I. POLICY:

The Department of Juvenile Justice shall ensure that all youth have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Facilities staff will ensure that youth who make such notification are protected utilizing the least restrictive alternative and that the situation is addressed as soon as possible.

II. DEFINITIONS:

Community Case Manager: Juvenile Probation/Parole Specialist I, II or III (JPPS) or Juvenile Probation Officer I or II who provides direct supervision and coordination of services for a youth. The Community Case Manager also includes any member of an established case management team who may perform case management tasks.

Protective Custody: A process for identifying, reviewing, and addressing the needs of youth who may require protective measures due to perceived risk of harm from others.

Protective Custody Committee: A group of senior agency leadership that forms the highest level of review, other than the Commissioner, for protective custody confinement.

Protective Custody Confinement (PCC): Secure facility confinement to separate a youth from the general population due to safety concerns, either perceived risks by the youth or when a youth is in imminent danger as determined by staff. Protective Custody Confinement will be made only when no less restrictive options are available.
**Protective Custody Packet**: The relevant documents listed in the attachment section of this policy concerning the step by step process of protective custody.

**Facility Special Incident Report Team**: A Management team consisting of the Facility Director, Facility Assistant Director or Designee, Security Supervisor, Medical and Mental health staff. Additional participants to the SIR team will be the facility QMHP (qualified mental health professional) that assists with proper SIR coding and the facility Designated Health Authority.

**Managing Team**: The team that manages a youth’s treatment and service provision. This may be the facility multidisciplinary team, behavioral health treatment team or in YDCs, the sexually harmful behavior intervention treatment team.

**Safety Measures**: Any action(s) taken by facility staff as part of the protective custody process to address the safety needs/concerns of youth.

### III. PROCEDURES:

**A. Requests for Protective Custody:**

1. Upon admission to a secure facility, all youth will be made aware of the process by which they may notify staff that they believe that they are at risk of harm from others in the facility. This will include the process for requesting protective custody.

2. A youth may request protective custody in a variety of ways, including:
   a. Verbally informing a staff member;
   b. Submitting a help request;
   c. Submitting a grievance; and
   d. Utilizing any facility-based communication system, such as a comment for the Director box.

3. A staff member may refer a youth for protective custody if he/she is aware of an imminent risk to the youth. Community staff that may be aware of an imminent risk to a youth shall start the notification process by issuing a help request followed by email communication to the facility Director and Juvenile Program Manager (JPM).

4. The staff member with first knowledge of a protective custody request will take the following actions:
a. Complete a special incident report (SIR), in accordance with DJJ 8.5, Special Incident Reporting;

b. Obtain a youth statement;

c. Ask the youth what measures he or she think will assure safety; and

d. Notify the Shift Supervisor of the request.

5. The Director or designee will be notified by the Shift Supervisor of any protective custody requests as soon as possible but no later than the end of the shift in which the request was received.

6. If the request is received after normal business hours, the Shift Supervisor will notify the Administrative Duty Officer.

7. The administrator who receives the notification will determine and will cause to be initiated immediate safety measures to assure the youth’s safety. The administrator will utilize the least restrictive method(s) necessary to assure the safety of the youth.

a. The administrator will document the safety measures on the Protective Custody Initial Protocol (Attachment A) as soon as possible but no later than within two hours of the initiation of the safety measures.

b. The Shift Supervisor will ensure that the protective custody alert is set within two hours of the initiation of safety measures and that it reflects the approved safety measures that have been put in place.

c. The original Protective Custody Initial Protocol form (Attachment A) will be filed with the SIR.

d. A copy of the Protective Custody Initial Protocol (Attachment A) will be maintained with the Shift Supervisor for shift briefing.

8. Protective custody confinement (PCC) may be utilized if it is determined that no less restrictive measure can assure the youth’s safety. Youth may be placed in PCC only as a last resort, when less restrictive measures are inadequate to keep the youth safe, and then only until an alternative means of keeping the youth safe can be arranged.

a. The facility Director or designee must approve the placement of youth in confinement before it is initiated.
b. Room checks for all youth on PCC will be conducted every 15 minutes in accordance with DJJ 8.20, Room Checks.

c. Director/designee approval for PCC will be documented on the initial Confinement Checks Form (Attachment B). The Shift Supervisor will also document the approval in the Shift Supervisor log book.

d. A youth may be on PCC for no more than 72 hours before the protective custody SIR is reviewed by the facility SIR team.

   (1) A youth who requests placement on PCC will remain in PCC for a minimum of 72 hours unless approved for an early termination by the Director or a higher authority.

   (2) Before entering PCC, the youth must sign the Protective Custody Confinement Acknowledgement Form (Attachment C) acknowledging their understanding the reasons for confinement. The signed form will be included in the protective custody packet.

   (3) Early termination of PCC must be approved by the Facility Director/Designee or higher and documented on the Protective Custody Confinement Acknowledgement Form. The Director/Designee will also assure that the protective custody alert in JTS is updated to reflect the change in the youth’s status. The update will occur as soon as possible but no later than within 2 hours of releasing the youth from PCC.

B. Initial Review of Protective Custody Requests:

   1. All SIRs for protective custody will be reviewed at the next facility SIR meeting.

   2. The SIR team will consider a full range of solutions to the identified problem, including but not limited to:

      a. A transfer to a different housing unit or classroom schedule;

      b. Submission of a help request on the youth’s behalf;

         (1) Any help request submitted as a response to a Protective Custody SIR will be treated as an urgent help request.
(2) If the SIR team initiates a help request, this initiation will be documented in the administrative review portion of the SIR.

(3) A designated SIR team member will enter the help request into the JTS Help Request module.

(4) The provider(s) responding to the help request will document their response(s) in accordance with DJJ 15.11, Request for Services.

(5) Peer mediation/conflict resolution.

c. Implementation of a Protective Custody Plan (Attachment D)

A Protective Custody Plan will be required for all youth who are determined to need on-going protective custody measures. The SIR team will assure that a staff person is assigned to complete the plan; and

d. Consideration of requesting that the youth be transferred to another facility. Any request for transfer will be forwarded by the Director through the chain of command to the appropriate Deputy Commissioner or designee. The Deputy Commissioner or designee will inform the Director whether a transfer is feasible.

3. All action taken in response to a request for protective custody will be documented in the administrative review portion of the SIR.

4. The Managing Team will review all youth whose issues are addressed by a solution other than on-going protective custody measures at the next two managing team meetings to assure that the solution has adequately addressed the youth’s concerns. These reviews will be documented as a team note in the appropriate JTS module.

5. The Director or designee is responsible for designating a staff member to complete a PBIS nomination in accordance with DJJ Policy 18.6, Positive Behavior Intervention and Support, for all youth who are reviewed for protective custody.

C. Protective Custody Plans:

1. All youth who are identified by the SIR team as requiring on-going protective custody measures will have a Protective Custody Plan (Attachment D).
a. If a youth is in PCC and is determined to need a Protective Custody Plan, the SIR team may authorize an extension of PCC of up to 48 hours while the Protective Custody Plan is being developed.

b. This extension will be documented in the Administrative Review section of the SIR. The Director or designee must include in the documentation why no less restrictive means may assure the safety of the youth.

2. Assigned staff will utilize the Protective Custody Plan Conversation Guide (Attachment E) to develop a Protective Custody Plan in collaboration with the youth. Plans will include at minimum:
   a. The location(s) in which the youth identifies as feeling unsafe;
   b. The situation(s) in which the youth identifies as feeling unsafe;
   c. The individual(s) by whom the youth feels threatened;
   d. Measures to be taken to assure the youth’s safety. These will include:
      (1) Measures for which the youth is responsible;
      (2) Measures for which staff are responsible;
      (3) Modifications to the youth’s environment to help assure safety; and
      (4) Any alternate programming or movement plan that will be utilized to help assure youth safety.
   e. If PCC is identified as a safety measure, the plan must also include a plan to reintegrate the youth back into regular programming as soon as possible;
   f. The criteria for ending the Protective Custody Plan; and
   g. Youth and staff signatures, including dates.

3. The completed Protective Custody Plan will be presented at the next Managing Team meeting by the staff member who was assigned to complete the plan with the youth.
4. Active Protective Custody Plans will be stored in an area that allows direct care staff to access them easily for review. The facility will specify the location in the local operating procedure for this policy.

5. The Facility ADO will review all active protective custody plans daily.

6. The protective Custody packet will be uploaded in the correspondence module.

D. Monitoring Protective Custody Plans:

1. The facility Managing Team will monitor all youth who are on Protective Custody Plans weekly for as long as the youth is on a plan.

2. The Managing Team may direct modifications to the Protective Custody Plan as needed to adequately address the youth’s concerns.

3. The Managing Team will assign a designated staff member to serve as a point of contact between the team and the youth. That staff member will be responsible for:
   a. Maintaining the youth’s protective custody alert;
   b. Making any modifications to the Protective Custody Plan requested by the team;
   c. Discussing any modifications requested by the youth with the team;
   d. Arranging for the youth to meet with the team as necessary; and
   e. Reviewing the Protective Custody Plan with the youth following each Managing Team meeting and having the youth sign the Protective Custody Plan Review Signature Form (Attachment F).

4. A Protective Custody Plan will be discontinued when:
   a. The termination criteria documented in the Protective Custody Plan are met, and
   b. The Managing Team and the youth agree that the youth’s safety concerns have been addressed.

5. Protective Custody packets will be filed in section 2 of the youth’s facility case record and in accordance with DJJ 5.2 Case Records.
6. The Protective Custody Alert in JTS will be discontinued as soon as possible but no later than by the end of the shift in which the plan is discontinued.

E. Protective Custody Confinement Continuation:

1. Continuation of PCC beyond 120 hours may be approved if the youth continues to report feeling unsafe and no other safety measures have been effective in resolving the youth’s concerns.

   a. At 120 hours, the Director may request that the Regional Administrator or Assistant Deputy Commissioner authorize an extension of seven (7) days.

      (1) As part of the request, the Director or designee will clearly document what efforts at addressing the concerns have been attempted and why no alternative means of addressing the concerns have been successful.

      (2) The Regional Administrator or Assistant Deputy Commissioner will review the request and make a determination regarding the extension within 24 hours. The Regional Administrator or Assistant Deputy Commissioner will document their decision on the Protective Custody Request for Extended Confinement, Regional Administrator (Attachment H, Tab 3). This form will be maintained as part of the Protective Custody Confinement packet.

   b. At 12 days, the Regional Administrator may request that the appropriate Deputy Commissioner or designee authorize an extension of seven (7) days.

      (1) As part of the request, the Regional Administrator will clearly document what efforts at addressing the concerns have been attempted and why no alternative means of addressing the concerns have been successful.

      (2) The Deputy Commissioner or designee will review the request and make a determination regarding the extension within 24 hours. The Deputy Commissioner or designee will document their decision on the Protective Custody Request for Extended Confinement (Attachment H, Tab 4). This form will be maintained as part of the Protective Custody Confinement packet.
c. At 19 days, if no resolution to the youth’s concerns has been identified, the respective Deputy Commissioner over the secure facilities where the youth is housed will bring the case to a Protective Custody Committee for review and solution.

d. The Protective Custody Committee will consist of:

1. The Assistant Commissioner or designee;
2. The Deputy Commissioner of Support Services or designee;
3. The Deputy Commissioner of Secure Facilities or designee;
4. The Deputy Commissioner of Secure Campuses or designee;
5. The Director of the Office of Behavioral Health Services; and
6. Ombudsman.

e. The Protective Custody Committee may request information from or the participation of others as they deem necessary.

f. The Protective Custody Committee will review the information provided by the appropriate Deputy Commissioner of secure facilities will respond within 72 hours. The Committee will document their findings and recommendations on the Protective Custody Request for Extended Confinement, Protective Custody Committee (Attachment H, Tab 5). Copies of the completed form will be provided to:

1. The Deputy Commissioner of Support Services;
2. The Deputy Commissioner of Secure Facilities;
3. The Deputy Commissioner of Secure Campuses;
4. The Director of the Office of Behavioral Health Services;
5. The Regional Administrator;
6. The facility Director;
7. Ombudsman; and
(8) Deputy Commissioner of Community Services.

g. A copy of all extension forms will be included in the youth’s Protective Custody Packet.

2. In some circumstances, the review process may be too lengthy to adequately address a youth’s safety needs. In such circumstances, an expedited review process may be utilized. An expedited review of protective custody confinement will be implemented when:

a. A youth disagrees with their placement on PCC; or

b. The facility Managing Team believes that the youth’s situation warrants expedited review. Such expedited review may be necessitated by:

(1) Clear and imminent safety risks to the youth that cannot be resolved at the facility level; or

(2) Deteriorating mental health functioning related directly to the protective custody episode.

c. Requests for expedited review should be sent to the facility Director within 24 hours.

d. Within 24 hours of receipt of the request for expedited review, the Facility Director will forward the request for expedited review through the Regional Administrator to the respective Deputy Commissioner for resolution within 24 hours.

3. The Managing Team will assure that the youth’s parent/guardian and Community Case Manager is notified that the youth is on PCC within 72 hours of the youth being placed on PCC and at each subsequent extension of PCC. This notification will be documented as the appropriate team note in JTS.

F. Services in Protective Custody Confinement:

1. Security PCC Rounds:

a. The shift supervisor will have a face to face encounter with all youth in confinement at the beginning of 1st and 2nd shifts (including holidays and weekends).
b. Shift supervisor visits will be documented on the Confinement Checks Form (Attachment A).

c. The facility Director, Administrative Duty Officer or Director’s designee may authorize release of the youth from confinement at any time. The authorization may be given verbally and will be documented on the Confinement Checks Form.

2. Mental Health PCC Rounds:

a. A mental health staff member will conduct daily rounds to evaluate all youth who are on PCC. (If a youth enters PCC after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of PCC.)

b. Mental health staff will document the daily rounds for each youth on PCC on the PCC Confinement Checks Form (Attachment A). Mental health staff will also enter a progress note into the Juvenile Tracking System (JTS) to document the PCC visit.

c. Encounters for youth on PCC will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to an adequately equipped and private area for evaluation.

d. If the youth’s condition contraindicates continued PCC, the Designated Mental Health Authority will notify the facility Director to have the youth placed in an appropriate treatment setting until the condition improves.

3. Programs and Case Management PCC Rounds:

a. Programs staff member will conduct daily rounds to evaluate all youth who are on PCC. (If a youth enters PCC after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of PCC.)

b. The Programs staff member will document the daily rounds for each confined youth on the PCC Confinement Checks Form (Attachment A). The Programs staff will also enter a progress note into the JTS Facility Programs module to document the PCC visit.

c. Encounters with confined youth will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring
additional assessment will be taken to an adequately equipped and private area for evaluation.

4. Medical PCC Rounds:

a. A medical services staff will conduct daily rounds to evaluate all youth who are on PCC. (If a youth enters PCC after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of confinement.)

b. The medical services staff will document the daily rounds for each confined youth on the PCC Confinement Checks Form (Attachment A). The nurse will also enter a progress note into JTS to document the PCC visit.

c. Encounters for youth on PCC will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to an adequately equipped and private area for evaluation.

d. If the youth’s condition contraindicates continued PCC, the Designated Health Authority will notify the facility Director to have the youth placed in an appropriate treatment setting until the condition improves.

5. Educational Services:

a. Students in PCC will receive coursework on a daily basis in accordance with DJJ 13.20, Student Attendance. Coursework should be appropriate for the students in accordance to grade level and academic subject assignments.

b. Students will receive assignments from a certified teacher.

c. Special education students will receive assignments from a certified special education teacher.

d. Students will be provided the necessary writing utensils unless otherwise indicated in a Special Management Plan or safety protocol.

e. Students will receive at least two visits from educational staff every school day while in PCC to deliver, explain and monitor lessons. Coursework delivered to students in PCC should be the same as the school work that the student would receive if they were present in
class. Textbooks and/or textbook pages should be delivered for the student to use to complete assignment.

f. Educational visits will be documented on the PCC Confinement Checks Form (Attachment A).

g. Encounters with students on PCC will be conducted in a face-to-face interactive manner, with the room door open.

6. Recreational and Leisure Confinement Rounds:
   a. Youth in PCC will receive one hour of exercise outside of the room.
   b. Youth on PCC will receive one hour of leisure activities each day inside the room. Leisure activities may include books, puzzles, coloring books, etc.
   c. All recreation activities will be documented on the PCC Confinement Checks Form (Attachment A).

7. Food Services:
   a. Youth in PCC will receive the same food in the same quantities as youth in the general population. Menus and/or portions will not be altered except as ordered by a physician, licensed mental health professional or clergy. (See DJJ 9.2, Menu Planning and Meal Service.)
   b. Youth will be provided at least 20 minutes to eat.
   c. Meal service will be documented on the PCC Confinement Checks Form (Attachment A).

8. Coverage in Non-30 Bed Facilities:
   a. A qualified mental health professional (QMHP) will conduct the daily mental health services checks on all youth in PCC. A Programs staff member with mental health training can conduct the daily mental health services checks on youth in PCC in accordance with facility local operating procedure.
   b. A QMHP may conduct daily Programs services checks on youth in PCC in accordance with facility local operating procedures.
c. The Regional Behavioral Health Services Administrator and the Regional Programs Administrator must both sign the LOP for this policy.

9. Coverage at 30 Bed Facilities:
   a. A QMHP will conduct the daily mental health services checks on youth in PCC. A Programs staff member with mental health training can conduct the daily behavioral health services checks on youth in PCC in accordance with facility local operating procedure.
   
   b. A QMHP may conduct daily Programs services checks on youth in PCC in accordance with facility local operating procedures.
   
   c. The Regional Behavioral Health Services Administrator and the Regional Programs Administrator must both sign the LOP for this policy.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES