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**NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE**

# **Health Services Accreditation Report**

**Cook County Juvenile Temporary Detention  
Center  
Chicago, Illinois**

**Survey Date: April 14-15, 2022**

**Report Date: June 17, 2022**

This accreditation report, including any attachments, is intended solely for the use of the recipient facility and contains confidential information which may be legally protected from disclosure.

Cook County Juvenile Temporary Detention Center, IL  
June 17, 2022

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their youth and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

### **SURVEY INFORMATION**

On April 14-15, NCCHC conducted its virtual review for continuing accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC's team of experienced certified correctional health professionals utilized NCCHC's 2015 *Standards for Health Services in Juvenile Detention and Confinement Facilities* as the basis of its health services analysis. It is most effective when read in conjunction with the *Standards* manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

### **ESSENTIAL STANDARDS**

There are 43 essential standards, 39 are applicable to this facility and 39 (100%) were found to be in compliance. (One hundred percent (100%) of the applicable essential standards must be met for to achieve accreditation.) Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

Y-C-08 Health Care Liaison

Y-E-03 Transfer Screening

Y-G-03 Infirmary Care

Y-I-02 Emergency Psychotropic Medication

## **IMPORTANT STANDARDS**

There are 27 important standards; 27 are applicable to this facility and 27 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable

None

Decision: On June 17, 2022, NCCHC's Accreditation and Standards Committee awarded the facility accreditation.

## **FACILITY PROFILE**

The facility's security classification is: Detention Center/Medium

The facility was built in: 1973

There have been no change in mission or purpose since the last survey.

The facility is located in the Midwestern US

The facility's supervision style is: Direct supervision

The facility's structural layout is: Linear-style housing

Since the last NCCCHC survey, there have not been any major renovations, expansions, or closures in the facility. Anticipated renovations/expansions/closures include: Bathroom renovation and floor tile replacements for the pods beginning in June/July 2022, and an enhanced lighting project, during which new energy efficient lighting will be installed throughout the entire facility; and installation of new fire safety doors in the north and south gyms.

Total Juvenile Count on day of survey: 176

Total number of juvenile males on day of the survey: 168

Total number of juvenile females on day of the survey: 8

Average Daily Population (ADP) for last completed calendar year: 168

The design-rated capacity for the facility is: 498

There have been a substantial decrease and increase in the juvenile population: During the height of COVID, the population significantly decreased due to the court's effort to release residents due to health concerns. However, as COVID restrictions lifted and the community opened up, the resident population has also risen significantly.

Admissions to the facility arrive: on a scheduled basis and unscheduled at any time of day

The total number of admissions to the facility last year was: 1576

The average daily intake to the facility last year was: 5

The total number of correctional staff assigned to this facility is: 574

The usual shift coverage for correctional staff is: not provided

There has not been a recent change in health care contractor.

Health services are provided by: A contract health services provider

They have provided health services since: 2007

There have been distinctive events that affected the delivery of health care: COVID-19 affected the delivery of health care. The center followed CDC guidelines and Department of Health directives on providing health care in congregate settings.

The facility has no satellites.

## **Survey Method**

We toured the clinic area, housing areas, intake/receiving area and segregation. We reviewed health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and CO training records. We interviewed the superintendent, medical director, health services administrator, the physician assistant, mental health director, mental health counselor, dentist, several nurses, three COs, the training coordinator, and six juveniles selected at random.

## A. GOVERNANCE AND ADMINISTRATION

Standards in this section address the establishment of a health care system that ensures access to care, professional administration of all aspects of health care, and monitoring and quality improvement policies that effectively process health care issues from identification through resolution.

### Standard Specific Findings

<b>Y-A-01 Access to Care (E).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The responsible health authority identifies and eliminates any barriers to juveniles receiving health care.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-A-02 Responsible Health Authority (E).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The RHA arranges for all levels of health care and ensures quality, accessible, and timely health services for juveniles.	X		
2. The RHA's responsibilities are documented in a written agreement, contract, or job description.	X		
3. The RHA must be on-site at least weekly.	X		
4. Where there is a separate organizational structure for mental health services, there is a <i>designated mental health clinician</i> .	NA		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-A-03 Medical Autonomy (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Clinical decisions and their implementation are completed in an effective and safe manner.	X		
2. Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized.	X		
3. <i>Child Care staff</i> support the implementation of clinical decisions.	X		
4. <i>Health staff</i> is subject to the same security regulations as other facility employees.	X		
5. Health staff members do not write disciplinary reports.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-04 Administrative Meetings and Reports (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Administrative meetings are attended by the facility administrator and the responsible health authority (RHA) or their designees, and other members of the medical, nursing, dental, mental health and child care staffs as appropriate.	X		
2. Administrative meetings are held at least quarterly. Minutes or summaries are reviewed and approved by members at the subsequent meeting and also retained for reference, and copies are distributed to attendees.	X		
3. Health staff meetings occur at least monthly. Minutes or summaries are reviewed and approved by members at the subsequent meeting and also retained for reference, and copies are distributed to attendees.	X		
4. Statistical reports of health services are developed monthly. They are provided to the facility administrator and used to monitor trends in the delivery of health care.	X		

5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-05 Policies and Procedures (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health care policies and procedures are site specific.	X		
2. Each policy and procedure in the health care manual:			
a. Is reviewed at least annually	X		
b. Is revised as necessary under the direction of the responsible health authority (RHA)	X		
c. Bears the date of the most recent review or revision	X		
d. Bears the signature of the facility's RHA and responsible physician.	X		
3. Other policies, such as those for child care, kitchen, industries, and corporate, do not conflict with health care policies.	X		
4. The manual or compilation is accessible to health staff.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-06 Continuous Quality Improvement Program (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A CQI program identifies health care aspects to be monitored, implements and monitors corrective action when necessary, and studies the effectiveness of the corrective action plan.	X		

2. The responsible health authority establishes a <i>quality improvement committee</i> with representatives from the major program areas. The committee meets as required but no less than quarterly. The committee:			
a. Identifies aspects of health care to be monitored and establishes <i>thresholds</i>	X		
b. Designs quality improvement monitoring activities	X		
c. Analyzes the results for factors that may have contributed to below threshold performance	X		
d. Designs and implements improvement strategies to correct the identified health care problem	X		
e. Re-monitors the performance after implementation of the improvement strategies	X		
3. When the committee identifies a health care problem from its monitoring, a <i>process and/or outcome quality improvement study</i> is initiated and documented.	X		
4. The committee documents a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			



<b>Y-A-07 Emergency Response Plan (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The health aspects of the documented emergency response plan are approved by the responsible health authority and facility administrator, and include, at a minimum:			
a. Responsibilities of health staff	X		
b. Procedures for triage	X		
c. Predetermination of the site for care	X		
d. Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances)	X		
e. Procedures for evacuating patients	X		
f. Alternate backups for each of the plan's elements	X		
g. Time frames for response	X		
2. <i>At least one mass disaster drill and one juvenile-down drill are conducted annually for each shift that has health care personnel working in the facility.</i>	X		
3. The mass disaster and juvenile-down drills are <i>critiqued</i> , the results are shared with all health staff and recommendations for health staff are acted upon.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-08 Communication on Patients' Health Needs (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Child Care staff are advised of juveniles' special health needs that may affect:			
a. Housing	X		
b. Work	X		
c. Program assignments	X		
d. Disciplinary measures	X		
e. Admissions to and transfers from institutions	X		
2. Health and child care staff communicate about juveniles with special needs conditions that may include, but are not limited to, the following:			
a. Chronically ill (e.g. diabetes)	X		
b. On <i>dialysis</i>	X		
c. Have <i>communicable diseases</i> that require special housing or isolation	X		
d. <i>Physically disabled</i>	X		
e. Pregnant	X		
f. <i>Frail</i>	X		
g. <i>Terminally ill</i>	X		
h. Mentally ill or <i>suicidal</i>	X		
i. <i>Developmentally disabled</i>	X		
j. Vulnerable to manipulation	X		
k. Requiring protection from physical or sexual abuse	X		
l. Hearing or vision impaired	X		

m. Requiring limb prosthetics	X		
n. Requiring medical devices or appliances	X		
o. Requiring medical supplied	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-09 Privacy of Care (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Discussions among staff regarding patient care occur in private, without being overheard by juveniles and non-health staff.	X		
2. Clinical encounters occur in private, without being observed or overheard.	X		
3. At a minimum, verbal permission is obtained and consideration of gender appropriate chaperone is made when the breast, rectal, pelvic, or external genitalia examination is indicated.	X		
4. Child care personnel are present only if the patient poses a probably risk to the safety of the health care professionals or others.	X		
5. Instruction on maintaining confidentiality is given to child care staff and interpreters.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-10 Procedure in the Event of a Juvenile Death (I).</b>			
There have been no deaths at the facility since the last survey. Policy and procedures are written in accordance with the standard, should there be a death in the facility.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All deaths are reviewed within 30 days.	N/A		
2. A death review consists of:			
a. An administrative review	N/A		
b. A clinical mortality review	N/A		
c. A psychological autopsy if death is by suicide	N/A		
3. Treating staff are informed of the clinical mortality review and administrative review findings.	N/A		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-A-11 Grievance Mechanism for Health Complaints (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The grievance policy includes:			
a. A time frame for response	X		
b. The process for appeal	X		
2. Responses to grievances are:			
a. Timely	X		
b. Based on principles of adequate medical care	X		
c. Include documentation of response	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
Corrective action:
None

<b>Y-A-12 Notification in Emergencies (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. When health staff become aware of the serious illness, injury, or death of a juvenile, health staff alert designated child care staff of the situation.	X		
2. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

## B. SAFETY

Standards in this section address the need to optimize education and safety. Policies and procedures related to these standards require involvement by all facility staff.

### Standard Specific Findings

<b>Y-B-01 Infectious Prevention and Control Program (E)</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility has a written <i>exposure control plan</i> that is approved by the responsible physician. The plan is reviewed and updated annually.	X		
2. The responsible health authority ensures that:			
a. Appropriate medical, dental, and laboratory equipment and instruments are decontaminated.	X		
b. Sharps and biohazardous wastes are disposed of properly	X		
c. Surveillance to detect juveniles with serious infectious and communicable disease is effective (e.g. skin infections)	X		

d. Immunizations to prevent diseases are provided when appropriate	X		
e. Infected patients receive medically indicated care	X		
f. If appropriate, juveniles with contagious diseases are <i>medically isolated</i>	X		
3. When medical isolation is provided on-site, juveniles should be checked frequently for changes in physical and mental status, and are accommodated in a separate room with:			
a. A separate toilet	X		
b. Hand-washing facility	X		
c. Soap Dispenser	X		
d. Single-service towels	X		
4. <i>Standard Precautions</i> are always used by health care practitioners to minimize the risk of exposure to blood and body fluids of infected patients.	X		
5. All sanitation workers are trained in appropriate methods for handling and disposing of biohazardous materials and spills.	X		
6. Active tuberculosis patients are housed in designated negative pressure rooms or, if such rooms are unavailable, are transferred to an appropriate facility with the capability.	X		
7. The facility assures that juveniles who are released with communicable or infectious diseases are given community referrals.	X		
8. The facility completes and files all reports as required by local, state, and federal laws and regulations.	X		
9. Effective <i>ectoparasite</i> control procedures are used to treat infected juveniles and to disinfect bedding and clothing.			

a. Juveniles, bedding, and clothing infected with ectoparasites are disinfected.	X		
b. Prescribed treatment given to infested juveniles considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by clinicians.	X		
c. When treatment for ectoparasites is required, national standards are used.	X		
10. Health staff must use needle safety devices such as self-sheathing needles or needleless systems.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-B-02 Environmental Health and Safety (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. An environmental inspection of the facility is conducted by appropriately trained personnel at least monthly.	X		
2. The monthly environmental inspection examines:			
a. The cleanliness and safety of juvenile housing, including segregation.	X		
b. Laundry and housekeeping practices	X		
c. Pest control measures	X		
d. Risk exposure containment measures	X		
e. Equipment inspection and maintenance	X		
f. Occupational and environmental safety measures	X		
g. The cleanliness and sanitation of areas where health services are provided.	X		

3. If health staff are concerned about health and safety issues in the facility, these should be reported and documented promptly to the responsible health authority (RHA) and facility administrator.	X		
4. Written reports of the monthly inspections document corrective actions and are submitted to the facility administrator and RHA.	X		
5. All kitchen workers, including juveniles, are medically cleared and subsequently checked daily by supervising kitchen staff to ensure they are free from diarrhea, open sores, skin infections, and other illnesses transmissible by food or utensils.	X		
6. If there is a suspected outbreak of a foodborne illness, it should be reported to the local health department.	X		
7. Workers follow hygienic practices (e.g., washing hands before reporting to work, after touching contaminated surfaces, before prepping food, after using the toilet), and wear hairnets or caps when working with food.	X		
8. Inspections of the kitchen, food storage, preparation, and dining areas are conducted at least monthly. There is evidence of corrective actions for negative findings.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-B-03 Patient Safety (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The RHA proactively implements <i>patient safety systems</i> to prevent adverse and near-miss clinical events.	X		
2. The responsible health authority (RHA) implements a reporting system for health staff to voluntarily report, in a non-punitive environment, errors that affect patient safety.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		



Comments:
None
Corrective action:
None

<b>Y-B-04 Staff Safety (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Measures to ensure the safety of health staff are undertaken.	X		
2. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-B-05 Federal Sexual Abuse Regulations (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-B-06 Response to Sexual Abuse (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health staff are trained in how to:			
a. Detect, assess, and respond to signs of sexual abuse and sexual harassment	X		
b. Preserve physical evidence of sexual abuse	X		
2. All victims of sexual abuse are referred to a community facility for evaluation and treatment and gathering of evidence.	X		
3. In all cases the following activities occur:			

a. After the physical examination, there is an evaluation by a qualified mental health professional for crisis intervention counseling and long term follow-up.	X		
b. A report is made to the correctional authorities to effect the separation of the victim from the assailant in their housing assignments.	X		
4. The responsible health authority or designee must report the alleged sexual assault to the appropriate child protection agency and police jurisdiction.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

### C. PERSONNEL AND TRAINING

Standards in this section ensure that appropriately trained personnel are in place to deliver health care to the juvenile population and that qualified health care professionals are evaluated for continuing competency.

#### Standard Specific Findings

<b>Y-C-01 Credentials and Privileges (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority (RHA) assures that new hires undergo a credential verification process that confirms current licensure, certification, or registration.	X		
2. The credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for <i>prescribers</i> , the National Practitioner Data Bank (NPDB).	X		
3. Qualified health care professionals do not perform tasks beyond those permitted by their credentials.	X		
4. The RHA maintains verification of current credentials in compliance with state law and facility regulations for all qualified health care professionals at a readily accessible location.	X		

5. A <i>restricted license</i> that limits practice to correctional institutions is not in compliance with this standard.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-C-02 Clinical Performance Enhancement (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The clinical performance enhancement of the facility's <i>direct patient care clinicians</i> and RNs and LPNs is reviewed at least annually.	X		
2. Clinical performance enhancement reviews are kept confidential and incorporate at least the following elements:			
a. The name and credentials of the individual being reviewed	X		
b. The date of the review	X		
c. The name and credentials of the reviewer	X		
d. A summary of the findings and corrective action, if any	X		
e. Confirmation that the review was shared with the individual being reviewed	X		
3. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available.	X		
4. The responsible health authority (RHA) implements an <i>independent review</i> when there is serious concern about any individual's competence.	X		
5. The RHA implements procedures to improve an individual's competence when such action is necessary.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-C-03 Professional Development (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Full-time qualified health care professionals obtain at least 12 hours of continuing education per year.	X		
2. Part-time qualified health professionals prorate their continuing education hours based on full-time equivalency.	X		
3. Compliance can be demonstrated through one of the following options:			
a. In states where at least 12 hours of continuing education is required annually to maintain the clinical license to practice, a current license suffices.	X		
b. When the health staff member is a Certified Correctional Health Professional, valid certification suffices.	X		
c. A list of completed courses, dates, and number of hours per course is on file.	X		
4. All qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-C-04 Health Training for Child Care Staff (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Child Care Staff who work with juveniles receive health-related training at least every 2 years. This training includes, at a minimum:			
a. Administration of first aid	X		
b. Recognizing the need for emergency care and intervention in life-threatening situations (e.g., seizure or altered consciousness, cardiac event)	X		

c. Recognizing acute manifestations of certain chronic illnesses (e.g., asthma, seizures), intoxication and withdrawal, and adverse reactions to medications	X		
d. Recognizing signs and symptoms of mental illness	X		
e. Procedures for suicide prevention	X		
f. Procedures for appropriate referral of juveniles with health complaints to health staff	X		
g. Precautions and procedures with respect to infectious and communicable diseases	X		
h. Cardiopulmonary resuscitation	X		
2. An outline of the training including course content and length is kept on file.	X		
3. A certificate or other evidence of attendance is kept on-site for each employee.	X		
4. Child care workers assigned to outside programs (e.g., Outward Bound programs, forestry camps, or routine outdoor recreations) are current on CPR, first-aid training, and prevention of heat-related illness).	X		
5. While it is expected that 100% of the child care staff who work with juveniles are trained in all of these areas, compliance with the standard requires that at least 85% of the staff present on each shift are current in their health-related training.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-C-05 Medication Administration Training (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Child care workers or health staff who administer or deliver prescription medication to juveniles must be permitted by state law to do so and are trained as needed in matters of:			
a. Security	X		
b. Accountability	X		
c. Common side effects	X		
d. Documentation of administration of medicines	X		
2. The training is approved by a clinician designated by the responsible health authority and facility administrator or designee.	X		
3. Documentation of completed training and testing is kept on file for staff who administer or deliver medications.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-C-06 Juvenile Workers (E).</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> Juveniles are not employed at this facility	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Juveniles do not make treatment decisions or provide patient care.	X		
2. Juveniles do not distribute or collect sick-call slips, schedule appointments, or handle health records, medications, or surgical instruments and sharps.	X		
3. Juveniles should not be used to clean clinical areas contaminated with biohazardous materials.	X		
4. Juveniles are not substitutes for regular program staff, but may be involved in appropriate peer health-related programs.	X		

5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-C-07 Staffing (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority (RHA) approves the <i>staffing plan</i> .	X		
2. The adequacy and effectiveness of the staffing plan are assessed by the facility's ability to meet the health needs of the juvenile population.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Staffing Plan</b>				
<p><b>Number of On-Site Health Staff (Full-Time Equivalents)</b> <i>Someone working a regular 40 hour week is considered 1.0 FTE. To calculate FTEs, take the total number of hours by employee category and divide by 40 (or the jurisdiction's equivalent of a full-time workweek). For example, someone working 16 hours would be a .40 FTE (16/40 = .40); 5 part-time LPNs working a total of 60 hours would be 1.5 FTE (60/40 = 1.5).</i></p>				
Employee Category	Main Unit	Satellites		Vacant
		1	2	
Administrator (HSA - NP)	1.0			
Administrative Assistant	1.0			
Medical Assistant				
Discharge Planner				
Physician	2.0			
Physician Assistant	2.0			
Nurse Practitioner				
DON	3.0			
Registered Nurse	17.5			
Licensed Practical Nurse				
Psychiatrist				
Psychologist	5.0			
Mental Health Worker	4.0			
Dentist	1.0			

Dental Assistant/Hygienist	1.0			
Pharmacist				
Health Records Personnel				
Lab Technician				
EMT				
CNA				
Administrative Analysis	1.0			
Ward Clerk	1.0			

<b>Y-C-08 Health Care Liaison (E).</b>			
<b>X NOT APPLICABLE</b> The facility does not require a health care liaison	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The health care liaison is instructed in the role and responsibilities by the responsible physician or designee.	N/A		
2. A plan is in place that tells child care staff what to do when a health situation arises when health staff are not present.	N/A		
3. The health care liaison receives instruction in and maintains confidentiality of patient information.	N/A		
4. Duties assigned to the health care liaison post are appropriately carried out.	N/A		
5. All aspects of the standard are addressed by written policy and defined procedures.	N/A		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-C-09 Orientation for Health Staff (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The orientation program is approved by the responsible health authority and the facility administrator.	X		
2. The orientation lesson plan is reviewed once every 2 years or more frequently, as needed.	X		



3. All health staff receive a basic orientation on the first day of on-site service and prior to patient contact. At a minimum, this addresses relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and juvenile-staff relationships.	X		
4. Within 90 days of employment, all full-time and part-time health staff and frequently used temporary staff complete an in-depth orientation. At a minimum, this includes all health service policies and procedures not addressed in the basic orientation, health and age-specific needs of the juvenile population, infection control including use of standard precautions, and confidentiality of records and health information. The content may vary depending on the roles and responsibilities of the new staff member.	X		
5. Completion of the orientation program is documented and kept on file.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

#### D. HEALTH CARE SERVICES AND SUPPORT

These standards address requirements of space, materials and resources for the delivery of health care, whether they are provided within the facility or off site in the community. These are the "tools" with which the health staff provide assessment and treatment services.

#### Standard Specific Findings

<b>Y-D-01 Pharmaceutical Operations (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility complies with all applicable state and federal regulations regarding prescribing, <i>dispensing</i> , <i>administering</i> , <i>procuring</i> , and <i>disposing</i> of pharmaceuticals.	X		
2. The facility maintains a <i>formulary</i> for clinicians.	X		

3. The facility maintains procedures for the timely procurement, dispensing, <i>distribution</i> , <i>accounting</i> , and disposal of pharmaceuticals.	X		
4. The facility maintains records as necessary to ensure adequate control of and accountability for all medications.	X		
5. The facility maintains maximum security storage of, and accountability by use for, Drug Enforcement Agency ( <i>DEA</i> )- <i>controlled substances</i> .	X		
6. Medications are kept under the control of appropriate staff members.	X		
7. Juveniles do not prepare, dispense, or administer medication except for self-medication programs approved by the facility administrator and responsible physician (e.g., “keep-on-person” programs). Juveniles are permitted to carry medications necessary for the emergency management of a condition when ordered by a clinician.	X		
8. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications.	X		
9. When there is not staff pharmacist, a consulting pharmacist is used for documented inspections and consultation on a regular basis, not less than quarterly. All off-site locations are included in the inspection schedules.	X		
10. All medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other medications for external use, and disinfectants are stored separately from internal and injectable medications. Medications requiring special storage (e.g., refrigeration) for stability are so stored.	X		
11. An adequate and proper supply of antidotes and other emergency medications and related information are readily available to the staff. The poison control telephone number is posted in areas where overdoses or toxicologic emergencies are likely.	X		
12. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-D-02 Medication Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Prescription medications are administered or delivered to the patient only on the order of a physician, dentist, or other legally authorized individual.	X		
2. Medications are delivered in a timely fashion. The facility has a policy identifying the expected time frames from ordering to delivering and a backup plan if the time frames cannot be met.	X		
3. The responsible physician determines prescribing practices in the facility.	X		
4. Medications are prescribed only when clinically indicated.	X		
5. Juveniles entering the facility on prescription medication continue to receive the medication in a timely fashion as prescribed, or acceptable alternate medications are provided as clinically indicated.	X		
6. The ordering clinician is notified of the impending expiration of an order so that the clinician can determine whether the drug administration is to be continued or altered.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-D-03 Clinic Space, Equipment, and Supplies (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Examination and treatment rooms for medical, dental, and mental health care are large enough to accommodate the necessary equipment, supplies, and fixtures, and to permit privacy during clinical encounters.	X		
2. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked regularly.	X		
3. There is adequate office space with administrative files, secure storage of health records, and writing desks.	X		

4. Mental health services are provided in an area with private interview space for both the individual and group treatment, as well as desks, chairs, lockable file space, and relevant testing materials.	X		
5. When laboratory, radiological, or other ancillary services are provided on-site, the designated area is adequate to hold equipment and records.	X		
6. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.	X		
7. At a minimum, daily inventories are maintained on items subject to abuse (e.g., syringes, needles, scissors, other sharp instruments).	X		
8. If treatment and examinations take place on-site (as opposed to a community medical setting), the facility has, at a minimum, the following equipment, supplies, and materials:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Examination table	X		
c. A light capable of providing direct illumination	X		
d. Scale	X		
e. Thermometers	X		
f. Blood pressure monitoring equipment	X		
g. Stethoscope	X		
h. Ophthalmoscope	X		
i. Otoscope	X		
j. Transportation equipment (e.g., wheelchair, stretcher)	X		
k. Trash containers for biohazardous materials and sharps	X		
l. Equipment and supplies for pelvic examinations if the facility houses females	X		
m. Oxygen	X		
n. Automated external defibrillator	X		

9. Basic equipment required for on-site dental examinations includes, at a minimum:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Dental examination chair	X		
c. Examination light	X		
d. Sterilizer	X		
e. Instruments	X		
f. Trash containers for biohazardous materials and sharps	X		
g. A dentist's stool	X		
10. The presence of a dental operatory requires the addition of at least:			
a. An X-ray unit with developing capability	X		
b. Blood pressure monitoring equipment	X		
c. Oxygen	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-D-04 Diagnostic Services (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority maintains documentation that on-site diagnostic services (e.g., laboratory, radiology) are certified or licensed to provide that service.	X		
2. When the facility provides on-site diagnostic services, there is a procedure manual for each service, including protocols for the calibration of testing devices to ensure accuracy.	X		

3. Facilities with full-time health staff have multiple-test dipstick urinalysis, finger-stick blood glucose tests, peak flow meters (handheld or other), stool blood-testing material, and in facilities housing women, pregnancy test kits.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-D-05 Hospital and Specialty Care (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Evidence demonstrates that there is appropriate access to hospital and specialist care when necessary.	X		
2. Off-site facilities or health professionals provide a summary of the treatment given and any follow-up instructions; this information accompanies the juvenile on return to the facility.	X		
3. For on-site specialty services used regularly for medical and mental health care, there are appropriate licenses and certifications.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

## E. PATIENT CARE AND TREATMENT

These standards form the core of a health program and include requirements for those health services to be provided to all juveniles at the institution. Here are outlined the assessment and treatment processes, and procedures for obtaining health services. Access to relevant pre-incarceration health histories, care that is provided during incarceration, and arrangement for continuing care upon discharge or transfer are all addressed.

### Standard Specific Findings

<b>Y-E-01 Information on Health Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A sign explaining how to access health services is posted in the intake/processing area.	X		
2. Within 24 hours of their arrival, juveniles are given written information about:			
a. How to access emergency and routine medical, dental, and mental health services	X		
b. The fee-for-service program, if one exists	X		
c. The grievance process for health-related complaints	X		
3. Special procedures ensure that juveniles who have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access health services.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-02 Receiving Screening (E)</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> This facility receives juveniles only from other facilities within the same correctional system. There are no juveniles that arrive directly from the community or a facility outside of the correctional system.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Reception personnel ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, in alcohol or drug withdrawal, or otherwise urgently in need of medical attention are:			
a. Referred immediately to an outside facility for medical clearance	X		
b. If they are referred to a community hospital and then returned, admission to the facility is predicated on written <i>medical clearance</i> from the hospital.	X		
2. Health needs are identified and addressed.	X		
3. Potentially infectious juveniles are isolated from the general population.	X		
4. If a female reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to the fetus.	X		
5. A <i>receiving screening</i> takes place for all juveniles as soon as possible.	X		
6. A pregnancy test is offered to all females upon arrival and the juvenile is referred to health staff within 48 hours for testing.	X		
7. Sexually transmitted disease (chlamydia, gonorrhea, HIV, and syphilis where there is a significant prevalence) testing is offered to all juveniles upon arrival or within 24-48 hours, consistent with national guidelines.	X		
8. The receiving screening form is approved by the responsible health authority and inquires as to the juvenile's:			
a. Current and past illnesses, health conditions, or special health requirements (e.g., dietary needs)	X		
b. Past infectious disease	X		



c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)	X		
d. Past or current mental illness, including hospitalizations	X		
e. History of or current suicidal ideation	X		
f. Dental problems	X		
g. Allergies	X		
h. Legal and illegal drug use (including type, amount, and time of last use)	X		
i. Current or prior withdrawal symptoms	X		
j. Possible, current, or recent pregnancy or delivery, or if there are children under her care	X		
k. Type and time of most recent sexual encounter and use of contraception and condoms in order to screen for emergency contraception eligibility	X		
l. Victimization by recent sexual assault in order to screen for emergency contraception eligibility	X		
m. Other health problems as designated by the responsible physician	X		
9. The form also records reception personnel's observations of the juvenile's:			
a. Appearance (e.g., sweating, tremors, anxious, disheveled)	X		
b. Behavior (e.g., disorderly, appropriate, insensible)	X		
c. State of consciousness (e.g., alert, responsive, lethargic)	X		
d. Ease of movement (e.g., body deformities, gait)	X		
e. Breathing (e.g., persistent cough, hyperventilation)	X		
f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)	X		

10. The disposition of the juvenile (e.g., immediate referral to an appropriate health care service, placement in the general population) is appropriate to the findings of the receiving screening and is indicated on the receiving screening form.	X		
11. Receiving screening forms are dated and timed immediately on completion and include the name, signature and title of the person completing the form.	X		
12. Prescribed medications are reviewed and appropriately maintained as clinically indicated.	X		
13. When health-trained correctional personnel perform the receiving screening, they are trained by the responsible physician or designee in early recognition of medical, dental, and mental health conditions requiring clinical attention. Training is based on a curriculum approved by the responsible physician and contains instructions on completing the receiving screenings form and when to contact health staff to determine appropriate disposition of the juvenile.	NA		
14. Health staff regularly monitor receiving screenings to determine the safety and effectiveness of this process.	X		
15. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
N/A			

<b>Y-E-03 Transfer Screening (E).</b>			
<b>X NOT APPLICABLE</b> A receiving screening is completed for all juveniles entering the facility.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Qualified health care professionals or health care liaisons review each incoming juvenile's health record or summary within 12 hours of arrival and:			
a. Continuity of care if initiated	N/A		
b. Missing initial assessments (health, mental health, dental) are identified and any required assessments are scheduled	N/A		

c. Records from the sending facility are filed in the current health record	N/A		
2. The receiving screening for transfers takes place upon the juvenile's arrival at the facility.			
a. Where the health record or a health information transfer summary comes with the juvenile and is immediately available to the screening staff, a face-to-face transfer screening encounter focuses on observation of appearance and behavior, and problems the juvenile recounts that occurred during the transfer process.	N/A		
b. Where the health record or health information transfer summary is not available to the screening staff, a face-to-face transfer screening encounter, at a minimum, includes:	N/A		
i. Identification of acute and chronic health conditions	N/A		
ii. Evaluation of suicidal risk	N/A		
iii. Review of any allergies	N/A		
iv. Observation of appearance and behavior	N/A		
v. Problems with juvenile recounts that occurred during the transfer process	N/A		
3. Documentation of the transfer screening is dated and timed immediately upon completion and includes the signature and title of the person completing the process.	N/A		
4. All aspects of the standard are addressed by written policy and defined procedures.	N/A		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-04 Health Assessment (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
<b>Compliance Indicators:</b>			
1. As soon as possible, but no later than 7 calendar days after admission to the facility, an initial health assessment is completed on each juvenile.	X		

2. Initial health assessments include, at a minimum:			
a. Review of the receiving screening results	X		
b. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters	X		
c. Review of immunization history and update of schedules as needed	X		
d. A qualified health care professional recording of vital signs (i.e., height, weight, pulse, blood pressure, and temperature)	X		
e. <i>Physical examination</i> including breast, rectal, and genitourinary exams as indicated by gender, age, and risk factors	X		
f. Gynecological assessment of females, when clinically indicated	X		
g. Laboratory and/or diagnostic tests as determined by the responsible physician	X		
h. Tuberculosis test unless there is documentation from the health department that the prevalence rate does not warrant it	X		
i. Initiation of therapy when appropriate	X		
3. The responsible physician determines the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations.	X		
4. A health history, which includes information on the juvenile's participation in risky behavior, including sexual activity, is collected by qualified health care professionals.	X		
5. The hands-on portion of the health assessment is performed by a physician, physician assistant, nurse practitioner, and RN (the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved or provided by the responsible physician).	X		
6. All positive findings (i.e., history and physical, screening, laboratory) are reviewed by the <i>treating clinician</i> . Specific problems are integrated into the initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.	X		

7. The responsible health authority (RHA) approved the health assessment form.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

Y-E-05 Mental Health Screening and Evaluation (E).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. Within 14 days of admission to the correctional system, qualified mental health professionals or <i>mental health staff</i> conduct initial mental health screening.	X		
2. The initial mental health screening includes a structured interview with inquiries into:			
a. A history of:			
i. Psychiatric hospitalization and outpatient treatment	X		
ii. Substance use hospitalization	X		
iii. Detoxification and outpatient treatment	X		
iv. Suicidal behavior, self-injurious behavior, or self-mutilation	X		
v. <i>Violent behavior</i>	X		
vi. Victimization, including physical and sexual abuse, bullying	X		
vii. Special education placement	X		
viii. Cerebral trauma or seizures	X		
ix. Sex offenses	X		
x. Exposure to traumatic life events and losses	X		
xi. Recent stressors (conflict with family or others, breakup, unstable living conditions, death of friend or family)	X		
b. The current status of:			

i. Psychotropic medications	X		
ii. Suicidal ideation	X		
iii. Drug or alcohol use	X		
iv. Orientation to person, place, and time	X		
c. Emotional response or adjustment to incarceration	X		
d. A screening for <i>intellectual functioning</i> (i.e., mental retardation, developmental disability, learning disability)	X		
3. The patient's health record contains results of the initial screening.	X		
4. Juveniles who present with psychological distress are referred to <i>qualified mental health professionals</i> for further evaluation in a timely manner.	X		
5. The health record contains results of the evaluation with documentation of referral and initiation of treatment when indicated.	X		
6. Patients who require acute mental health services beyond those available on-site are transferred to an appropriate facility.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-06 Oral Care (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. <i>Oral screening</i> is performed as soon as possible but no later than 7 calendar days from admission.	X		
2. Instruction in oral hygiene and preventive oral education are given within 14 days of admission.	X		
3. An initial <i>oral examination</i> is performed by a dentist within 60 days of admission.	X		
4. <i>Oral treatment</i> , not limited to extractions, is provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the juvenile's health would otherwise be adversely affected.	X		
5. Radiographs are used in the development of the treatment plan.	X		
6. Consultation through referral to oral health care specialists is available as needed.	X		
7. Each juvenile has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs.	X		
8. Where oral care is provided on-site, contemporary infection control procedures are followed.	X		
9. Extractions are performed in a manner consistent with community standards of care of care and adhering to the American Dental Association's clinical guidelines.	X		
10. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-07 Nonemergency Health Care Requests and Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Oral or written requests for health care are picked up daily by qualified health care professionals and <i>triaged</i> within 24 hours. When a request describes a clinical symptom, a face-to-face encounter between the patient and qualified health care professional occurs within 4 hours (72 on weekends).	X		
2. When responding to health services requests, qualified health care professionals make timely assessments in a clinical setting, Qualified health care professionals provide treatment according to clinical priorities or, when indicated, schedule patients as clinically appropriate.	X		
3. All juveniles, regardless of housing assignment, have access to regularly scheduled times for nonemergency health services (i.e., sick call).	X		
4. The frequency and duration of response to health services requests is sufficient to meet the health needs of the juvenile population; this is generally three times per week given the time frames of compliance indicator #1.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
All of the health charts we reviewed documented face-to-face encounters are completed within 24 hours.			
<b>Corrective action:</b>			
None			

<b>Y-E-08 Emergency Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A written plan includes arrangements for the following, which are carried out when necessary:			
a. Emergency transport of the patient from the facility	X		
b. Use of an emergency medical vehicle	x		



c. Use of one or more designated hospital emergency departments or other appropriate facilities	X		
d. Emergency on-call physician, mental health, and dental services when the emergency health care facility is not nearby	X		
e. Security procedures for the immediate transfer of patients for emergency medical care	X		
f. Notification to the person legally responsible for the facility	X		
2. Emergency drugs, supplies, and medical equipment are regularly maintained.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-09 Segregated Juveniles (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Upon notification that an juvenile has been placed in segregation:			
a. A qualified health care professional reviews the juvenile's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. Such a review is documented in the health record. Contraindications or required accommodations should be immediately communicated to the responsible health authority (RHA) and custody leadership.	X		
b. When health staff are not on duty, the health staff member on call is notified.	X		
2. When on duty, qualified health care professionals monitor segregated juveniles daily by performing health checks.			
a. The daily health monitoring may be done by either medical or mental health professionals	X		
b. Mental health staff see juveniles on their active case load at least weekly	X		

c. Child care workers or program staff monitor juveniles in segregation at least every 15 minutes	X		
d. On days when health staff are not on-site, health-trained child care workers or program staff alert health staff on call if a health problem is noted	X		
3. Prolonged segregation more than 2 to 5 hours is not used except under documented exceptional circumstances.	X		
4. In the rare instance that a segregated juvenile's out-of-control behavior lasts more than 24 hours, qualified health care professionals should:			
a. Evaluate for a medical or psychiatric condition or contraindication to continued isolation that warrants further evaluation and treatment	X		
b. Generate a written plan for urgent mental health assessment by a qualified mental health professional and/or the use of alternatives to segregation (e.g., return to living units under supervision use of medications, transfer to a mental health facility)	X		
5. Documentation of the segregation rounds is made on individual logs or room cards, or in the juvenile's health record, and includes:			
a. The date and time of the contact	X		
b. The signature or initials of the health staff member making the rounds	X		
c. A note as to whether findings were documented in the juvenile's health record	X		
6. Any significant health findings are documented in the juvenile's health record.	X		
7. A monthly report of the use of segregation is given to the RHA and facility administrator. This report should include information about the number of juveniles in segregation during the month, the number of days spent in segregation, and the health status of segregated juveniles.	X		
8. All aspects of the standard are addressed by written policy and defined procedures	X		

Comments:
None
Corrective action:
None

<b>Y-E-10 Patient Escort (I).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. When a patient is escorted, health staff alert transporting child care staff to accommodations needed during the transport process, including instructions for administration of necessary medications.	X		
2. Patient confidentiality is maintained during transport.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-E-11 Nursing Assessment Protocols (I).</b>			
<input type="checkbox"/> Nursing assessment protocols are not used at this facility	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Protocols are developed and reviewed annually by the nursing administrator and responsible physician.	X		
2. The protocols and procedures are accessible to all nursing staff.	X		
3. Documentation of nurses' training in protocols use exists. This includes:			
a. Evidence that all new nursing staff are trained	X		
b. Demonstration of knowledge and competency	X		
c. Evidence of annual review of competency	X		
d. Evidence of retraining when protocols are introduced or revised	X		
4. Nursing assessment protocols for nonemergency health care requests include over-the-counter medications only.	X		

5. Nursing assessment protocols do not include the use of prescription medications except for those covering emergency, life-threatening situations (e.g., nitroglycerin, epinephrine). Emergency administration of these medications required a subsequent clinician's orders.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-12 Continuity and Coordination of Care During Incarceration (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Clinician treatments are based on the best available evidence-based guidelines and are implemented in a timely manner.	X		
2. Deviations from standards of practice are clinically justified, documented, and shared with the patient.	X		
3. Diagnostic tests are reviewed by the clinician in a timely manner.	X		
4. Treatment plans are modified as clinically indicated by diagnostic tests and treatment results.	X		
5. Treatment plans, including test results, are shared and discussed with patients.	X		
6. When patients are referred for outside care, written or verbal information about the patient and the specific problem to be addressed must accompany them.	X		
7. Patients are seen by a qualified health care professional upon return from a hospitalization, urgent care, or emergency department visit to ensure proper implementation of the discharge orders and to arrange appropriate follow-up.	X		
8. Recommendations from specialty consultations are reviewed and acted upon by the clinician in a timely manner.	X		
9. If changes in treatment recommendations are clinically indicated, justification for the alternative treatment plan is documented and shared with the patient.	X		

10. Chart reviews are done to assure that appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-E-13 Discharge Planning (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. For planned discharges, health staff:			
a. Coordinate and document plans with the juvenile's legal guardian as appropriate	X		
b. Arrange for a reasonable supply of current medication	X		
c. For juveniles with identified medical, dental, or mental health needs, make arrangements or referrals for follow-up services with community clinicians, including exchange of clinically relevant information, and document these arrangement	X		
2. All aspects of the standard are addressed by written policy and defined procedures	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

## F. HEALTH PROMOTION AND DISEASE PREVENTION

This section focuses on a twofold approach to health education: opportunities for all juveniles to learn about and engage in a healthy life style, and specific health teaching for patients regarding their particular health conditions.

### Standard Specific Findings

<b>Y-F-01 Healthy Lifestyle Promotion (I)</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The health record documents that patients receive individual <i>health education</i> and instruction in <i>self-care</i> for their health condition.	X		
2. For general health education, compliance requires, at a minimum, the availability of pamphlets on a variety of health topics in areas accessible to all juveniles (e.g., library, housing areas).	X		
3. Educational programs are age- and gender-specific.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-F-02 Nutrition and Medical Diets (I).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Regular and medical diets are nutritionally adequate and appropriate for age and gender groups.	X		
2. Orders for medical diets are provided in writing and include the type of diet, the duration for which it is to be provided, and special instructions, if any.	X		
3. A registered dietitian, registered dietician nutritionist (RDN) or licensed dietician (as authorized by state scope of practice laws) reviews medical diets and menus for nutritional adequacy at least every 6 months and whenever a substantial change in the menus is made. Review may take place in a documented site visit or by written consultation. Written documents of menu reviews include date, signature, and title of the consulting dietician.	X		

4. Workers who prepare regular and medical diets are trained and supervised in preparing diets, including appropriate substitutions and portions.	X		
5. When juveniles refuse prescribed diets, follow-up nutritional counseling is provided.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>J-F-03 Exercise (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Exercise takes place outside the juvenile's room in an area large enough to accommodate the activity.	X		
2. Exercise is offered to all custody classes of juveniles except those in transient status. Juveniles who are in segregated housing or lockdown are provided with opportunities to exercise daily within their unit.	X		
3. The frequency of exercise is at least 1 hour daily, 7 days a week.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-F-04 Personal Hygiene (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. In every area where juveniles are detained for at least 48 hours, there is a tub or a shower with hot and cold running water.	X		
2. All custody classes if juveniles have the opportunity to shower daily.	X		
3. Personal hygiene items include minimally:			
a. Soap	X		
b. Comb	X		
c. Soft round-bristle toothbrush	X		
d. Toothpaste	X		
e. Deodorant	X		
f. Toilet paper	X		
g. In facilities housing females, sanitary napkins and tampons	X		
4. Haircuts and individual shaving instruments are available	X		
5. Juveniles receive a change of outer clothing three times a week, a daily change of underwear, and a weekly bed linen and towel change.	X		
6. Shower, bath, and laundry facilities are in good working order.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			



<b>Y-F-05 Use of Tobacco (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. For juveniles, smoking is prohibited and tobacco may not be used in any form.	X		
2. For staff, smoking is prohibited in all inside areas. If the facility allows smoking outside, specific areas are designated.	X		
3. Information on the health hazards of tobacco is available to juveniles.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

### G. SPECIAL NEEDS AND SERVICES

The standards included in this section address specific health needs of those with chronic illness or health conditions requiring multidisciplinary interventions. Age, gender, and illness-related considerations are highlighted, and guidance provided to the health staff in organizing necessary treatment. A special concern with care provided to these patients is that it be in keeping with current community standards.

#### Standard Specific Findings

<b>Y-G-01 Chronic Disease Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible physician establishes and annually approves clinical protocols consistent with <i>national clinical practice guidelines</i> . These clinical protocols for the management of chronic diseases include, but are not limited to, the following:			
a. Asthma	X		
b. Attention-deficit/hyperactivity disorder	X		
c. Diabetes	X		

d. HIV	X		
e. Hypertension	X		
f. Seizure disorder	X		
g. Sickle cell disease	X		
h. Major mental illness	X		
i. Tuberculosis disease or infection	X		
2. Documentation in the health record confirms that clinicians are following chronic disease protocols by:			
a. Determining the frequency of follow-up for medical evaluation based on disease control	X		
b. Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome	X		
c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)	X		
d. Writing appropriate instructions for diet, exercise, adaptation to the correctional environment, and medication	X		
e. Clinically justifying any deviation from the protocol	X		
3. The responsible physician implements a system to ensure continuity of medications for chronic diseases.	X		
4. Chronic illnesses are listed on the master problem list.	X		
5. The facility maintains a list of chronic care patients.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-G-02 Patients with Special Health Needs (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Individualized treatment plans are developed by a physician or other qualified clinician at the time the condition is identified and updated when warranted.	X		
2. A treatment plan includes, at a minimum:			
a. The frequency of follow-up for medical and mental health evaluation and adjustment of treatment modality	X		
b. The type and frequency of diagnostic testing and therapeutic regimens	X		
c. When appropriate, instructions about diet, exercise, adaptation to the correctional environment, and medication	X		
3. Special needs are listed on the master problem list.	X		
4. The facility maintains a list of special needs patients.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-G-03 Infirmary Care (E).</b>			
<b>X NOT APPLICABLE</b> Patients in need of infirmary-level care transferred off-site to an appropriate facility.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Policy defines the scope of medical, psychiatric, and nursing care provided in the infirmary setting.	N/A		
2. Patients are always within sight or hearing of a qualified health care professional.	N/A		
3. The number of sufficient and appropriate qualified health care professionals in the infirmary is determined based on the number of patients, the severity of their illnesses, and the level of care required for each.	N/A		

4. A supervising registered nurse is on-site at least once every 24 hours.	N/A		
5. A manual of nursing care procedures is consistent with the state's nurse practice act and licensing requirements.	N/A		
6. Admission to and from infirmary care occur only on the order of a physician (or other clinician where permitted by virtue of his or her credentials and scope of practice).	N/A		
7. The frequency of physician and nursing rounds in the infirmary is specified based on the categories of care provided.	N/A		
8. A complete inpatient health record is kept for each patient and includes:			
a. Admitting order that includes the admitting diagnosis, medication, diet, activity restrictions, diagnostic tests required, and the frequency of vital sign monitoring and other follow-up	N/A		
b. Complete documentation of the care and treatment given	N/A		
c. The medication administration record	N/A		
d. A discharge plan and discharge notes	N/A		
9. If the inpatient record is retained separately from the outpatient record, a copy of the discharge summary from infirmary care is placed in the patient's outpatient chart.	N/A		
10. All aspects of the standard are addressed by written policy and defined procedures.	N/A		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-G-04 Basic Mental Health Services (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Treatment services minimally include on- or off-site crisis intervention including short-term individual and/or group therapy, as needed, and psychotropic medication management.	X		
2. Mental health, medical, and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of these conditions on each other is adequately addressed.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-G-05 Suicide Prevention Program (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A suicide prevention program includes the following:			
a. Facility staff identify suicidal juveniles and immediately initiate precautions	X		
b. Suicidal juveniles are evaluated promptly by the designated health professional, who directs the intervention and ensures follow-up as needed	X		
c. <i>Acutely suicidal</i> juveniles are placed on constant observation	X		
d. <i>Non-acutely suicidal</i> juveniles are monitored on an unpredictable schedule with no more than 15 minutes between two checks. If, however, the non-acutely suicidal juvenile is placed in isolation, constant monitoring and observation is required.	X		
2. Key components of a suicide prevention program include the following:			
a. Training	X		
b. Identification	X		

c. Referral	X		
d. Evaluation	X		
e. Treatment	X		
f. Housing and monitoring	X		
g. Communication	X		
h. Intervention	X		
i. Notification	X		
j. Review	X		
k. Debriefing	X		
3. The use of other juveniles in any way (e.g., companions, suicide-prevention aides) is not a substitute for staff supervision.	X		
4. Treatment plans addressing suicidal ideation and its reoccurrence are developed, and patient follow-up occurs as clinically indicated.	X		
5. The responsible health authority approved the suicide prevention plan; training curriculum for staff, including intake screening for suicide potential and referral protocols; and training for staff conducting the suicide screening at intake.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-G-06 Patients with Alcohol and Other Drug Problems (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. There are written clinical guidelines for the management of AOD patients.	X		
2. Disorders associated with AOD (e.g., HIV, liver disease) are recognized and treated.	X		

3. Child care staff are trained in recognizing intoxication problems in juveniles and discussing AOD problems with them.	X		
4. There is evidence of communication and coordination between medical, mental health, and substance abuse staff regarding AOD care.	X		
5. There is on-site individual counseling, group therapy, or self-help groups.	X		
6. Didactic approaches to drug education are available.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:

None

Corrective action:

None

#### Y-G-07 Intoxication and Withdrawal (E).

	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Established protocols are followed for the assessment, monitoring, and management of individuals manifesting symptoms of intoxication or withdrawal.	X		
2. The protocols for intoxication and detoxification are approved by the responsible physician, are current, and are consistent with nationally accepted treatment guidelines.	X		
3. Individuals being monitored are housed in a safe location that allows for effective monitoring.	X		
4. Juveniles experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.	X		
5. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments at appropriate intervals until symptoms have resolved.	X		
6. Detoxification is done only under physician supervision.	X		

7. If a pregnant juvenile is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician is contacted so that the opioid dependence can be assessed and appropriately treated. Pregnant females who are opiate dependent must not undergo opioid withdrawal or detoxification.	X		
8. A policy addresses the management of juveniles, including pregnant juveniles, on methadone or similar substances. Juveniles entering the facility on such substances have their therapy continued, or a plan for appropriate treatment of the methadone withdrawal syndrome is initiated.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-G-08 Contraception and Family Planning Services (I).</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> The facility houses males only.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Emergency contraception is available.	X		
2. Females who are on a method of contraception in the community, either for birth control or medical indications, are able to continue that method after receiving screening.	X		
3. The facility offers methods for initiating contraception while in custody, including for medical conditions.	X		
4. Female juveniles are provided with counseling on reproductive life goals, and written information about contraception methods and community resources is available.	X		
5. Counseling and social services regarding all aspects of sexuality should be available in the facility or by referral to appropriate community agencies for both male and females.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			



<b>Y-G-09 Counseling and Care of the Pregnant and Postpartum Juvenile (E).</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> The facility houses males only.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Counseling and assistance are provided in accordance with the pregnant juvenile's expressed desires regarding her pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion.	X		
2. Prenatal care includes:			
a. Medical examinations by a clinician qualified to provide prenatal care	X		
b. Appropriate prenatal laboratory and diagnostic tests (including offering HIV testing and treatment when indicated) in accordance with national guidelines for prenatal care.	X		
c. Advice on appropriate levels of activity, safety precautions, appropriate diet and nutrition, and alcohol and drug avoidance	X		
3. Restraints are not used during labor and delivery.	X		
4. There is documentation of appropriate postpartum care.	X		
5. A list is kept of all pregnancies and their outcomes.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-G-10 Aids to Reduce Effects of Impairment (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health records confirm that patients receive prescribed aids to impairment.	X		
2. Where use of specific aids to impairment are contraindicated for security concerns, alternatives are considered so the health needs of the juvenile are met.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
Corrective action:
None

<b>Y-G-11 Care for the Terminally Ill (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Medical treatment and care are provided according to current community standards. Adequate and appropriate pain management is provided and documented in the health record.	X		
2. In keeping with the requirements of the jurisdiction regarding end-of-life decisions for juvenile patients:			
a. Evidence exists, through documentation in the health record, that the patient's guardian has been given sufficient and relevant information to make informed decisions, including specialty and second-opinion consultations, and that the patient is involved in the process as appropriate for his or her age and maturity.	X		
b. When the facility is not equipped to provide needed services, the patient is transferred to another facility, hospital, or hospice that is able to meet his or her health needs.	X		
3. Qualified health care professionals initiate or facilitate the early release of terminally ill juveniles in a timely manner consistent with the laws of the jurisdiction.	X		
4. There is documentation of appropriate palliative therapies for terminally ill juveniles.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

## H. HEALTH RECORDS

The complexities of good documentation of health services in the medical record are addressed in this section. The legal requirements for health record contents is included in this section, as well as the special considerations necessary due to the ages and status of the patients within a correctional juvenile setting. There must be adequate means for sharing critical health information on an ongoing basis among the various providers where medical and mental health records are kept separately.

### Standard Specific Findings

<b>Y-H-01 Health Record Format and Contents (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. At a minimum, the health record contains the following elements:			
a. Identifying information (e.g., juvenile name, identification number, date of birth, sex)	X		
b. A problem list containing medical and mental health diagnosis and treatments as well as known allergies	X		
c. Receiving screening and health assessment forms	X		
d. Progress notes of all significant finding, diagnoses, treatments, and dispositions	X		
e. Clinician orders for prescribed medication and medication administration records	X		
f. Reports of laboratory, X-ray, and diagnostic studies	X		
g. Flow sheets	X		
h. Consent and refusal forms	X		
i. Release of information forms	X		
j. Results of specialty consultations or off-site referrals	X		
k. Discharge summaries of hospitalizations and other inpatient stays	X		
l. Special needs treatment plan, if applicable	X		

m. Immunization records, if applicable	X		
n. Place (location where care was provided in the facility), date, time of each clinical encounter	X		
o. Legible signature and title of each documenter	X		
2. If electronic records are used, procedures address integration of health information in electronic and paper forms.	X		
3. Where mental health or dental records are separate from medical records, a process ensures that pertinent information is shared. At a minimum, a listing of current problems and medications is common to all medical, dental, and mental health records of a juvenile.	X		
4. Health records stored in the facility are maintained under secure conditions separate from correctional records.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-H-02 Confidentiality of Health Records and Information (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health records stored in the facility are maintained under secure conditions separate from correctional records.	X		
2. Access to health records and health information is controlled by the responsible health authority (RHA).	X		
3. Evidence exists that health staff receive instruction in maintaining confidentiality.	X		
4. If records are transported by non-health staff, the records are sealed.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
Corrective action:
None

<b>Y-H-03 Management of Health Records (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Evidence exists that the health record is available and used.	X		
2. When a juvenile is transferred to another correctional facility:			
a. A copy of the current health record or a comprehensive health summary accompanies the juvenile	X		
b. For juveniles who need medical and mental health care immediately upon arrival, the record should be flagged in a manner that allows the receiving facility to recognize the need for immediate follow-up	X		
c. The transfer and sharing of health records complies with state and federal law.	X		
3. The jurisdiction's legal requirements regarding records retention are followed.	X		
4. There is a system for the timely reactivation of records when requested by a treating health professional.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-H-04 Access to Custody Information (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A written policy and defined procedures specify which health staff have access to custody records, including guardian information, and under what circumstances.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

### I. MEDICAL-LEGAL ISSUES

These are among the most complex issues facing correctional health care providers. While the rights of the juvenile as a patient are generally the same as rights of a juvenile-patient in the free world, the correctional setting often adds additional considerations to be included in the decision-making process about patient care. Rights of the patient and the duty to protect the patient and others may present conflicting priorities; however, ethical guidelines, professional practice standards, and NCCHC standards are the determining factors regarding these interventions and issues.

#### Standard Specific Findings

<b>Y-I-01 Restraint and Seclusion (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Juveniles are not restrained in a manner that would jeopardize their health.	X		
2. With regard to clinically orders restraint and seclusion (including time-out):			
a. Policies and procedures specify:			
i. The types of restraints or conditions of seclusion that may be used	NA		
ii. When, where, how, and for how long restraints or seclusion may be used	NA		
iii. How proper peripheral circulation is maintained (when restraints are used)	NA		
iv. That proper nutrition, hydration, and toileting are provided	NA		

b. The least restrictive, appropriate treatment is used.	NA		
c. In each case, use of restraint is authorized by a physician or other qualified health care professional where permitted by law.	NA		
d. Patients placed in clinically ordered restraints should be continuously monitored by health care or child care staff. Youth in seclusion should be monitored irregularly not more than 15 minutes apart. Such checks are documented.	NA		
e. The treatment plan provides for removing patients from restraints or seclusion as soon as possible.	NA		
f. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.	NA		
3. With regard to custody-ordered restraints:			
a. When restraints are used by child care staff for security reasons, a qualified health care professional is notified immediately in order to:			
i. Review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate child care staff and the responsible health authority (RHA). If health staff are not on duty, the health staff member on call is notified.	X		
ii. Initiate health monitoring, which continues at designated intervals as long as the juvenile is restrained. If the health of the juvenile is at risk, this is immediately communicated to appropriate child care staff and the RHA.	X		
iii. If health staff are not on duty when custody-ordered restraints are initiated, it is expected that health staff review the health record and initiate monitoring upon arrival	X		
b. If the restrained juvenile has a medical or mental health condition, the physician is notified immediately so that appropriate orders can be given.	X		

c. When health staff note improper use of restraints that is jeopardizing the health of the juvenile, they communicate their concerns as soon as possible to appropriate child care staff and the RHA.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-I-02 Emergency Psychotropic Medication (E).</b>			
<b>X Not Applicable</b>	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The policies on emergency psychotropic medication:			
a. Require licensed clinician's authorization before use	N/A		
b. Specify when, where, and how the psychotropic medication may be used in an emergency	N/A		
2. When a licensed clinician orders emergency psychotropic medication, he or she documents in the juvenile's record:			
c. The juvenile's condition	N/A		
d. The threat posed	N/A		
e. The reason for ordering the emergency medication	N/A		
f. Other treatment modalities attempted, if any	N/A		
g. Treatment plan goals for less restrictive treatment alternatives as soon as possible	N/A		
3. When medication is used for an emergency, there is appropriate follow-up care.	N/A		
4. Follow-up documentation is made by nursing staff within the first hour of administration and again within 24 hours of administration. Any interim vital signs and clinical findings must be documented and clinically evaluated as necessary.	N/A		
5. All aspects of the standard are addressed by written policy and defined procedures.	N/A		



Comments:
None
Corrective action:
None

<b>Y-I-03 Forensic Information (I).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Health and mental health staff are not involved in the collection or reporting of forensic information (e.g., DNA testing, competency to stand trial, criminal responsibility, fitness for release).	X		
2. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
Corrective action:			
None			

<b>Y-I-04 Informed Consent and Right to Refuse (I).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The policy and procedures specify circumstances under which risks and benefits of an intervention are explained to the patient.	X		
2. The informed consent of next of kin, guardian, or legal custodian applies when required by law.	X		
3. For invasive procedures or any treatment where there is risk and benefit to the patient, informed consent is documented on a written form containing the signatures of the patient legal guardian is required, and health staff witness.	X		
4. Any health evaluation and treatment refusal is documented and must include the following:			
a. Description of the nature of the service being refused	X		
b. Evidence that the juvenile has been made aware of any adverse consequences to health that may occur as a result of the refusal	X		
c. The signature of the patient	X		

d. The signature of a health staff witness	X		
5. There is evidence of involvement of the legal guardian in cases of refusal when required by the laws jurisdiction.	X		
6. In the event the patient does not sign the refusal form, it is to be noted on the form by the health staff witness.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			

<b>Y-I-05 Medical and Other Research (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Any research conducted should meet the standards for design and control, and the juvenile (or legal guardian by jurisdictional law) must have given informed consent.	X		
2. When juveniles who are participants in a community-based research protocol are admitted to the facility, procedures provide for:			
a. Continuation of participation	X		
b. Consultation with community researchers so that withdrawal from the research protocol is done without harming the health of the juvenile	X		
3. All aspects of the standard are addressed by written policy and defined procedures that specify:			
a. The process for obtaining approval to conduct the research	X		
b. The steps to be taken to preserve the participant's rights	X		
<b>Comments:</b>			
None			
<b>Corrective action:</b>			
None			