use the MDHHS-5818-PREA, 30 Day Sexual Abuse Incident Review to document the review. Store the completed MDHHS-5818-PREA in the facility's PREA binder.

**PREA Data Review**

The facility director or designee is responsible for maintaining, reviewing and collecting data as needed for all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. 28 CFR 115.387(d).

**DEATH OR SERIOUS  
INJURY/ILLNESS**

When a youth is seriously injured, has an illness requiring inpatient hospitalization or dies, the facility director and designee(s) should review the incident to determine changes that could be made to prevent or respond to future incidents.

**FORMS**

[MDHHS-5818-PREA, 30-Day Sexual Abuse Incident Review.](#)

**LEGAL BASE****Federal**

**Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.386-115.387.**

Provides requirements for sexual abuse incident reviews and data collection.

**Michigan  
Administrative  
Code**

**Mich Admin Code, R 400.4159(6)(a) & (6)(d).**

Provides requirements for an incident review within 48 hours and a bi-annual review of all incidents.

**Mich Admin Code, R 400.4162(5).**

Requires an administrative review within 48 hours when a seclusion room is used for more than 3 hours.

**Emergency Rules of the Department of Health and Human Services entitled "Prohibition of Prone Restraint; Procedures Involving Other Restraints in Child Caring Institutions", 2020 Mich Reg 14 (August 15, 2020), p 206.**

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).



**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facilities take reasonable measures to prevent assaults on staff.

**PURPOSE**

This policy ensures staff safety through prevention and appropriate responses to staff assaults.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to staff assault. At a minimum, these SOPs must contain the following requirements:

**Prevention*****Programming***

Facility managers continually assess and improve youth programs to improve safety and security of youths, staff and the public.

***Training***

All staff working directly with youth will receive crisis intervention training.

Staff will be oriented as to employee rights under the "right-to-know" laws.

***Physical Plant***

The building structure, including locks, doors, lighting and other features, are kept in a state of good repair. New construction and remodeling plans consider new developments in structural aspects of institutional design.

**Identification Cards**

Employees are issued an identification card.

Social Security numbers are not placed on the identification card.

There are clear instructions for the use and display of the identification card.

**Visitors**

Visitors are properly screened and advised of appropriate policies and practices.

**Resources****Coverage**

Process for obtaining backup resources when out-of-control behavior occurs.

Supervisors are present during crisis situations to witness the youth's behavior and the staff's response.

When work assignments and coverage appear contrary to staff safety and security, they are discussed at local labor-management meetings.

Process to ensure coverage when an assaulted staff is absent.

**Communication**

The facility/center director or designee ensures that:

- Staff is informed of a youth having a history of assaultive behavior.
- Appropriate precautions are taken to prevent assaultive behavior.

Staff communicate daily about youth behavior that affects the risk of assault.

**Staff Injuries**

Process for staff to obtain first aid and/or immediate medical attention for themselves or another injured employee including:

- Where to secure first aid services.

- Where to go for emergency medical/hospital services.
- Which manager and/or supervisor to contact.

Immediate assistance to injured staff and in de-escalating crisis situations is provided by available employees.

Provide transportation to injured staff requiring treatment at another location.

- Injured staff may drive themselves if they are not seriously injured and appear alert and able to drive.
- If staff drive themselves contrary to facility management advice, they are required to sign a release.
- If an injured staff is transported by ambulance, a supervisor may allow another available staff to accompany the injured staff.

Process to immediately notify a member of facility management if an assault requires medical attention beyond routine first aid.

Managers are responsible to:

- Monitor the medical response to the situation and related follow-up.
- Oversee and coordinate follow-up responses to staff assaults including reporting and providing feedback to injured employees and coworkers.
- Provide information about applicable state employee assistance programs.

When an assault occurs, staff ensure no further injury is likely and brings the situation under control using crisis intervention methods as trained.

The facility/center director or designee ensures that the treatment team appropriately follows up on the incident and participates in the overall de-escalation.

The facility/center director or designee ensures all of the following:

- Investigation of the incident.
- Coordinated follow-up.
- Timely completion of reports.

Incident reports and other documentation are completed as required.

A written account of the situation is completed if possible within twenty-four (24) hours of the incident. Facility managers:

- Ensure the report is completed and includes information gathered and interviews of witnesses including the injured staff, if possible.
- Answer questions about non-confidential pertinent issues from coworkers and from the staff person injured.
- Provide non-confidential information to the injured staff member's family, if the staff member is unable to communicate directly.
- Provide the completed report to the injured staff, if requested. The report will have names and other identifying information related to youths removed in compliance with applicable laws and policies.

The injured staff person has the right to file a police report.

- Managers will not obstruct this employee right.
- An assaulted staff receives administrative leave for time needed for related judicial process meetings and court appearances.

Access to records of the incidents, with facility management review and approval in concert with confidentiality regulations, is provided to the injured staff person upon request.

## AUTHORITY

Bullard-Plawecki Employee Right To Know Act, MCL 423.501 et seq.

Written agreement between DHS (then DSS) and AFSCME, October 1, 1992.

## PURPOSE

The Michigan Department of Health and Human Services (MDHHS) ensures safety and security within state run and private, contracted juvenile justice residential facilities by establishing staffing ratios and the necessary components of effective youth supervision.

Each facility must develop and implement written procedures that govern staffing ratios and supervision of youth and meet the requirements outlined in this policy.

## DEFINITIONS

See JRG, [JJ Residential Glossary](#).

### ***Exigent Circumstances***

Pursuant to Prison Rape Elimination Act (PREA) National Standards, 28 CFR 115.5, exigent circumstances mean any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

### ***Secure Juvenile Facility***

Pursuant to Prison Rape Elimination Act (PREA) National Standards, 28 CFR 115.5, secure juvenile facility means a juvenile facility in which the movements and activities of individual youth may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows youth access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

### ***Security Staff***

Pursuant to Prison Rape Elimination Act (PREA) National Standards, 28 CFR 115.5, security staff means employees primarily responsible for the supervision and control of inmates, detainees, or youth in housing units, recreational areas, dining areas and other program areas of the facility.

## RESPONSIBLE STAFF

Management of direct care staff and direct care staff who supervise youth.

---

**STAFF TO YOUTH RATIOS**

Each facility must have a sufficient number of administrative, supervisory, social service, direct care and other staff on duty to provide for the continual needs, protection and supervision of youth.

Only direct care staff that are physically present are included in determining whether the ratio is met.

Youth to staff ratios must be sufficient to ensure the safety of staff, youth, visitors and the public. Staff of the same assigned gender as the youth or the gender the youth identifies with must be available at all times.

***Secure Facilities***

Secure juvenile facilities must maintain the following minimum staff to youth ratios (28 CFR 115.313(c)):

- Direct care staff-to-youth ratio of at least 1:8 during awake hours.
- Direct care staff-to-youth ratio of at least 1:16 during sleeping/bedtime hours.

***Non-Secure Facilities***

Non-secure juvenile facilities must maintain the following minimum staff to youth ratios:

- Direct care staff-to-youth ratio of at least 1:10 during awake hours.
- Direct care staff-to-youth ratio of at least 1:20 during sleeping/bed-time hours.

**Effective Staff Supervision of Youth**

Staff supervision of youth must include the following:

- Remain constantly alert to the facility environment and constantly vigilant to the youth(s)'s activities and needs.

- Remain aware of and responsive to the behavior and special needs of youth being supervised.
- Remain aware of the number and location of all youth under supervision.
- Remain aware of the location of other staff.
- Stay alert for opportunities to support youth and prevent behavioral escalation and crisis.
- Remove any obstructions that impede direct line of sight observations of youth.
- Avoid activities that distract staff attention from youth supervision.
- Structure youths' awake hours with learning activities, opportunities for exercise, and frequent contact with family.
- Perform variable interval, eye-on checks of youth, regardless of the use of video monitoring systems. The time between the variable interval checks must not exceed 15 minutes.
- One direct care staff that is of the same gender as the youth must be available 24 hours per day at the facility to perform services more appropriately carried out by a person of the same gender as the youth.
- Youth may not supervise other youth.
- Volunteers may not supervise youth.
- Opportunities for youth to connect with others through eye contact and meaningful positive interaction with other youth and staff.
- Enabling youth to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 28 CFR 115.315(d).
- Staff of the opposite gender announcing their presence when entering a youth housing unit. In facilities that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area

where youth are likely to be showering, performing bodily functions or changing clothing. 28 CFR 115.315(d).

## ANNUAL STAFFING PLAN

Pursuant to the Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.313(a)(1)-(11), the facility director shall ensure that each facility under his or her operational control must develop, implement, and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect youth against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility director and/or designee(s) must take into consideration:

- Generally accepted juvenile and correctional/secure residential practices.
- Any judicial findings of inadequacy.
- Any findings of inadequacy from Federal investigative agencies.
- Any findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant (including blind spots or areas where staff or youth may be isolated).
- The composition of the youth population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Any applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- Any other relevant factors.

Designated facility staff must use the MDHHS-5833-PREA, Prison Rape Elimination Act (PREA) Staffing Plan.



The facility must comply with the staffing plan except during limited and discrete exigent circumstances and must fully document deviations from the plan during such circumstances. 28 CFR 115.313(b).

The signed and completed documents should be filed in the facility's PREA binder.

Pursuant to the Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.313(d)(1)-(4), whenever necessary but no less frequently than once each year, for each program the facility operates, in consultation with the facility's PREA compliance manager, the facility shall assess, determine and document whether adjustments are needed to:

- The staffing plan established.
- Prevailing staffing patterns.
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

Designated facility staff must use the MDHHS-5817-PREA, Annual Prison Rape Elimination Act (PREA) Staffing Plan Review, to document the review. Upon approval, the plan should be placed in the facility PREA binder.

## **Unannounced Rounds**

### ***Secure Facilities Only***

Higher level supervisory staff are required to conduct and document unannounced rounds on all shifts to ensure safety and wellbeing of all youth and to identify and deter staff sexual abuse and sexual harassment. 28 CFR 115.313(e). Use the MDHHS-5830-PREA, Prison Rape Elimination Act (PREA) Unannounced Rounds Log, to document the unannounced rounds.

The facility shall have a policy in place that prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

---

**LEGAL BASE****Federal****Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.313(c).**

Provides the staffing ratios for secure juvenile justice facilities of a minimum of 1:8 during youth waking hours and 1:16 during youth sleeping hours.

**Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.313(d)(1)-(4).**

Requires facility staff to review, determine and document whether adjustments are needed to the facility's staffing plan, video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan.

**Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.313(e).**

Requires higher level supervisory staff, from secure facilities, to conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment.

**Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.315(d).**

Requires facility staff to enable youth to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Requires facility staff of the opposite gender to announce their presence when entering a youth housing unit.

**Michigan  
Administrative  
Code****Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4126.**

Requires residential facilities to have a sufficient number of staff on duty to perform the functions required by the administrative rules,

the facility's program statement and to provide for the continual needs, protection and supervision of youth.

**Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4127.**

Provides the staffing ratio for child caring institutions of a minimum of 1:10 during youth normal awake hours and a minimum of 1:20 during youth normal sleeping hours. Requires the staff to youth ratios shall correspond with the facility's purpose and the needs of the youth and assure continual safety, protection and direct care and supervision of youth. Requires facility staff to conduct variable interval eye-on checks of youth when youth are asleep or outside of direct supervision of staff. The time between the eye-on checks shall not exceed fifteen minutes.

**POLICY CONTACT**

Policy clarification questions may be submitted by facility supervisors or managers to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

For additional information on youth to staff ratios please refer to the [PREA Resource Center](#).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will receive appropriate and timely first aid treatment when needed.

**PURPOSE**

This policy ensures that first aid kits are readily available when needed and kept fully and appropriately stocked at all times.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the maintenance and location of first aid kits. At a minimum, these SOPs must contain the following requirements:

**Kit Location**

First aid kits are located in areas where youths are present.

**Kit Contents**

Kit contents, based on American Red Cross recommendations, will include all of the following:

- Waste disposal bag.
- Antiseptic ointment.
- Eye rinse solution.
- Band-aids (assorted).
- Disposable non-latex gloves.
- Sterile gauze pads (assorted).
- Sterile roller gauze.
- Adhesive tape.
- Triangular bandage.
- Cold pack.
- Anti-bacterial hand washing solution.

**Replacing  
Contents**

- Sterile saline solution.
- A one-way CPR barrier mask.
- Small plastic bag (in which to place biohazards).
- Bee sting kit (for use as prescribed to particular youth).

Staff using the single item contents of the first aid kit must immediately report to the facility/center director or designee who will ensure the missing contents are promptly replaced.

**Approval and  
Inventory**

The facility/center director or designee will maintain a list of the approved contents of all first aid kits.

A copy of the list is placed inside the kit.

The facility/center director or designee will document weekly checks of the first aid kits.

The facility/center director or designee will replenish depleted supplies as needed.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

Each facility must maintain hardbound logbooks or electronic logs to record and communicate routine program information, youth movement, unusual occurrences and emergency situations.

**PURPOSE**

To ensure the clear, accurate and thorough documentation of incidents that impact the safety and security of youth, staff and the public.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern utilization, maintenance and review of logs. At a minimum, SOPs must contain the following requirements:

**Types of Logs**

A list and description of required logs, including the log name, type of log and whether the log is electronic or hardbound.

**Electronic Log  
Procedures**

When electronic logs are used, procedures for the use of these logs including log storage and backup, required entries, corrections and staff reviews must be specified.

**Replacement and  
Retention of  
Logbooks**

Staff must immediately replace filled logbooks.

Procedures for tracking, storing and retaining filled logbooks.

## Logbook Entries

Staff log entries must be concise, accurate, neat, legible and written in ink.

Staff log entries must contain all of the following:

- Daily observations of youth by staff, including any unusual youth behavior and medical concerns.
- All youth counts
- Results of all youth and room/area searches.
- Security and perimeter checks.
- Disturbances and riots.
- Removal of any youth from the general population.
- Use of de-escalation techniques.
- Use of physical or mechanical restraints.
- Use of behavior management/seclusion rooms.
- Departure of staff during the shift.
- Admission and release of youth, including names, dates, times and modes of transportation.

Staff must place the date of each log page at the top of the page.

Staff must write in each line of the log.

Staff must clearly identify each log entry they make by initially signing into the log, making their initial and printing their name. Staff must identify subsequent log entries during the shift by signing their name or initialing the entry as set by facility SOP.

Staff must make entries in red ink to identify events that might impact the safety and security of staff, youths and visitors or that relate to planned incidents such as escapes, riots, suicide or assaults.

When making log corrections, staff must:

- Avoid the use of whiteout, correction fluid or tape.

- Strike through any corrected item with a single line.
- Write the word “void” next to the struck out item.
- Sign and date/time the correction.

Staff must not remove or destroy log pages or otherwise obscure log content.

Staff must safeguard logs to prevent access by unauthorized personnel including youth and visitors.

When making a late entry, staff must make a log entry consisting of the current time, the words “Late entry”, the actual previous time of the logged event and the log entry. Identification by signature or initial remains required.

### **Review of Log Entries**

Incoming staff and supervisors must review log entries for their wing/hall/pod for the previous two shifts. Staff must document this review by signing or initialing in the margin next to the most current log entry.

The facility/center director or designee must review log entries to ensure compliance with SOPs. The reviewer must initial or sign in the margin next to the most current log entry.

Staff must document corrective actions taken in response to log notations in the log.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)



**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to keep potentially harmful tools and hazardous materials inventoried, stored and controlled.

**PURPOSE**

This policy ensures protection of youths, staff, community, and facility preservation.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern the control of tools and hazardous materials. At a minimum, these SOPs must contain the following requirements:

**Hazardous  
Materials  
Identification,  
Storage and  
Inventory**

Hazardous materials are clearly labeled and identified as a potential hazard.

Hazardous materials are located in a secured storage area inaccessible to youths.

Hazardous materials are inventoried monthly. Discrepancies are:

- Documented on an incident report.
- Brought to the immediate attention of a supervisor.

An inventory is conducted of hazardous materials brought in by outside persons upon entry into secured areas of the facility. This inventory is checked upon departure from secured areas to ensure no hazardous materials have been left behind.

**Staff Access and  
Use of Hazardous  
Materials**

Staff are designated to draw, mix or use hazardous materials.

Hazardous materials are only utilized for their intended purposes.

Staff strictly complies with labeled usage instructions for hazardous materials.

**Youth Access to  
Hazardous  
Materials**

Youths will not draw, mix, dispense or use hazardous materials without direct staff supervision.

Youths are directly supervised when using any type of detergent or cleaning solution.

**Improper Exposure  
to Hazardous  
Material**

Material safety data sheets are completed as required by the Occupational Safety and Health Administration and maintained in areas easily accessible to staff. The sheets contain instructions on the appropriate staff response in the event of improper exposure to the hazardous material.

If staff or youths are improperly exposed to a hazardous material, in addition to following the instructions on the material safety data sheets, staff immediately:

- Notifies a supervisor.
- Contacts a poison control center or medical provider as directed by the supervisor.

The incident is documented on an incident report.

**Disposal of  
Hazardous  
Materials**

A staff member is designated to collect and dispose of hazardous materials in accordance with state and federal regulations.

Disposal of hazardous materials is documented.

### **Tool Storage and Inventories**

Tools are securely stored in a locked cabinet and/or tool storage area with placement on a shadow board.

An updated and current inventory of tools is maintained for every tool storage area or cabinet.

Staff inventory tools used by youths before youths are allowed to leave the work area.

All tools brought in by outside persons into secured areas of the facility are documented upon entry and upon departure to ensure no tools are left behind.

Staff are designated to conduct and document a tool inventory monthly.

Missing or inoperable tools are:

- Documented on an incident report.
- Brought to the immediate attention of the supervisor.
- The last known location of the tool and the youth present will be immediately searched when a tool is missing.

### **Youth Use of Tools**

Staff directly and constantly supervises youths who either use or are in an area containing tools.

The assignment of tools to staff or youths for any reason is documented.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

Occupational Safety and Health Act, 29 USC 651 et seq.

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facilities conduct periodic searches of youths' rooms and common areas to detect and remove contraband.

**PURPOSE**

This policy ensures that facilities have standard procedures to conduct searches of youths' rooms and common areas.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to conducting room and facility searches by staff. At a minimum, these SOPs must contain the following requirements:

**Frequency**

Youth room searches are conducted at least once a month at unannounced and irregular times.

Includes a visual scan of common areas before and after use by youth and/or visitors.

**Guidelines for  
Searches**

Searches are conducted in a professional respectful and systematic manner without causing any undue disruption or damage to property.

When therapeutically beneficial, searches may be made with youth present in their room if approved by the facility/center director or designee.

**Documentation**

Searches are documented in the facility logbook.

The disposition of contraband is documented in the logbook and on an incident report.

Non-illegal contraband must be:

- Discarded.
- Returned to the original owner.
- Mailed to the youth's home.
- Inventoried and stored to be returned to the youth upon release.

Illegal contraband is turned over to local law enforcement. BJJ staff will maintain and document the chain of custody.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**PURPOSE**

To implement Prison Rape Elimination Act (PREA) National Standards for juvenile facilities to prevent incidents of sexual abuse and sexual harassment in state operated and private, contracted juvenile justice residential treatment facilities, to the maximum extent practical. To take prompt, effective and compassionate action in the event that allegations of sexual abuse or harassment are made.

**DEFINITIONS*****Age of Consent***

While no Michigan statute specifically establishes an age at which a minor may legally consent to sexual activity, there can be criminal penalties for sexual activity with a minor under 16 years of age. MCL 750.520b. There also can be criminal penalties for sexual activity with a minor under 18 years old when certain circumstances exist. MCL 750.520d.

***First Responder***

First responder includes any/all agency staff to whom an incident or report of alleged sexual abuse or any other form of abuse/neglect of youth is reported. This includes staff's own observation or suspicion, direct report (verbal or written) from youth or third parties of abuse or neglect in accordance with mandated reporting laws and agency policies.

***Security Staff***

Employees primarily responsible for the supervision and control of youth in housing units, recreational areas, dining areas and other program areas of the facility. 28 CFR 115.5.

***Sexual Abuse***

Sexual abuse of a youth by another youth and sexual abuse of a youth by a staff member, contractor or volunteer. 28 CFR 115.6(1)-(2).

***Youth-on-Youth Sexual Abuse***

Sexual abuse of a youth by another youth includes any of the following acts, if the youth does not consent, is coerced into such

act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
- Contact between the mouth and any body part where the youth has the intent to abuse, arouse or gratify sexual desire.
- Any other 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.

#### ***Staff-on-Youth Sexual Abuse***

Sexual abuse of a youth by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the youth:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva, or anus.
- 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.
- 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.
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

- Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above.
- Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth.
- Voyeurism by a staff member, contractor, or volunteer.

### ***Sexual Harassment***

Pursuant to Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.6, sexual harassment includes:

- Repeated and unwelcomed sexual advances, requests for sexual favors, or verbal comments, gestures or actions of derogatory or offensive sexual nature by one youth toward another youth.
- Repeated verbal comments or gestures of a sexual nature to a youth 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.

### ***Voyeurism by a Staff Member, Contractor or Volunteer***

An invasion of privacy of a youth by staff for reasons unrelated to official duties, such as peering at a youth who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions. 28 CFR 115.6.

See [JRG, JJ Residential Glossary](#).

## **RESPONSIBLE STAFF**

PREA compliance managers must provide leadership within the facility to all facility employees, contractors and volunteers for ensuring this policy is implemented fully.



## PREVENTION PLANNING

The Michigan Department of Health and Human Services (MDHHS) has zero tolerance for sexual abuse or harassment and employs a PREA juvenile coordinator with sufficient time and authority to develop, implement, and oversee MDHHS efforts to comply with the PREA standards in all state operated and private, contracted juvenile justice residential treatment facilities. 28 CFR 115.311(a)-(b).

Each facility is required to have zero tolerance for sexual abuse and harassment of youth. Each private, contracted agency must employ an upper-level agency wide, PREA coordinator and each facility must employ a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. 28 CFR 115.311(b) and (c). PREA compliance managers must ensure that preventive plans are in place and should allegations regarding sexual abuse or harassment be made, that staff are appropriately trained to take actions to rapidly restore safety, attend to and support the victim and promptly begin the investigative process.

Pursuant to Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.311-115.318, prevention planning procedures at the facility must address the following:

- Actions that seek to prevent sexual abuse and harassment.
- Supervision practices including determination and review of adequate staffing practices as well as assessment and use of monitoring technology. See [JRM 540, Youth to Staff Ratio](#) for required staffing plan reviews.
- Limits to cross-gender viewing including during routine youth searches, admission/medical examinations and any monitoring technology. See [JRM 511, Body Searches of Youth](#) for requirements on cross-gender searches.
- Methods and practices to accommodate youth with special needs. See policies [SRM 400, Reasonable Accommodations](#), [SRM 401 Effective Communication For Persons Who Are Deaf, Deafblind, or Hard of Hearing](#) and [SRM 402, Limited English Proficiency and Bilingual Interpreter Services](#) for detailed requirements.

- Hiring and promotion decisions and screening procedures for staff, contractors, sub-contractors, volunteers and interns. See [JRM 100, Screening and Ongoing Checks for Staff](#) for specific details.

## RESPONSIVE PLANNING

Pursuant to Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.321-115.322, responsive planning must include the following:

- Development of a facility specific, uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- Using a developmentally appropriate protocol for youth. This protocol shall be based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". See the [National PREA Resource Center](#) to access this publication.
- Ensuring all youth who experience sexual abuse have access to forensic medical examinations, whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Efforts to locate SAFEs or SANEs providers must be documented.
- Planning to make a victim advocate from a rape crisis center available or other qualified staff member for the victim. Other qualified staff member is defined as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Efforts to obtain a Memorandum of Understanding (MOU) for victim advocacy services, from a rape crisis center as defined by 42 USC 14043g(b)(2)(C), must be documented.
- Having a policy in place to ensure that allegations of sexual abuse or sexual harassment that may be criminal are referred

for investigation to law enforcement. The facility must publish such policy on its website or if it does not have a website, make the policy available through other means.

- Develop and maintain agreements with law enforcement that conduct investigations into allegations that are criminal in nature. Document the MOU or attempts to obtain an MOU.

Refer to [JRM 173, Investigation Protocol](#) for the components necessary to meet PREA standards.

## TRAINING AND EDUCATION

Pursuant to Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.331-115.335, training and education procedures at the facility must address what constitutes sexual abuse, harassment or other sexual incidents that are violations of facility rules. Initial and ongoing training and education needs to include the following groups:

- Youth. See [JRM 200, Juvenile Justice Assignment Unit and Admissions](#) for policy on youth PREA orientation requirements.
- Staff, volunteers & contractors. See [JRM 170, Staff Development and Training](#) for requirements on training and education related to PREA.

## ASSESSMENT AND PLACEMENT

Pursuant to the Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.341-115.342, assessment and placement procedures must:

- Use record reviews, assessments, and interviews of each admitted youth by trained and qualified staff to make appropriate housing, sleeping arrangements, education and work assignments as applicable for all youth.
- Seek to gather information about prior sexual abuse or harassment as a victim or perpetrator as part of admission and during the early stages of the treatment program.
- Seek to prevent further victimization of previous victims or re-offending by a previous perpetrator.

See [JRM 202, Residential Screening and Assessments](#) for detailed information on assessment and placement procedures.

See [JRM 630, Isolation And/or Confinement](#) for restrictions on placing lesbian, gay, bi-sexual, transgender or intersex youth in seclusion.

## MAKING A PREA ALLEGATION

See [JRM 213, Grievance Policy](#) for the multiple ways youth and staff need to have available to make a PREA allegation.

## RESPONSE TO A PREA ALLEGATION

Pursuant to the Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.361-115.368, procedures following a report of sexual abuse or harassment must require all staff to immediately report any knowledge, suspicion or information they receive regarding:

- An incident of sexual abuse or harassment that occurred in an institutional setting.
- Retaliation against youth or staff who reported sexual abuse or harassment.
- Any staff neglect or violation of any responsibilities that may have contributed to an incident of sexual abuse, harassment or retaliation.

See [JRM 530, Incident Reports](#) for more information on PREA related incidents.

Procedures must:

- Include provisions for initiating and completing an investigation.
- Include actions for staff to ensure that the alleged victim and alleged perpetrator are separated and any crime scene is sealed and preserved.
- Ensure coordination of actions taken in response to the incident among first responders, medical and mental health practitioners, investigators, law enforcement, licensing, children protective services and facility leadership.

- Address the protection of all youth and staff who make a report or who cooperate with sexual abuse or harassment investigations from retaliation by other youth or staff. This includes using the MDHHS-5799-PREA, Retaliation Log, to monitor and protect youth or staff for at least 90 days following the report or cooperation.

See [JRM 173, Investigation Protocol](#) for details on implementing the investigation procedures.

## Investigations

Each incident of alleged or reported sexual abuse or sexual assault must be fully investigated. See [JRM 173, Investigation Protocol](#) for more information on PREA related investigations.

## Disciplinary Sanctions

Pursuant to the Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.376-115.378, procedures for disciplinary sanctions must address both staff and youth as follows:

### ***Disciplinary Sanctions for Staff***

Staff shall be subject to discipline up to and including termination for violating sexual abuse or sexual harassment policies (28 CFR 115.376). Termination shall be the discipline for staff who have engaged in sexual abuse. Discipline for violations of PREA policies relating to sexual abuse or sexual harassment shall be based on the nature and circumstances of the acts committed, discipline history and discipline imposed for comparable offenses by other staff with similar histories. All related terminations or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to the Division of Child Welfare Licensing (DCWL).

### ***Disciplinary Sanctions for Contractors and Volunteers***

Any contractor or volunteer who engages in sexual abuse cannot have contact with youth and must be reported to law enforcement and DCWL (28 CFR 115.377). The facility director or designee shall determine whether to prohibit further contact with youth in the case of any violation of PREA sexual harassment policies.

### ***Disciplinary Sanctions for Youth***

Following any finding that a youth engaged in youth-on-youth sexual abuse, formal due process must be provided for youth discipline. 28 CFR 115.378.

Sanctions for youth must correspond with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories.

The disciplinary process must consider whether a youth has mental disabilities or mental illness that contributed to the behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling, or other interventions designed to address underlying reasons or motivations for the abuse, the facility must consider whether to require the offending youth to participate in such interventions as a condition of access to programming or other benefits.

Facility staff may discipline a youth for sexual contact with staff only upon finding that the staff member did not consent to such contact.

A youth must not be disciplined for making a report of sexual abuse if the youth made the report in good faith. Sexual activity between youth that does not involve coercion is considered a facility rule violation.

See [JRM 602, Discipline Response System](#) for more information on disciplinary sanctions for youth.

### **Emergency and Ongoing Medical and Mental Health Services**

Pursuant to the Prison Rape Elimination Act, Juvenile Facility National Standards, 28 CFR 115.381-115.383, facility procedures for medical and mental health care must address the following:

- Asking the youth about prior sexual victimization and prior sexual perpetration during the admission process. See [JRM 200, Juvenile Justice Assignment Unit and Admissions](#) for more information on the admission process.

- Providing timely, unimpeded access to free emergency medical treatment and crisis intervention services. See [JRM 173, Investigation Protocol](#) on required services.
- Provisions for ongoing medical and mental health evaluation and treatment for all youth who, during their stay, have been victimized by sexual abuse or harassment.
- A mental health evaluation of youth known to have committed an act of sexual abuse within 60 days of learning of such abuse history and provision of treatment when deemed appropriate by qualified mental health practitioners. See [JRM 200, Juvenile Justice Assignment Unit and Admissions](#) for details on completing a mental health evaluation.
- Pregnancy tests for youth who are victims of sexually abusive vaginal penetration.
- Whenever necessary or requested, such victims must receive timely information about and access to all pregnancy-related medical services that are lawful in the community. See [JRM 370, Family Planning Services](#) for more information on youth pregnancy while in placement.

## DATA COLLECTION AND REVIEW

Pursuant to the Prison Rape Elimination Act Juvenile Facility National Standards, 28 CFR 115.386-115.389, data collection and review procedures must include:

- A sexual abuse or harassment incident review at the conclusion of every sexual abuse or harassment investigation, using the MDHHS-5818-PREA, 30-Day Incident Review. See [JRM, 530 Incident Reports](#) for incident review requirements.
- The facility director or designee shall collect accurate, uniform data annually, and at a minimum shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence by the Department of Justice, for every allegation of sexual abuse.
- The facility director or designee must review the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including:

- Identifying problem areas.
- Taking corrective action on an ongoing basis.
- Preparing an annual report of its findings from its data review and any corrective actions. The annual report must not include any youth identifying information and must include:
  - Comparison of the current years data and corrective action from prior years.
  - Assessment of the facility's progress in addressing the sexual abuse.
  - Availability to the public through its website.

Provisions for secure maintenance and storage of sexual abuse and harassment incident data for at least 10 years after the date of its initial collection.

## AUDITS

Pursuant to Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.401-115.405, facilities must be prepared for and cooperate with audits at least every three years.

The facility director or designee and PREA compliance manager shall:

- Bear the burden of demonstrating compliance with the PREA standards,
- Submit documents to the PREA juvenile coordinator and auditor,
- Provide access to the auditor to all areas of the facility,
- Send copies of any relevant documents to the auditor, and
- Ensure youth, staff, supervisors and administrators are available for private interview.

If a facility requires a corrective action plan, the facility director or designee and the PREA compliance manager is required to jointly develop a corrective action plan to achieve compliance.



If the correction period is over and the facility has not achieved full compliance, the facility director or designee may request a subsequent audit to the MDHHS PREA juvenile coordinator once they believe the facility is in full compliance.

**LEGAL BASE****Federal****Prison Rape Elimination Act, 42 USC 15601 et seq.**

Establishes a national zero-tolerance standard for the incidence of prison rape in the United States and provides national implementation standards to improve management and administration of such facilities and increases accountability of staff who fail to detect, prevent, reduce and punish prison rape.

**Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.311 et seq.**

Provides standards for juvenile facilities on prevention planning, responsive planning, training and education, screening for risk of sexual victimization and abusiveness, reporting, official response following a resident report, investigations, discipline, medical and mental care, data collection and review and audits.

**State****The Child Protection Law, Act 238 of 1975, MCL 722.622(z).**

Provides the definition for sexual abuse.

**The Michigan Penal Code, Act 328 of 1931, MCL 750.520a(q)-(r).**

Provides the definition for sexual contact and sexual penetration.

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility manages the behavior of youth through a learning environment that includes a system of teaching interventions that is evidence-based and appropriate for the population served.

**PURPOSE**

This policy ensures that youth are treated in a way that provides for the safety and security of youth and staff while respecting youth dignity and developing youth personal competencies.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) that govern selection, training, monitoring and evaluating the use of teaching interventions. At a minimum, these SOPs must contain the following requirements:

**Selection &  
Evaluation**

A summary of the teaching interventions used including all of the following:

- Name.
- Source.
- Appropriate population.
- Description of each intervention used.

A system for matching appropriate teaching interventions with needs of the youth.

Procedures for regular evaluation of the effectiveness of teaching interventions as part of group meetings, treatment team meetings and within residential treatment plans.

Procedures for reviewing current interventions and incorporating new interventions. The procedures include at a minimum:

- The facility/center director or designee provides a written review of teaching interventions annually.
- A review of new interventions occurs at a more frequent interval.
- The facility/center director or designee shares evaluation results with other facility directors and/or BJJ administration.

### **Training**

Staff training in teaching interventions is provided as part of employee orientation and on-going employee training.

A teaching intervention orientation for youths and their parent(s)/legal guardian as part of the facility admission process.

### **Implementation**

Assess risk, strengths and needs for each admitted youth.

Match the youth's assessment results with appropriate teaching interventions. Results become part of the youth's treatment plan.

Apply teaching interventions under routine conditions and for varying conditions of youth crisis.

Document teaching interventions used and evaluate their effectiveness for meeting the need(s) of youths.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility has a positive behavior support system promoting personal responsibility and positive youth behavior.

**PURPOSE**

This policy ensures facility staff consistently implements a behavior-based response system treatment model to reward appropriate youth behaviors.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) describing the positive behavior support system. At a minimum, these SOPs must contain the following requirements:

**Program Description**

The positive behavior support system program description is consistent with the desired behaviors and norms of a group-based treatment process including all of the following:

- A list of facility desired behaviors.

**Note:** Treatment programs within the facility may develop program-specific lists.

- A list of facility incentives and privileges.

**Note:** Treatment programs within the facility may develop program-specific lists.

- Positive internal control measures ensuring youth rights are not compromised.

- Procedures for dispensing incentives to youths including:
  - Criteria.
  - Dispensing staff.
  - Award basis.
- Method for transferring youth's reliance from an extrinsic motivation system to an intrinsic motivation system.
- Procedure to modify the incentive and privilege list.

### **Program Maintenance**

Procedures ensuring all of the following:

- Proper staff ethics.
- Maintenance of appropriate youth/staff barriers.
- Avoidance of favoritism.

Financial controls for incentives where appropriate.

A description of the elements of the positive behavior support system are included in the facility handbook.

### **Training**

Staff training in positive behavior support systems as part of employee orientation and on-going employee training.

Orientation and semi-annual training on the SOP for youths and parent(s) and/or legal guardian(s).

### **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l)

---

**POLICY**

Residential juvenile justice facilities must implement and maintain a progressive discipline response system to address the inappropriate behaviors of each youth in the facility.

**PURPOSE**

To ensure each youth is treated fairly under a consistent system of discipline focused on encouraging appropriate behaviors, discouraging inappropriate behaviors and teaching new behaviors.

**DEFINITIONS**

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Facility director and direct care staff.

**PROCEDURE**

Each residential juvenile justice facility must develop and implement a written procedure for its discipline response system. This procedure must contain the following requirements:

**System  
Description**

The discipline system description must:

- Describe how staff responds to inappropriate youth behavior through a continuum of response. The response continuum includes but is not limited to all of the following:
  - Teaching interventions; see [JRM 600](#).
  - Positive behavior supports; see [JRM 601](#).
  - De-escalation strategies including those in approved physical restraint curricula.
  - Mechanical restraint; see [JRM 620](#).
  - Behavior management rooms; see [JRM 631](#).
  - Due process; see [JRM 631](#).

- Restorative activities; see [JRM 640](#). Require that staff use the least restrictive intervention necessary to initiate a change in the youth's undesirable behavior.
- Include provisions for the exercise of due process; see [JRM 631](#).
- Include the use of a teaching intervention and/or restorative activity following the culmination of the discipline activity to facilitate reintegration into the treatment program.
- Require documentation of all behavior response interventions excluding teacher interventions and positive behavior supports; see [JRM 600](#) and [JRM 601](#).

### Criteria-Choosing an Intervention

Staff must always use the least restrictive disciplinary intervention.

Staff may never use any of the following:

- Corporal punishment inflicted in any manner. Corporal punishment includes, but is not limited to striking, hog-tying, beating, slapping and spanking. Corporal punishment also includes forced exercise and forced immobilization such as forcing a youth to stand at attention for prolonged periods of time. Calisthenics conducted as part of a facility-approved physical education program are not included in this restriction.
- Threat of corporal punishment.
- Discipline of a group for the misbehavior of an individual group member.
- Verbal abuse, ridicule, demeaning or degrading language or actions intended to humiliate. Use of profanity or slurs based on offense, race, ethnicity, gender, religion or sexual orientation.
- Denial of any essential program services.
- Withholding of food or water or creating special menus or meal presentations for behavior management or discipline purposes.
- Denial of visits and communications with family, including mail.

- Denial of the opportunity for at least eight hours of sleep in a 24-hour period.
- Denial of shelter, clothing or essential personal needs.

Staff must never allow another youth or volunteer to discipline another youth.

Staff must never discipline any youth as a means of retaliation or reprisal.

Any discipline or actions perceived as discipline may be the subject of a grievance.

### **Documentation**

Staff must document training for each youth in the discipline system as part of youth orientation.

### **Distribution**

As part of facility admission, the facility must send a copy of this policy and the facility discipline procedure to the youth's parents/guardian, the youth's juvenile justice specialist and, where appropriate, the youth's probation officer and/or care management organization caseworker.

### **LEGAL BASIS**

Public Health Code, 1978 PA 368, as amended, MCL 333.16101 et seq.

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l).

Child Caring Institutions Rules, R400.4137, R400.4150, R400.4152



---

## PURPOSE

The Michigan Department of Health and Human Services (MDHHS) requires that a youth be free from restraint of any form in a child caring institution (CCI) imposed as a means of coercion, control, discipline, convenience or retaliation by staff and that restraint must only be used in limited situations as allowable in the [emergency rules](#).

A goal of MDHHS is to prevent the use of restraints in all CCI settings. CCIs should decrease and ultimately eliminate restraint use and increase trauma responsive practices. Each CCI must develop policies and procedures for implementation of this policy item, and make them available to all youth, their families, and referring agencies.

The purpose of this item is to provide clear guidelines for the limited use of restraints and seclusion in compliance with federal and state laws/rules, improve safety and care of youth in CCIs, and accurately track incidents involving restraints.

## DEFINITIONS

### ***Chemical Restraint***

A drug that meets all of the following criteria, MCL 722.112b(1)(b):

- Is administered to manage a youth's behavior in a way that reduces the safety risk to the youth or others.
- Has the temporary effect of restricting the youth's freedom of movement.
- Is not a standard treatment for the youth's medical or psychiatric condition.

### ***Therapeutic Intervention***

Professionally recognized strategies which are intended to recognize the early signs of impending dangerous behaviors, to identify and ameliorate the cause(s) of such behaviors and to utilize de-escalation techniques to minimize the consequences of a youth's potentially harmful behavior.

***Mechanical Restraint***

A device attached or adjacent to the youth's body that the youth cannot easily remove and restricts freedom of movement or normal access to the youth's body. Mechanical restraint does not include the use of a protective or adaptive device, or a device primarily intended to provide anatomical support. Mechanical restraint does not include use of a mechanical device to ensure security precautions appropriate to the condition and circumstances of a youth placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2. MCL 722.112b(1)(g).

***Personal Restraint***

Per MCL 722.112b(1)(h), the use of physical force without the use of a device, for the purpose of restraining the free movement of the youth's body. Personal restraint does not include:

- The use of a protective or adaptive device.
- Briefly holding the youth without undue force in order to calm or comfort him or her.
- Holding a youth's hand, wrist, shoulder or arm to safely escort him or her from one area to another.
- The use of a protective or adaptive device or a device primarily intended to provide anatomical support.

Also referred to as "resident restraint". Mich Admin Code, R 400.4159(2).

***Protective Device***

A mechanical device or physical barrier to prevent the youth from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device incorporated into the youth's treatment plan shall not be considered a restraint. MCL 722.112b(1)(i). For example, a cranial helmet to protect the skull from self-injurious head banging.

***Trauma Responsive***

Recognizes that youth receiving services in a CCI may have experienced complex trauma, which can significantly harm

individual and familial development. The CCI must implement trauma responsive practices, including:

- Referring or providing clinical trauma assessments, as necessary.
- Collaborating with mental health providers to link children to evidence-based and supported trauma services.
- Developing resiliency-based case plans and recognizing the necessity of building workforce resiliency both at the individual staff and organizational levels.

See [JRG, JJ Residential Glossary](#).

## RESPONSIBLE STAFF

Facility director and designated staff authorized and trained in the use of MDHHS approved de-escalation and restraint methods for youth in state run and private, contracted juvenile justice residential treatment facilities.

Responsible staff also include medical and other designated staff trained to conduct the post-restraint examination of a youth who was restrained.

## GENERAL GUIDANCE

The facility director and/or designee(s) is responsible for developing and implementing a written procedure for youth restraint. This procedure must contain the following requirements of Mich Admin Code, Emergency Rule 2/R 400.4159(6)(b):

- Provision of sufficient and adequate training for all staff members who may use or order the use of restraint. See [JRM 170, Staff Development and Training](#) for training requirements.
- Recording restraints as an incident. Mich Admin Code, R 400.4159(6)(c)/Emergency Rule 2(c) & (d). This must be done in MiSACWIS *Incident Reports*, see [JRM 530, Incident Reports](#) for more information.

Per Emergency CCI Rules 3(1), facility staff may only restrain a youth to prevent serious injury to the youth, self-injury or injury to others.

Per Mich Admin Code, R 400.4159(8)(a)-(c)/Emergency Rule 3(2), facility staff may not use:

- Noxious substances.
- Instruments causing temporary incapacitation.
- Chemical restraint.

Restraint may never be used as a means of punishment, discipline or as retaliation by facility staff. Mich Admin Code, R 400.4159(9)/Emergency Rule 3(3).

The use of a restraint chair is prohibited. Mich Admin Code, R 400.4159(10)/Emergency Rule 3(4).

Youth restraint must be performed in a manner that is safe, appropriate and proportionate to the youth's characteristics in accordance with Mich Admin Code, R 400.4159(2)/Emergency Rule 1(2):

- Severity of the youth's behavior.
- Chronological and developmental age.
- Size.
- Gender.
- Physical condition.
- Medical condition.
- Psychiatric condition.
- Personal history, including any history of trauma.
- Consistent with the youth's treatment plan.

### **Restraint of Pregnant Youth**

Pregnant youth, including youth who are in labor, delivery and postpartum recovery must not be restrained unless one of the exceptions listed in 34 USC 11133 and Mich Admin Code, R 400.4159(3)-(5), exist:

- Reasonable grounds to believe the youth presents an immediate and serious threat of hurting self, staff or others.
- Reasonable grounds to believe the youth presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.

34 USC 11133 and Mich Admin Code, R 400.4159(3)-(5), prohibit restraints on pregnant youth, including:

- Abdominal restraints.
- Leg and ankle restraints.
- Wrist restraints behind the back.
- Four-point restraints.

## PERSONAL RESTRAINT

Staff directing and applying restraints must be properly trained in MDHHS approved de-escalation and restraint techniques. Mich Admin Code, R 400.4128(5). See [JRM 170, Staff Development & Training](#) for more information.

Personal restraint must always be preceded by and associated with efforts to use less restrictive therapeutic intervention. Length of the restraint must be **minimized**. Approval of a supervisor must be obtained when the restraint lasts more than 20 minutes. Mich Admin Code, R 400.4159(11).

Youth must be released from personal restraint whenever the circumstance that justified the use of personal restraint no longer exists. MCL 722.112e(1).

Facility staff trained in the use of personal restraint must continually assess and monitor the physical and psychological well-being of the youth and the safe use of personal restraint throughout the duration of its implementation. MCL 722.112e(5).

Pursuant to MCL 722.112e(9), after a youth is placed in a personal restraint, designated facility staff must make appropriate notifications. See [JRM 510, Reporting Unusual Incidents](#), *Restraint and Seclusion Notifications* section, for detailed notification requirements.

## MECHANICAL RESTRAINT Therapeutic De- Escalation

Staff must use non-coercive therapeutic intervention strategies as outlined in the facility approved crisis intervention continuum to de-escalate a youth and prevent use of mechanical restraints.

---

**Criteria for Use of  
Mechanical  
Restraint**

Staff must obtain approval from the facility director or designee prior to any use of material or mechanical restraints. Mich Admin Code, R 400.4159(12)/Emergency Rule 2(4).

Restraint may only be used for the minimum time necessary. Emergency Rule 4(1).

The use of a restraint chair is prohibited. Mich Admin Code, R 400.4159(10)/Emergency Rule 3(4).

A supervisor must approve in writing any mechanical restraint lasting more than 20 minutes. Mich Admin Code, R 400.4159(11). There must be approval for each 20-minute interval thereafter. If mechanical restraint duration exceeds 90 minutes, the facility director or designee must be notified immediately.

**Note:** The use of mechanical restraints is not authorized in non-secure facilities. See also limitations on the use of mechanical restraints with pregnant youth in this item.

**Approved  
Mechanical  
Restraint Devices**

The director of Juvenile Justice Programs must approve all mechanical restraint devices used by facility personnel at least every three years. Effective December 1, 2010, the following are the only approved mechanical restraint devices:

- Handcuffs.
- Leg shackles.
- Leg braces.
- Leather restraints (legs and hands).
- Polypropylene (cloth) arm and leg restraints.
- Belly/waist chains.
- Cranial helmet.
- Anti-mutilation gloves.
- Restraint blankets.
- Spit shields.

**Note:** Plastic shields and associated gear used as protection by staff in restraint situations are not restraint devices but are approved for use as directed by the facility director.

### Training

All direct care staff must satisfactorily complete the crisis intervention continuum and mechanical restraint training prior to supervising youth alone. For more information on training requirements and documentation; see [JRM 170, Staff Development and Training](#).

### Monitoring

Staff must directly supervise any youth in mechanical restraints at all times and must remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the youth. Mich Admin Code, R 400.4159(12)/Emergency Rule 4(2).

When moving a youth from place to place, staff must remain alert to trip and fall hazards and guide the restrained youth accordingly.

Video monitoring of a youth in mechanical restraints may supplement but may not replace direct staff supervision.

### Maintenance Requirements

Facility written procedures must define cleaning, maintenance, inventory, and storage requirements for mechanical restraint devices.

### POST RESTRAINT REVIEW

Following a restraint, staff must take the following actions:

- Medical staff must conduct a visual examination of each youth restrained. When medical staff is unavailable, the on-duty supervisor must conduct the visual examination. The examination results must be documented in the MiSACWIS Incident Report and include the following information:
  - The full name and title of the person conducting the examination.
  - The results of the examination.

- Provide first aid and/or seek immediate medical attention for injuries received. Staff must document injuries received and first aid/medical treatment provided in the MiSACWIS Incident Report.
- Remind each youth who is restrained of their right to file a grievance and provide a grievance form as needed. For more information on the grievance process; see [JRM 213, Youth and Family Grievances](#).

If a mechanical restraint was used, the following must also occur:

- A visual examination of any youth restrained within 15 minutes of the removal of restraints by supervisor. The results of the examination must be documented in the MiSACWIS Incident Report. See first bullet point in this section for information to include.

## DOCUMENTATION

Following a personal or mechanical restraint, staff must complete an incident report. Emergency Rule 2(c) & (d). See [JRM 530 Incident Reports](#) for more information on content and timeframes.

## LEGAL BASIS

### Federal

#### **Juvenile Justice and Delinquency Prevention Act, 34 USC 11133.**

Provides restrictions on restraining pregnant youth.

### State

#### **Child Care Organizations Act, 1973 PA 116, MCL 722.112b(1)(f)-(i).**

Provides the definition for licensed practitioner, mechanical restraint, personal restraint and protective device.

#### **Child Care Organizations Act, 1973 PA 116, MCL 722.112e(1).**

Requires facility to release a youth from personal restraint when the circumstance that justified the use of personal restraint no longer exists.

#### **Child Care Organizations Act, 1973 PA 116, MCL 722.112e(4) & (5).**



Requires facility staff to document the use of a personal restraint in the youth's case file, when to complete the documentation and what to include in the documentation. Also requires facility staff trained in the use of personal restraint to continually assess and monitor the physical and psychological well-being of the youth and safe use of personal restraint throughout the duration of its implementation.

**Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.958b(3)(h).**

Requires residential staff to complete an incident report when a youth has been restrained.

**Michigan  
Administrative  
Code**

**Child Caring Institutions Rules, Mich Admin Code, R 400.4159.**

Limits restraint of pregnant youth. Provides requirements on establishing policy and procedure around youth restraint, distribution of the policy and procedure and documentation.

**Emergency Rules of the Department of Health and Human Services entitled "Prohibition of Prone Restraint; Procedures Involving Other Restraints in Child Caring Institutions", 2020 Mich Reg 14 (August 15, 2020), p 206.**

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

---

**PURPOSE**

To ensure the rights of youth are protected from the inappropriate use or extended duration of seclusion and/or isolation, thus protecting the health and safety of youth(s), staff and visitors.

**DEFINITIONS*****Seclusion***

Seclusion means the *involuntary* placement of a youth in a room alone, where the youth is prevented from exiting by any means, including the physical presence of a staff if the sole purpose of that staff is to prevent the youth from exiting the room. Seclusion **does not** include the use of a sleeping room during regular sleeping hours to ensure security precautions appropriate to the condition and circumstances of a youth placed with the facility as a result of an order of the family division of circuit court under section 2(a) and (b) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, if the youth's treatment plan indicates that the security precautions would be in the youth's best interest. MCL 722.112b(1)(j).

***Seclusion Room***

Seclusion room means a room or area approved for the confinement or retention of a single resident. The door to the room may be equipped with a security locking device which operates by means of a key or is electrically operated and has a key override and emergency electrical backup in case of a power failure. Mich Admin Code, R 400.4101(z).

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures relative to the use of seclusion. At minimum, these standard operating procedures must contain the requirements outlined in this policy item.

---

## GUIDELINES FOR USE OF SECLUSION

Seclusion must be used in a manner that is safe, appropriate and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma. Mich Admin Code, R 400.4161(a).

Before establishing a seclusion room, the facility director or designee must obtain written approval from the Michigan Department of Health and Human Services (MDHHS) Department of Child Welfare and Licensing (DCWL) consultant, DCWL director and the bureau of fire services (Mich Admin Code, R 400.4160). Approval must also be obtained prior to changing the facility's policy(ies) related to the use of a seclusion room. Mich Admin Code, R 400.4160(2).

**Note:** In cases where dual wards (delinquent wards with an open foster care case) are isolated, or secluded, the additional requirements in [FOM 722-2A, Corporal Punishment and Seclusion/Isolation](#), must be followed.

### Using Seclusion

Seclusion may only be used:

- If the youth is in danger of jeopardizing the safety and security of oneself or others. Mich Admin Code, R 400.4161(b).
- For the time needed to change the behavior compelling its use. Mich Admin Code, R 400.4161(c).

Facility staff are responsible for ensuring only one (1) youth is placed in a seclusion room at a time. Mich Admin Code, R 400.4161(d).

With the approval of the facility director and/or designee(s), facility staff may require youth to remain in their assigned rooms for up to 30 minutes to accommodate staff shift changes. Mich Admin Code, R 400.4137(1). The seclusion room must be equipped to minimize suicide risk and risk of physical injury. Break resistant glass glazing and/or security screening shall be provided. Mich Admin Code, R 400.4161(g).

Youth in secure juvenile justice residential treatment facilities may be confined/secluded in a room as punishment for misconduct. Mich Admin Code, R 400.4163(1).

Youth shall not be placed in a seclusion room for more than 72 hours, including time spent in the seclusion room for out-of-control behavior. Mich Admin code, R 400.4163(2)(d).

Every 30 days, designated facility staff must conduct a review to determine whether there is a continuing need for separation from the general population for every youth placed in isolation. 28 CFR 115.342(i).

### **Supervisor Approval**

Supervisory approval is required prior to facility staff using seclusion as a form of punishment. Mich Admin Code, R 400.4163(2)(a).

Facility staff are required to obtain supervisory approval every time a youth remains in the seclusion room for more than an hour. Mich Admin Code, R 400.4162(3). See [JRM 530, Incident Reports](#) for documentation requirements.

### **Youth Rights**

Placing youth in seclusion must be used as a last resort when less restrictive measures are inadequate to keep them and other youth and staff safe, and only until an alternative means of keeping youth safe can be arranged. 28 CFR 115.342(b).

Pursuant to Mich Admin Code, R 400.4163(2)(b)(i) and(ii), before a youth is placed in a seclusion room, staff are required to:

- Provide the youth with a written notice of the alleged misconduct that required the use of the seclusion room.
- Provide the youth written notice of the steps/actions they can take to be released.

Seclusion must be performed in a manner that is safe, appropriate and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition and personal history, including any history of trauma. Mich Admin Code, R 400.4161(a).

Pursuant to Prison Rape Elimination Act, National Standards for Juvenile Facilities, 28 CFR 115.378(b), in the event a disciplinary sanction results in the seclusion of a youth, facility staff must not deny the youth daily large-muscle exercise or access to any legally required educational programming or special education services.

Lesbian, gay, bisexual, transgender or intersex youth must not be secluded or isolated on the basis of such identification or status. 28 CFR 115.342(c).

Youth in isolation and/or seclusion must receive daily visits from a medical or mental health care clinician. 28 CFR 115.342(b).

### Notifications

See JRM 510, Reporting Unusual Incidents.

### Monitoring Requirements

Facility staff are required to conduct room checks at intervals of fifteen (15) minutes or less and shall record the observation in a seclusion room log. Video surveillance shall not be the only means of observation. Mich Admin Code, R 400.4161(e). Greater frequency should be used when appropriate.

When youth are asleep or otherwise outside of the direct supervision of staff, staff must perform variable interval, eye-on checks of youth. The time between the variable interval checks must not exceed fifteen (15) minutes. Mich Admin Code, R 400.4127(4).

Monitoring devices or devices in the seclusion room must be on and monitored by staff when a youth is in the room. Mich Admin Code, R 400.4161(h).

### APPROVAL REQUIREMENTS FOR EXTENDED USE

The facility director and designee(s) are required to conduct and document an administrative review, within 48 hours, for each instance that a youth is in the seclusion for three (3) hours or more. Mich Admin Code, R 400.4162(5). See [JRM 530A, Incident Review](#) for documentation requirements.

Requires due process hearing (see [JRM 631](#)) for isolation exceeding 24 hours.

Requires approval of facility director or designee for seclusion exceeding 72 hours.

### ***State Operated Facilities Only***

Requires approval from the director of Juvenile Justice for seclusion exceeding 72 hours.

## **PROGRAM REINTEGRATION**

Facility staff must not use reintegration in conjunction with seclusion that has been used as a sanction for misconduct, if that would extend a youth's seclusion for more hours than the original sanction or more than 72 hours. Mich Admin Code, R 400.4164.

Staff can release a youth from a seclusion room as soon as the youth regains self-control and processes with the youth the events that led to being placed in a seclusion room. Staff must coordinate youth returning back into the program with supervisors and/or managers.

Following release from a seclusion room, the youth may file a grievance. See [JRM 213, Youth and Family Grievances](#) for more information.

### **Reintegration Plan**

Pursuant to Mich Admin Code, R 400.4164(b)(i)-(v), when a youth has been in a seclusion room for more than two (2) hours, supervisory staff are to develop a reintegration plan that includes:

- A clear statement of the out-of-control behavior or risk to others that requires continued use of the seclusion room.
- Target behavioral or therapeutic issues that must be resolved.
- Specific reintegration requirements or behavioral or therapeutic intervention assignments and goals that must be completed while the youth is in the seclusion room, listed in writing and shared with the youth.
- If intermittent removal from the seclusion room is required for the youth to work on the specific behavior/therapeutic

intervention goals, the level of restriction from the program and goals for the period of time out of the room must be listed in writing and shared with the youth.

- The strategies facility staff are going to use to assist the youth in resolving the issues requiring seclusion and reintegration into the program.

The integration plan must not last longer than 72 hours. Mich Admin Code, R 400.4164(d).

## DOCUMENTATION

If a youth is isolated, designated facility staff must clearly document (28 CFR 115.342(h)(1)-(2)):

- The basis for the facility's concern for the youth's safety.
- The reason why no alternative means of separation can be arranged.

Facility staff are required to document the monitoring of youth in a seclusion room via seclusion log. Pursuant to Mich Admin Code, R 400.4161(f) & R 400.4163(2)(f), the seclusion log must contain the following information:

- Name of the youth.
- Name of the staff responsible for placing the youth in seclusion.
- Description of specific behavior requiring use or continued use of the seclusion room and interactive strategy for removal.
- Medical needs addressed during seclusion, including medication administration.
- Time of observation/monitoring of the youth.
- Time of each removal from the seclusion room.

The seclusion log must contain documentation of the supervisory approval and the reason for continued use. Mich Admin Code, R 400.4162(4).

If a youth remains in seclusion for more than an hour, the seclusion log must contain documentation of supervisory approval and the

reason for continued use. Mich Admin Code, R 400.4162(3). See *Documentation* in this policy for more information.

If the youth remains in seclusion for more than two hours, the seclusion log must contain hourly supervisory approval and the reasons for continued use. Mich Admin Code, R 400.4162(4). See *Documentation* in this policy for more information.

If the youth remains in seclusion for more than three hours, administrative review above the level of the supervisor who approved the extended use shall be completed and documented within 24 hours. Mich Admin Code, R 400.4162(5).

Facility staff are required to document in *MiSACWIS, Incident Reports*, when a youth is placed in seclusion. For more information on documentation see [JRM 530, Incident Reports](#).

For the purpose of analyzing the effectiveness of the intervention for controlling behavior in the program, the facility director and/or designee must track, Mich Admin Code, R 400.4162(2):

- All instances of the use of a seclusion room.
- The length of each confinement.
- The frequency of individual youth confined.
- The reason for the confinement.
- The staff who initiated the confinement.

## LEGAL

### Federal

#### **Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.342(b) & (c).**

Allows for youth to be placed in isolation as a last resort when less restrictive measures are inadequate to keep them and others safe and only until alternative means of keeping all youth safe can be arranged. Requires facility staff to provide daily large muscle exercise, legally required educational programming or special education services and daily visits from a medical or mental health care staff. Prohibits lesbian, gay, bisexual, transgender or intersex youth from being placed in particular housing, bed or other assignments solely on the basis of their identification or status. Prohibits facility staff using lesbian, gay, bisexual, transgender or inters youth identification or status as an indicator of likelihood of



being sexually abusive. Youth must also have access to other programs and work opportunities to the extent possible.

**Prison Rape Elimination Act (PREA), National Standards for Juvenile Facilities, 28 CFR 115.378(b).**

Requires that disciplinary sanctions match the nature and circumstances of the abuse committed, the youth's disciplinary history and the sanctions imposed for comparable offenses by other youth with similar histories. If disciplinary sanction results in isolation, the youth must receive daily large-muscle exercise, access to any legally required educational programming or special education services. Youth in isolation must also receive daily visits from medical or mental health care staff. Youth must also have access to other programs and work opportunities to the extent possible.

**State**

**Child Care Organizations Act, 1973 of 116, MCL 722.112b(1)(j).**

Provides the definition of seclusion.

**Child Care Organizations Act, 1973 PA 116, MCL 722.112e(9).**

Informs facility staff to contact the youth's parent/legal guardian and juvenile justice specialist worker, as soon as possible, when a youth has been in seclusion.

**Michigan  
Administrative Code**

**Child Caring Institution Rules, Mich Admin Code, R 400.4101(z).**

Provides the definition for seclusion room.

**Child Caring Institution Rules, Mich Admin Code, R 400.4137(1).**

Permits youth to remain in their assigned rooms for up to 30 minutes to accommodate staff shift changes.

**Child Caring Institution Rules, Mich Admin Code, R 400.4160.**

Requires the facility director or designee to obtain written approval from the Division of Child Welfare and Licensing prior to changing facility policies related to the use of a seclusion room.

**Child Caring Institution Rules, Mich Admin Code, R 400.4161(a)-(h).**

Residential facilities that are approved to use a seclusion room must establish and follow written policies and procedures specifying its use. Provides the minimum requirements of what should be included in that plan.

**Child Caring Institution Rules, Mich Admin Code, R 400.4162(1)-(5).**

Requires that the facility director or facility director designee be informed of all instances of placement into a seclusion room within 24 hours. Requires the facility director or designee track all instances of the use of a seclusion room, length of each confinement, frequency of youth being confined, the reason for confinement and the staff who initiated the confinement. Requires a facility staff to document via log any time a youth remains in the seclusion room for more than two (2) hours. Requires administrative review above the level of the supervisor shall be completed and documented within eight (8) hours any time the seclusion room is used for more than three (3) hours.

**Child Caring Institution Rules, Mich Admin Code R 400.4163(1) & (2).**

Prohibits the confinement of youth in a room as punishment for misconduct except within a secure facility serving exclusively juvenile justice youth. Provides the minimum requirements of what should be included in the policy related to the use of seclusion as punishment.

**Child Caring Institution Rules, Mich Admin Code, R 400.4164.**

Requires secure facilities that serve juvenile justice youth to have policies and procedures in place that are used to reintegrate youth who have been placed in seclusion back into the program. Prohibits using reintegration in conjunction with seclusion that has been used as a sanction for misconduct, if that would extend the youth's confinement for more hours than the original sanction or more than 72 total hours. Provides the minimum requirements of what the

facility's reintegration policy must include. Prohibits a reintegration plan from lasting longer than 72 hours.

**POLICY CONTACT**

Facility supervisors or managers may submit policy clarification questions to: [Juvenile-Justice-Policy@michigan.gov](mailto:Juvenile-Justice-Policy@michigan.gov).

**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that appropriate measures are taken to protect the due process rights of youth who are, or who may be, subject to isolation or confinement.

**PURPOSE**

This policy ensures youths are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE  
STAFF**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) describing the due process system. At a minimum, these SOPs contain the following requirements:

**Offense and  
Disciplinary  
Response Table**

Develop a table that includes all of the following:

- List of major and minor offenses.
- Offense codes (if applicable).
- Appropriate disciplinary responses for each offense.

**Note:** Restorative activities should be used when practical.

Suspected violation of a major offense requires a due process hearing before a disciplinary response is imposed.

If the facility elects to process minor offenses without a due process hearing:

- Designate who may impose youth discipline.
- Mandate use of the disciplinary response table.

**Due Process  
Hearing for Youth  
in Behavior  
Management  
Isolation or  
Confinement**

At a minimum, the due process hearing procedure includes all of the following:

- Proceeding occurs before any isolation or confinement exceeds twenty-four (24) hours in duration.
- Youth is released from isolation or confinement immediately when the youth regains self-control of his/her behavior.
- Internal quality assurance review of isolations and confinements to guard against using the twenty-four (24) hour limit to justify extending isolation or confinement beyond what is necessary and appropriate.
- Describe the expected actions of the due process officer to ensure all of the following:
  - The youth understands the reason(s) for the isolation or confinement.
  - The youth understands the actions that the youth needs to take to be released from isolation or confinement.
  - The youth has an opportunity to discuss the incident with a person not involved in the incident.
  - The need for continued behavior management room placement is documented or the youth is released.
- Access to the youth grievance process.
- The facility director must approve any isolation or confinement over twenty-four (24) hours in duration.
- The director of the BJJ residential facilities division or designee must approve an isolation or confinement that may exceed seventy-two (72) hours in duration.
- Recordkeeping and documentation requirements for due process hearings including records for isolation/confinement.

## Due Process Hearing for alleged Major Offense

The due process hearing procedure minimally requires all of the following:

- A due process hearing for any alleged major offense within twenty-four (24) hours of the allegation. The youth will be given reasonable time to prepare for the hearing.
- A mental health professional participates in the due process hearing of any youth:
  - In a mental health treatment program.
  - Determined eligible for special education.
  - Involved in one or more incidents of suicidal behavior in the last year.

**Note:** A mental health professional must approve any use of isolation or confinement for a youth in the categories above.

- The youth is notified of all of the following:
  - Charge(s) against him/her.
  - Date, time, and location of the hearing.
  - Youth's right to have an assisting staff present.
  - Youth's right to be present and speak at the hearing.
  - Youth's right to present documents at the hearing.
  - Youth's right to appeal, how, and to whom.
- Appointing an impartial staff member to assist the youth with the hearing.
- Process for the youth to voluntarily waive their right to a hearing (signed written waiver witnessed by due process officer required).
- The standard of proof at the hearing is preponderance of the evidence.
- Expected duties and actions of the due process officer regarding youth rights to ensure documentation of all of the following:
  - The youth understands the reason(s) for the isolation/confinement.

- The youth understands the actions that the youth needs to take to be released from isolation or confinement.
- The youth has an opportunity to discuss the incident with a person not involved in the incident.
- The due process officer must:
  - Provide the youth with a written copy of the hearing findings following the hearing.
  - Explain the appeal rights to the youth.
- The director of the BJJ residential facilities division or designee approves any isolation or confinement that may exceed seventy-two (72) hours in duration.
- Record keeping and retention schedule for due process hearings and the imposition of due process isolation.
- Youth right to appeal the results of a due process hearing.
- Youth will begin their isolation/confinement immediately unless they appeal the hearing results.

## Appeal

The youth may appeal any aspect of the due process hearing or sanction imposed within ten (10) days on a form approved by the facility/center director or designee.

The facility/center director or designee may suspend any disciplinary response pending a decision on the appeal.

The facility/center director or designee may:

- Approve the appeal and take remedial steps including ordering a new hearing or lessen any proposed disciplinary response.
- Deny the appeal.
- Deny the appeal and lessen any proposed disciplinary response.

The facility/center director or designee will approve or deny the appeal within two (2) days of receipt.

**AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l).

Child Caring Institutions Rules, R400.4137, R400.4150, R400.4152



**POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility implements restorative reintegration practices to address the harm surrounding the need for behavior management practices.

**PURPOSE**

This policy promotes a respectful and safe environment through the restoration of equity.

**DEFINITIONS**

See JRG, JJ Residential Glossary.

**RESPONSIBLE PARTY**

Designated in the facility standard operating procedure.

**PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) implementing restorative reintegration. At a minimum, these SOPs contain the following requirements:

**Guiding Principles**

Acting out behavior is a cause of harm and may also be the result of harm to the acting out youth.

Harm includes any of the following:

- Physical injury.
- Lost sense of safety.
- Damaged relationships.
- Property damage.

As soon as practicable, staff and youths involved and affected by the acting out behavior engage in restorative activities to repair the harm.

**Reintegration Plan**

Whenever a youth has been physically isolated or confined by staff from a treatment group due to acting out behavior, staff with youth

prepare a written plan to reintegrate the youth back into the group setting.

The written plan includes:

- Restorative activities
- Timeframes for completion of restorative activities.
- Resources to implement the plan.
- Consequences for failure to complete the plan.

A summary of the restorative activities completed is included in the youth's next treatment plan.

## **AUTHORITY**

Social Welfare Act, MCL 400.115a(1)(l).