



**DEPARTMENT OF JUVENILE JUSTICE**

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December 19, 2011

**TRANSMITTAL #11-13**

**TO:** DJJ Staff

**FROM:** L. Gale Buckner   
Commissioner

**RE:**

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| DJJ 3.10, Standards of Conduct and Ethics | DJJ 8.20, Room Checks                               |
| DJJ 3.55, Professional Credentials        | DJJ 11.11, Health Education Services                |
| DJJ 7.6, Video Monitoring Systems         | DJJ 11.13, Consent Process                          |
| DJJ 7.21, Tobacco Free Environment        | DJJ 11.16, Sexual Assault                           |
| DJJ 7.30, Tool Control                    | DJJ 11.14, Diagnostic Services and Specialized Care |
| DJJ 7.31, Control of Hazardous Materials  | DJJ 11.43, Health Care Staffing                     |
| DJJ 8.1, Security Management              | DJJ 12.10, Mental Health Screening                  |
| DJJ 8.10, Control Room                    | DJJ 12.20, Treatment Planning                       |
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DJJ 3.10, Standards of Conduct and Ethics states that to earn and maintain a high level of public trust, the Department of Juvenile Justice shall conduct all activities with integrity in accordance with the highest standards of duty. This policy replaces the current DJJ 3.10, Standard of Conduct and Ethics. This policy does not require local operating procedures. The following changes were made:

- Definition of “contraband” was added.
- Definition of “gift” was changed.
- Employees who violate these standards may be subject to disciplinary action, up to and including dismissal from employment. (See Section III.A.1.)
- Employees shall be familiar with and comply with all DJJ policies, Commissioner’s directives, and procedures of the work unit to which they are assigned. (See Section III.A.2.)
- All DJJ employees will be required to read this policy and sign an acknowledgement statement during on-the-job training. (See Attachment B) The acknowledgment statement will be reviewed and electronically signed annually thereafter. The employee’s supervisor will be responsible for ensuring the acknowledgement is signed initially and annually thereafter and maintained in the employees local human resources file. (See Section III.A.6)
- Employees will not give or accept gifts, lend anything of value to or borrow anything of value from vendors. (See Section III.E.3.)
- Employees shall not bring any contraband into any DJJ facility. Any item identified as

contraband shall not be provided or made accessible to any youth transported in a Department or personal vehicle. (See Section III.L.)

- Employees shall not use profanity or abusive language in the presence of or toward any youth. (See Section III.N.)
- Employees shall not use threats, intimidation, profanity, or abusive language against other employees or visitors in the workplace or at any DJJ training. (See Section III.O.)
- Any employee who repeatedly files unsubstantiated charges or complaints against another employee will be subject to disciplinary action up to and including dismissal. (See Section III.Q.)
- Employees shall report any violation or attempted violation of any law or DJJ policy that could result in a breach of the Department's security to the appropriate supervisor within their chain of command or to the Ethics Officer immediately upon becoming aware of such a violation. (See Section III.T.)

DJJ 3.55, Professional Credentials states that Department of Juvenile Justice employees whose position requires a professional credential shall ensure that the necessary professional credential is maintained. This policy replaces the existing DJJ 3.55, Professional Credentials. This policy requires local operating procedures. The following changes were made:

- If an employee receives any notice from any licensing/certifying agency of any revocation, suspension, sanction, or any other action that may affect the professional credential, he/she must immediately notify his/her supervisor of the action. The notice must include a copy of the action. (See Section III.E.)
- Employees required to have a driver's license (e.g., Juvenile Correctional Officers, Transportation Officers, Juvenile Probation and Parole Specialists) will be responsible for maintaining a valid driver's license in good standing. Any costs associated with the driver's license will be the responsibility of the employee. (See Section III.F.)
- Employees required to have a driver's license will submit a copy of their driver's license to their supervisor. (See Section III.F.1.)
- Employees who transport youth in their personal vehicle must submit a copy of their vehicle insurance to their supervisor annually. (See Section III.F.2.)
- DJJ will be responsible for renewing credentials for employees on Military Leave who are required to be certified by the Professional Standards Commission. (See Section IV.A.)
- The driver's history of each employee required to maintain a driver's license in good standing will be reviewed at least annually by the local human resources representative. (See Section IV.G.)
- All required POST Council notifications will be done using the Georgia Peace Officer Standards and Training Council's Change of Status Form, Form C-11 (see DJJ 3.18, Fitness for Duty). A copy of each C-11 will be forwarded to the Office of Human Resources. (See Section IV.H.)

DJJ 7.6, Video Monitoring System, state that the Department of Juvenile Justice shall use a stationary video monitoring system to assist in ensuring the safety and well being of youth, staff, and visitors. This policy replaces the existing DJJ 7.6, Video Monitoring System. This policy requires local operating procedures. The following changes were made:

- A DVD recording will be made for any incident in which formal charges will be filed against a youth (G6S). (See Section III.G.2.)
- If CCTV is found to be malfunctioning (including an unclear image), the System Manager will immediately (within 24 hours) notify Maintenance in via an electronic work order. (See Section III.I.2.)

- Images may be reviewed by DJJ staff for training purposes upon approval by the Deputy Commissioner of Youth Services, in consultation with the Director of Legal Services and the Director of the Office of Internal Investigations. (See Section III.J.4.)
- CCTV recordings may contain useful evidence of a recent incident. A copy of the DVD will be released to the Office of Internal Investigations upon request of the Special Incident Report packet or by the Office of Legal Services. The DVD may be transmitted via secure DJJ email to Office of Legal Services staff and/or Office of Internal Investigations staff. (See Section III.J.5.)

DJJ 7.21, Tobacco Free Environment states that Department of Juvenile Justice buildings and vehicles, both contracted and owned, shall be smoke-free and tobacco-free environments. This policy replaces the existing DJJ 7.21, Tobacco Free Environment. This policy requires local operating procedures. The following changes were made:

- Each facility/program Director will establish smoking areas outside of the perimeter fence (facilities) and at least 20 feet from any building's visitor entrance (community and facility) for staff and visitors. (See Section III.C.)

DJJ 7.30, Tool Control states that the facility tools shall be managed and controlled to ensure accountability and prevent misuse. Staff shall ensure that tools are used for the purpose intended and that the user (including youth) is instructed in the proper use of the tool/material. This policy replaces the existing DJJ 7.30, Tool Control. This policy requires local operating procedures. The following changes were made:

- Definition of "cleaning equipment" was added.
- Work area supervisors will maintain and account for all tools/culinary equipment/medical equipment/cleaning equipment in their work areas. (See Section III.B.)
- Cleaning equipment will be accounted for at all times and secured when not in use. When not use, cleaning equipment will not be accessible to the youth. (See Section III.D.)
- Once per quarter, a complete audit will be conducted of the tool, cleaning equipment, medical equipment and culinary equipment control systems. (See Section III.E.)
- Cutting and welding devices and attachments are considered one unit and will be stored as a unit in accordance with DJJ 7.31, Control of Hazardous Materials. (See Section III.M.)
- Eating utensils (sporks) issued to youth will be accounted for with each meal using the Culinary Equipment Tracking Form (Attachment E). (See Section VI.A.)
- All sharps will be accounted for in a permanent daily log or via a chit system. If a log book is used, the log will indicate date, name of employee who is checking out the equipment, description of the item, quantity, time checked out, and time checked in. (See Section VI.J.)
- All cooking utensils (non-sharps) will be accounted for at the end of each meal and will be documented on the Culinary Equipment Tracking Form (Attachment E). (See Section VI.K.)

DJJ 7.31, Control of Hazardous Materials states that facility hazardous materials shall be managed and controlled to ensure accountability and prevent misuse. This policy replaces the existing DJJ 7.30, Chemical Control. This policy requires local operating procedures. The following changes were made:

- Cutting and welding devices and attachments are considered one unit and will be stored as a unit. (See Section III.F.4.)

DJJ 8.1, Security Management states that Department of Juvenile Justice Regional Youth Detention Centers and Youth Development Campuses shall provide an environment that is safe, secure and orderly. This policy replaces the existing DJJ 8.1, Security Management. This policy requires local operating procedures. The following changes were made:

- Changes were made to Attachment A.

DJJ 8.10, Control Room states Department of Juvenile Justice secure facilities shall operate a secure control room 24 hours per day, 7 days per week. This policy replaces the existing DJJ 8.10, Control Room. This policy does not require local operating procedures. The following changes were made:

- Designated Control Room staff must meet the following minimum criteria:
  - Completed on-the-job training documented via the OJT Checklist;
  - Review and observance of the Customer Service Communications Guide (see DJJ 1.11);
  - 24 hours of control room training under the direct observation of a trained control room operator documented on the OJT Checklist.

DJJ 8.11, Perimeter Security and Control states Department of Juvenile Justice secure facilities (RYDCs and designated YDCs) shall maintain a secure perimeter that prevents unauthorized exit by youth and provides for controlled entry and exit of staff, visitors and others. This policy replaces the existing DJJ 8.11, Perimeter Security and Control. This policy requires local operation procedures. The following changes were made:

- With the exception of law enforcement vehicles, when vehicles enter the gate, all items and goods that could be used as weapons, or present safety and security hazards, will be secured in the vehicle or removed from vehicles before they enter the restricted area. (See Section III.E.1.)
- The security patrol will include at a minimum: (See Section III.F.2.)
  - Checking gates to ensure they are locked and secured;
  - Looking for damage to the fence (e.g. rust, holes, trees on the fence, etc);
  - Erosion of soil under the fence;
  - Contraband along the fence line; and
  - Loose ties/clamps at the bottom of the fence.

DJJ 8.12, Key Control states that all secure facilities shall maintain an accountability system for keys that ensures constant control of each key. This policy replaces the existing DJJ 8.12, Key Control. This policy requires local operating procedures. The following changes were made:

- Each Highly Restricted Key set must be stored in a separate, locked individual storage box. The front of the box will be designed so that the control room operator can see the keys or chit. (See Section IV.B.4.)
- The key to the location of the Back-Up Key Board and the key to open the Back-Up Key Board will be on a Highly Restricted Key Set. The Key Control Officer will be issued an access key to the Highly Restricted Key Set on a 24-hour basis. (See Section IV.C.2)
- In the event an employee inadvertently carries a key home, he/she will be contacted and required to return it immediately or at the discretion of the Director or designee. (See Section V.C.5.)
- A verbal report of any damaged or broken key, key ring, or lock will be made to the employee's supervisor immediately, stating when the damage was discovered, the known circumstances surrounding the damage, and specifically identifying the damaged item (key, key ring, or lock). The Request for Key/Lock Change, Addition, Maintenance Form (Attachment A) will be completed before the end of the shift and submitted to the shift supervisor. (See Section V.D.1.)
- If the incoming shift relieves a security post, the key exchange may take place at the post. The key chits must also be exchanged at the control room (i.e., the incoming staff member's key chit must be placed on the key hook and the outgoing staff member must retrieve his/her key chit). The incoming staff member may give the outgoing staff member his/her chit to be placed on the key hook when the outgoing staff member retrieves his/her chit. (See Section VI.C.3.)
- No staff will be issued a complete key set on a 24-hour basis. (See Section VI.D.1.)
- Fire door keys (i.e., exit doors) will be marked by red color-coding and the corresponding locks will be marked to match the respective keys. (See Section VI.E.3.)

- Emergency keys will be used during emergency drills, as applicable. Malfunctions will be reported and corrected immediately. (See Section VI.E.5.)
- The off-site emergency keys will be used for emergency drills, as applicable, to ensure that they are in working order. (See Section VI.E.9.)

DJJ 8.14, Radio Communications states that Department of Juvenile Justice secure facilities shall use two-way radios to communicate information essential to operations and the safety and security of the facility. This policy replaces the existing DJJ 8.14, Radio Communications. This policy requires local operating procedures. There were no changes made to the policy.

DJJ 8.15, Video Cameras states that Department of Juvenile Justice secure facilities shall make every effort to ensure the use of a hand-held video camera to document physical control measures and other incidents with a likelihood of serious injury to a youth. This policy replaces the existing DJJ 8.17, Video Cameras. This policy requires local operating procedures. The following changes were made:

- The Director will use incident location reports, known blind spots and other relevant data to guide the decision of where to locate the hand-held video cameras. (See Section III.F.)
- When the staff member filming an incident feels that his/her assistance is needed in controlling the incident, he/she will leave the video camera recording, place the camera in a position that will most likely capture the incident, and assist the other staff or youth. (See Section III.K.)

DJJ 8.20, Room Checks states that all youth confined in an RYDC or YDC shall be visually checked at least once every 30 minutes, or more frequently as ordered by supervisory, mental health or health care staff. This policy replaces the existing DJJ 8.20, Room Checks. This policy requires local operating procedures. The following changes were made:

- The definition of “close observation” was changed.
- The definition of “one to one observation” was changed.
- The definition of “room check” was changed.
- The definition of “security check” was changed.
- At a minimum, the following behavior data strips will be used: (See Section III.B.2.)
  - Asleep
  - Awake
  - Disruptive
- During each room check, the JCO performing the check will look into each room to assess the safety of each youth. The JCO will ensure that the door is locked and secured, and that there are no other youth in the room. (See Section III.E.2.)
- The hand-held data acquisition unit will be downloaded every day and checked by a staff member, as determined by the Director. (See Section III.G.1.)

DJJ 11.11, Health Education Services states that all youth in Department of Juvenile Justice secure facilities shall receive health education and information. This policy replaces the existing DJJ 11.11, Health Education Services. This policy requires a local operating procedure. There were significant changes to this policy.

DJJ 11.13, Consent Process states that the Department of Juvenile Justice shall encourage youth involvement in decision making regarding their health care, commensurate with their development. This policy replaces the existing DJJ 11.13, Consent Process. This policy does not require local operating procedures. The following changes were made:

- If the youth does not have a Medical Permission Form signed, the parent/guardian will be contacted during the Nurse Health Appraisal for verbal consent. Verbal consent will be

documented on the Medical Permission Form with a witness signature. (See Section III.A.3.)

- Verbal Consents: When the signature of the parent/guardian cannot be obtained, a verbal consent will suffice. A licensed health care staff and another facility staff member must sign the Consent for Medications as witnesses to the parent/guardian consent. A copy of the Consent form and medication leaflet (if applicable) will be mailed to the parent/guardian to provide more information about the medication(s). (See Section III.B.6.)
- If surgery or another invasive medical procedure is medically indicated, youth, parents/guardians, and the community case manager will be notified in advance, and a separate consent form (see Attachment E, Consent to Medical, Dental and Surgical Invasive Diagnostic Procedure) specific to the procedure will be completed. Information regarding the procedure, possible consequences, risks, and alternatives will be provided. (See Section III.E.)
- For the administration of Hepatitis A & B, HPV vaccines and sexually transmitted infection (STI), HIV, and pregnancy-related care, diagnosis, and treatment, only the youth's assent or informed consent, as necessary, will be sought. Parental permission will not be sought. No information will be released without the youth's expressed release of this specific information, as indicated by signature on an Authorization for the Release of Health Information. (See Section III.G.5.)
- The consent process will include the assent of the youth and informed consent of the parent/guardian. (See Section J.1.)
- The youth's assent and informed consent of the parent/guardian will be sought prior to the initiation of psychotropic medications. (See Section J.2.)
- The Consent for Medications Form (Attachment C) will be used to document the assent of the youth and the informed consent of the parent/guardian. Attempts to contact the parent/guardian will be documented on the form with a dated note. (See Section J.3.)
- The youth's assent and parent(s)/guardian(s) informed consent will be sought within 10 days of the youth's admission for the continuation of a psychotropic medication prescribed in the community. (See Section J.7.)

DJJ 11.16, Sexual Assault states that any youth reported or believed to have been sexually assaulted shall be immediately referred to the on-site health care staff for initial screening. This policy replaces the existing DJJ 11.16, Sexual Assault. This policy requires local operating procedures. Significant changes were made to this policy.

DJJ 11.14, Diagnostic Services and Specialized Care states that youth in secure facilities shall be provided routine diagnostic services as deemed clinically necessary by the responsible physician. This policy replaces the existing DJJ 11.14, Diagnostic Services and Specialized Care. This policy requires local operating procedures. The following changes were made:

- STAT (emergent) diagnostic services will be available through a local hospital or any other authorized medical provider. (See Section III.J.)
- Each facility will seek agreements with local hospitals to provide inpatient and emergency services. These agreements shall be reviewed and updated based on the agreement terms. (See Section III.K.2.)
- All medical related hospitalizations, including routine admissions and emergency room visits, will be reported on a Special Incident Report (code EIS) in accordance with DJJ 8.5, Special Incident and Child Abuse Reporting in Facilities. (See Section III.K.6.)

DJJ 11.43, Health Care Staffing states that Department of Juvenile Justice secure facilities shall provide health care staffing patterns sufficient to meet the health care needs of youth assigned to the facilities.

This policy replaces the existing DJJ 11.43, Health Care Staffing. This policy does not require local operating procedures. Significant changes were made to this policy.

DJJ 12.10, Mental Health Screening states all youth shall be screened for the presence of mental health problems and suicide risk factors upon admission to a Department of Juvenile Justice secure facility. This policy replaces the existing DJJ 12.10, Mental Health Screening. This policy requires local operating procedures. The following changes were made:

- Certified screeners will receive a competency-based training conducted by the Designated Mental Health Authority or designee. (See Section III.A.)
- When the paper form is used, the mental health screening will be entered into the youth's JTS record within the same shift that the screening is administered. (The mental health screening may be entered directly into JTS without using a paper form.) (See Section III.F.)
- Following the entry of the "Intake Screening" into JTS, the Mental Health Screening will be reviewed by the QMHP, as soon as possible, but no later than 72 hours from the time of admission. (See Section III.H.)

DJJ 12.20, Treatment Planning states that all youth receiving ongoing behavioral health services shall have an individualized Behavioral Health Treatment Plan that is written in simple, clear terms that are easily understood by the youth. This policy replaces the existing DJJ 12.20, Treatment Planning. This policy requires local operating procedures. The following changes were made:

- If treatment team members are not able to attend the meeting they will review the Initial Treatment Protocol and sign it no later than 10 days from the treatment team meeting. (See Section III.C.4.)
- Prior to development of the Behavioral Health Treatment Plan, the behavioral health treatment team will review all available history, assessments and evaluations. (See Section III.E.1.)
- The youth's treatment plan will be updated whenever the behavioral health treatment team determines that a modification to the youth's treatment is needed. These changes will be reviewed and signed by the treatment team members at the next scheduled treatment plan review date. (See Section III.E.6.)
- The Behavioral Health Treatment Plan will be presented at the first treatment team following its acceptance but no later than 10 days, where it will be reviewed and signed by all behavioral health treatment team members involved in the youth's treatment. (See Section III.F.3.)
- Youth placed on Specialized Behavioral Health Units will have their Behavioral Health Treatment Plans reviewed every 30 days for the duration of their placements on those units. Youth in Behavior Management Units will have their treatment plans reviewed in accordance with DJJ 18.24, Behavior Management Units. (See Section III.H.3.)

DJJ 12.25, Behavioral Health Substance Abuse Services states that the Office of Behavioral Health Services will assure that quality substance abuse treatment services are accessible to youth identified with substance abuse needs housed in Youth Development Campuses. This policy replaces the existing DJJ 12.25, Substance Abuse Services. This policy requires local operating procedures. The following changes were made:

- Youth who present at intake intoxicated will require written medical clearance from a community medical facility's physician. (See DJJ 17.1, Admission to a Secure Facility) (See Section III.B.1.)

DJJ 13.21, Behavior Management and Discipline states that Department of Juvenile Justice Schools shall provide a positive classroom environment conducive to learning. This policy replaces the

existing DJJ 13.21, Student Classroom Behavior. This policy does not require local operating procedures. Significant changes were made throughout this policy.

DJJ 21.1, Program Evaluations states that the Office of Continuous Improvement shall provide performance/outcome-based monitoring to accurately and efficiently determine and thoroughly document the level or quality of services being provided within the total context of the mission of the Department of Juvenile Justice. This policy replaces the existing DJJ 21.1, Program Evaluations. This policy does not require local operating procedures. The following changes were made:

- Office of Continuous Improvement (OCI) staff will be provided complete and unfettered access to all Department-owned and contracted facilities and their programs, records, staff and youth. Facility staff will cooperate fully without fear of reprisal or reprimand. (See Section III.A.)
- The OCI Director will ensure, in collaboration with other Department staff, the development of the DJJ Standards of Excellence and the updating of the standards as needed, but at a minimum, annually. (See Section III.B.)
- A comprehensive evaluation of each facility will be conducted at least every other year. (See Section III.D.1.)
- A comprehensive evaluation of all new facilities will be conducted within six months of the facility becoming operational. Technical assistance may be provided, as requested, prior to the comprehensive evaluation. (See Section III.D.2.)
- Unannounced evaluations may be conducted at any time as determined by the OCI Director, Deputy Commissioners or Commissioner. (See Section III.E.)
- The results of the on-site evaluation will be documented in a written report of findings within 10 days following the site visit. The OCI Director will provide access to the report of findings to the Commissioner, Deputy Commissioners, facility Directors, and other Department personnel as identified by the OCI Director. (See Section III.J.)
- The facility Director will be responsible for continuous improvement that may be necessary as a result of the evaluation findings. An improvement or corrective action plan will be developed, with input from facility staff, the facility Director's supervisor, the Regional Health Services Administrator, the Regional Behavioral Health Services Administrator, Regional Principal, and program coordinator(s). The corrective action plan will be entered into the OCI database within 30 days of the receipt of the report of findings. (Corrective action plans for items under appeal will be delayed. See Section Q.) OCI may provide technical assistance with corrective action plans upon request. (See Section III.L.)
- The facility Director will communicate the report of findings and corrective action plan with the facility staff (e.g. in shift briefing, leadership meetings, postings, quality assurance meetings, etc.) within 10 days of the corrective action plan being developed. (See Section III.M.)
- The OCI may provide technical assistance as requested by facility Directors, District Directors, or Deputy Commissioners. (See Section III.P.)
- The appeal must be entered into the OCI database within 20 calendar days of receipt of the report of findings from OCI. The OCI Director, in consultation with the respective Deputy Commissioner, has the discretion to extend the 20 day timeframe for good cause shown. (See Section III.Q.1.)
- When a reversal is granted by OCI, the Director of OCI will ensure the report of findings is amended accordingly and reissued within 15 days of receipt of the appeal. (See Section III.Q.3.)

**INSTRUCTIONS:**

DJJ Policy Manual

Remove the following policies from the policy manual

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Make the proper notations