

U.S. v. Georgia



JI-GA-002-001

Memorandum of Agreement
Between the United States and the State of Georgia
Concerning Georgia Juvenile Justice Facilities

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MEMORANDUM OF AGREEMENT

I. INTRODUCTION

On March 3, 1997, the United States notified Governor Zell Miller and other Georgia officials of its intent to investigate various juvenile facilities in the State of Georgia under the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997a, et seq., and the pattern or practice provision of the Violent Crime Control and Law Enforcement Act, 42 U.S.C. § 14141. By letter dated March 6, 1997, Governor Miller notified the then-Acting Assistant Attorney General for the Civil Rights Division that the State, through its Department of Juvenile Justice ("DJJ"), would fully cooperate with this review.

During its year-long investigation and inspection of facilities, the United States received complete cooperation and access to all requested documents and facilities from DJJ Commissioner Dr. Eugene P. Walker, the staff of DJJ, and the Georgia Attorney General's office.

On February 13, 1998, the United States, through the Acting Assistant Attorney General for the Civil Rights Division, issued a findings letter in which it concluded that certain conditions in Georgia's juvenile justice facilities allegedly violated particular constitutional and federal statutory rights of juveniles.

Immediately upon their receipt of the United States' findings letter, Governor Miller, Commissioner Walker, the

Georgia Attorney General, and their respective staffs expressed their intent to cooperate with the United States in an effort to address the findings contained in the February 13, 1998, letter.

The parties have engaged in good-faith negotiations to reach agreement on this Memorandum of Agreement (hereinafter referred to as the "Agreement"). The parties agree that the provisions of this Agreement are necessary to ensure compliance with federal law, while also preserving the State's legitimate and significant interests in public safety, facility security, and in determining the philosophy by which it shall operate its juvenile justice system within federal constitutional and statutory limitations.

Furthermore, in entering into this Agreement, the parties have given substantial consideration to its impact on public safety and the operation of the juvenile justice system, and believe that this Agreement is narrowly drawn to provide the least intrusive means necessary to address the issues identified in the United States' investigation without adversely affecting the State's significant interest in protecting the safety of the citizens of Georgia through the use of secure juvenile detention facilities.

The United States further agrees that once juveniles are detained in State facilities, the State of Georgia has a right to impose policies and procedures for the protection of the public, the staff of DJJ, and the juveniles within the State's custody. The parties agree that the relief provided in this Agreement extends no further than is necessary to ensure protection of

youths' federal rights, and that so long as the State's policies and procedures are in accordance with federal laws and meet constitutional standards, the State of Georgia has the right to determine the philosophy by which it shall operate its juvenile justice system.

The United States further recognizes that its letter notifying the Governor of the results of its investigation focused, by virtue of statutory requirements, on conditions the United States believed to violate federal law and, therefore, did not fully discuss positive aspects of the State's juvenile justice system or improvements to the quality of the State's juvenile justice programs in recent years. The purpose of this Agreement is to effectuate and continue that progress for the benefit of youths in the DJJ system and the citizens of the State of Georgia.

II. DEFINITIONS

1. "Department" or "DJJ" shall mean the Georgia Department of Juvenile Justice. "Department of Juvenile Justice facility" or "DJJ facility" means any secure juvenile facility operated by, or on behalf of, the Georgia Department of Juvenile Justice, and shall include all Regional Youth Detention Centers ("RYDCs"), 90-day programs (including boot camps), and Youth Development Campuses ("YDCs"),

including those facilities operated by private contractors for the State.

2. "Direct care staff" means staff involved in the daily supervision of youth, and include Juvenile Corrections Officers and their supervisors, security staff, and cottage life supervisors.
3. "Long-term security unit" means any higher security unit with locked cells used for housing youths who exhibit behavior problems for more than 72 hours. This shall include, but not be limited to, the Detention Unit at the Macon YDC, Unit 14 at the Bill E. Ireland YDC, and the "Brig" at the Irwin YDC, and similar units in other facilities.
4. "Major disciplinary infraction" means a violation of a facility rule that imposes a serious risk of: (a) harm to persons; (b) substantial damage to property; or (c) breach of facility security.
5. A "mental health and suicide risk screening" means, at minimum, an interview with a youth and review of available records, in accordance with a DJJ screening instrument and relevant policies, to identify immediate mental health and suicide risks upon admission to a DJJ facility.
6. A "mental health evaluation" means, at minimum, a complete initial psychological or psychiatric evaluation, performed by a psychiatrist or psychologist, and any additional

psychological or psychiatric testing, in accordance with professional standards.

7. A "mental health needs assessment" means, at minimum, an interview and review of available records and other pertinent information by a mental health professional with at least a master's degree in a mental-health related field, designed to identify significant mental health treatment needs to be addressed during a youth's confinement.
8. A "plan of correction" shall mean a plan detailing steps to be taken by a facility to correct deficiencies identified during quality assurance activities, and shall include a timetable for implementation of the corrective measures and a schedule for timely reinspection by the quality assurance auditors to verify that the corrective measures have been implemented and have effectively addressed the deficiencies.
9. "Qualified mental health professional" or "QMHP" means a professional with education, training and experience adequate to perform the duties required in accordance with professional standards. At minimum, a QMHP must have a bachelor's degree in a mental health-related field. When the QMHP is required to provide individual counseling to mentally ill youths, the QMHP shall have at least a master's degree in a mental health-related field and appropriate training and experience in the provision of mental health counseling.

10. A "Quality Assurance Program" shall have, at minimum, the following components:

a. Comprehensive audits by qualified professionals of relevant programs at each DJJ facility to monitor compliance with DJJ policies and the terms of this Agreement. A comprehensive audit shall be conducted at each facility within one year of the implementation of the quality assurance plan, and on a bi-annual basis thereafter. A comprehensive audit shall include, at minimum:

- i. Review of a relevant documents (for example, medical, mental, institutional records; incident, use of force, OC spray, and disciplinary reports; grievances; unit logs, room check records, appointment books; lesson plans, IEPs, test results; behavior management and treatment plans). Records shall be reviewed for both adequacy of documentation and for quality of services.
- ii. Interviews with relevant staff, including not only those staff directly involved in the service being audited, but also other staff who may have relevant information, including administrators.
- iii. Interviews with youths.

- iv. Observation of relevant activities (such as treatment team and IEP meetings, classes, admission screenings, educational testings, physicals, etc.).
 - v. Steps to determine whether there are youths in the facility who should be receiving the relevant service but are not, including random re-evaluations of recent intakes and interviews of line staff who may be aware of youths who should be, but are not, receiving the relevant service.
 - vi. Written findings and the development of plans of correction.
 - vii. Review of the adequacy of each facility's internal quality assurance activities when relevant.
- b. Regular unannounced site-visits, in addition to comprehensive audits, to monitor compliance with DJJ policies and the terms of this Agreement, and to conduct other quality assurance activities.
 - c. Monitoring and review of serious incidents relevant to the area of care supervised by the quality assurance program, in accordance with written guidelines that determine when such review is triggered. Such review shall involve debriefings with relevant staff to determine

whether policies, practices or training should be modified to minimize the risk of such events in the future.

- d. System-wide and facility-based collection and analysis of relevant data to measure compliance with DJJ policies and the terms of this Agreement.
- e. Quarterly reports summarizing quality assurance activities, findings and recommendations.

III. GENERAL PROVISIONS

- 11. This Agreement shall apply to the administration of all DJJ facilities.
- 12. The State shall be responsible for assuring the fulfillment of all responsibilities and obligations imposed by this Agreement upon State employees, contractors, departments or other sub-units of the State government, including provision of adequate resources for the fulfillment of these responsibilities and obligations.

IV. EDUCATIONAL SERVICES

- 13. The State shall provide all youths confined in the DJJ facilities with adequate general, vocational and special education in compliance with the Fourteenth Amendment of the United States Constitution, the Individuals with Disabilities Education Act ("IDEA"), 20 U.S.C. §§ 1400 et

seq, and regulations promulgated thereunder, Section 504, 29 U.S.C. § 794, and regulations promulgated thereunder, Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. §§ 12131-12134, and regulations promulgated thereunder, Georgia state law, and this Agreement.

A. General and Vocational Education

14. The Department shall recruit and hire, from outside the Department, a Director of Education, who shall be highly qualified for the position. The Director shall begin employment on or before August 1, 1998. The Department shall provide the Director of Education with sufficient staff and resources to perform the tasks required by this Agreement, including:
 - a. Oversight of the educational programming in all DJJ facilities, including development and implementation of policies and training programs.
 - b. Monitoring whether educational staffing and resources are sufficient to provide adequate education to all DJJ youths and to ensure compliance with this Agreement;
 - c. Development and implementation of a quality assurance program for educational services.
15. The Director of Education shall, in consultation with the State Department of Education, develop and implement a curriculum for instruction in DJJ facilities that meets the requirements of Georgia law for public schools and the rules

and regulations of the State Board of Education for the provision of regular, special and vocational education services.

16. The Department shall not be eligible for waivers of any State Board of Education requirements if the waiver would result in a reduction in the amount or quality of educational services required of other public schools.
17. The Department shall offer preparation for testing and testing that leads to the attainment of a General Educational Development certificate to qualified students in YDCs and all other qualified youths who have been confined in DJJ facilities for at least 6 months. If a youth is released before completion of the testing, the Department shall ensure that he or she is provided with appropriate information on how to complete the examination process.
18. Within 72 hours of admission to a DJJ facility, each youth shall receive adequate educational testing to determine educational level for class assignment and the possibility of eligibility for special education services. All youths shall be enrolled in educational programming within 72 hours of admission, even if educational testing or special education evaluation has not been completed.
19. To the extent possible, students shall be assigned to classes according to educational criteria.
20. The Department shall maintain daily school attendance records. The Department shall devise appropriate criteria

for the exclusion of students from school and maintain a document that lists the number and names of all students who were excluded from school. The Department shall also record the name of the youth excluded, the name of the person who authorized his or her exclusion, the reason for his or her exclusion, and the duration of the exclusion.

21. The Director of Education shall develop and implement policies for the provision of a reasonable level of educational services to youths who are (a) in disciplinary isolation or (b) otherwise unable to attend school for a significant period of time.
22. The Department shall provide adequate classroom space, administrative space, instructional and reading materials, and supplies so that the Department shall be able to implement the provisions of this Agreement.
23. In accordance with state law, the Department shall provide an appropriate curriculum such that all youths will be eligible to receive academic credit and educational advancement for their educational achievements at a DJJ facility according to standards equivalent to those used by the public schools. The Department shall provide appropriate records to the local schools to facilitate transfer of such credits according to the general practice of public schools in Georgia. The Department shall undertake efforts to encourage schools to recognize course work completed in the DJJ educational system.

24. The Department shall provide all youths with adequate information regarding the procedures to be followed in order to return to the youth's home, or another, school. The Department shall provide a youth's school records to the superintendent of the school system to which the youth returns, and will make such records available to any other school upon request.

B. Special Education

25. The Director of Education shall develop and implement policies and procedures, consistent with federal regulations, to identify students who are receiving special education services in their home schools, or who may be eligible to receive special education services but have not been so identified in the past. The procedures shall include:

- a. Guidelines for interviewing students to determine past receipt of special education services.
- b. Protocols, developed in conjunction with local school districts and the State Department of Education, for expedited reporting of special education status of students entering a DJJ facility.
- c. Procedures identifying criteria under which staff or teachers must refer a student for evaluation for special education eligibility, including identifying criteria under which youths whose behavior has led to

repeated exclusion from class must be referred for evaluation.

- d. Policies describing the required activities of Student Support Team pre-referral and support team functions.
 - e. Policies describing the requirements for comprehensive evaluation procedures to determine eligibility for special education services.
 - f. Policies describing the criteria for multidisciplinary team decision-making regarding eligibility for special education.
26. The Department shall ensure that qualified professionals participate in the process for determining special education eligibility, as required by federal regulations.
27. If a youth is discharged from any DJJ facility before the educational evaluation required in ¶ 25(e)-(f), is complete, the Department shall forward to the superintendent of the youth's receiving school district all information regarding screening and evaluations completed to date, noting what evaluations are yet to be performed.
28. The Department shall substantially implement pre-existing valid Individual Education Plans ("IEPs") and, when no such IEP is in existence, shall hold team meetings to develop an IEP for qualified special education students in accordance with federal regulations.

29. In developing or modifying an IEP, the Department shall assure that the IEP reflects the individualized educational needs of the student.
30. When the nature or severity of a student's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily, the Department shall provide an appropriate alternate educational setting.
31. Each IEP developed or modified at a DJJ facility shall include documentation of the team's consideration of the youth's need for related services and transition planning. The Department shall employ or contract with appropriate professionals to ensure the timely availability of related services to youths in all DJJ facilities.
32. The Director of Education shall develop and implement a system to promote parent, guardian, and surrogate parents' involvement in IEP development and placement meetings. This shall include, at minimum, holding such meetings through telecommunications technology or during times reasonably calculated to accommodate the schedules of parents and guardians. The Department shall post notices in each facility stating the rights of students, parents, or guardians regarding education services, including special education services.

C. Staffing

33. The Director of Education shall develop and implement an education staffing plan to ensure adequate staff to comply with the terms of this Agreement, and in accordance with Appendix B. This plan shall provide, at minimum:
- a. Sufficient numbers of certified general education and certified special education teachers and staff, including substitute teachers and staff, to provide all youths with the opportunity to attend school full-time (except as provided in ¶ 21) and to obtain adequate educational services, and to provide teachers with sufficient time to plan lessons and grade assignments, participate in special education meetings, and where applicable, undertake administrative tasks.
 - b. Sufficient psychologist services to provide psychologist participation in the development of IEPs, administration of psycho-educational assessments, consultation with teachers and staff, and individual counseling related specifically to issues in youths' IEPs and educational plans.
 - c. Sufficient numbers of other counseling staff in all DJJ facilities to adequately complement the counseling services provided by the school psychologist.
 - d. An individual at each facility who shall be responsible for ensuring compliance with all provisions in this Agreement related to educational services.

D. Staff Training

34. The Director of Education shall design and implement annual in-service training requirements for education staff, of not less than four days per year, to enhance their ability to implement their duties under the provisions of this Agreement. This shall include, but not be limited to, training regarding the identification of students who may need special education and/or related services.

E. Educational Quality Assurance

35. The Director of Education shall be charged with quality assurance of all educational services at all of the juvenile facilities. The Director of Education shall develop and implement a written quality assurance program. This program shall include a system of on-going review by the Director's office of at least a representative sample of IEPs developed or modified in DJJ facilities to monitor quality and assure compliance with the requirements of DJJ policy and the IDEA.

V. MENTAL HEALTH CARE

36. The Department shall ensure that adequate mental health care and treatment services are provided to youths in all DJJ facilities.
37. The Department shall recruit and hire, from outside the Department, a Director of Mental Health, who shall be highly

qualified for the position. The Director shall begin employment on or before August 1, 1998. The Department shall provide the Director of Mental Health with sufficient staff and resources to perform the tasks required by this Agreement, including:

- a. Oversight of the mental health care and treatment services in all DJJ facilities. This shall include development and implementation of:
 - i. Policies and training programs.
 - ii. Programs and services required to meet the mental health needs of youths, which may include programs relating to drug and alcohol abuse, histories of sexual or physical abuse, and sexual offenders.
- b. Monitoring whether mental health staffing and resources are sufficient to provide adequate mental health care and treatment services to all DJJ youths and to ensure compliance with this Agreement.
- c. Development and implementation of a quality assurance program for mental health care.

A. Intake Screening and Assessment

38. The Mental Health Director shall develop and implement a mental health and suicide risk screening instrument for use in all DJJ facilities. The Director shall also develop and implement a training program for staff who will administer the screenings.

39. In accordance with the policies and screening instruments developed by the Director of Mental Health, a qualified mental health professional shall conduct an intake screening for each youth as soon as practicable upon admission to any DJJ facility. When no such professional is on site to conduct the screening, it shall be conducted by another staff member who has received specific training in conducting such assessments. The staff member shall as soon as is practicable then contact the mental health professional and confer.
40. In accordance with policies developed by the Director of Mental Health, each youth admitted to a YDC shall receive a timely mental health needs assessment. The mental health professionals who administer the assessment shall receive specific training in conducting such assessments.
41. A psychologist must review and sign the mental health needs assessment. Pursuant to protocols issued by the Director of Mental Health, the psychologist shall make appropriate referrals for further evaluation or treatment, or take other appropriate steps.
42. The Director of Mental Health shall issue protocols to assure appropriate action when an intake screening indicates that a youth is taking, or prior to admission may have been prescribed, psychotropic medications. This shall include appropriate steps to contact the prescribing psychiatrist

when necessary and referral to the facility's psychiatrist for evaluation.

B. Evaluation

43. The Director of Mental Health shall develop and implement protocols for referral of youths for mental health evaluations based on the results of the mental health and suicide risk screening or the mental health needs assessment, other referrals from staff, or the conduct of the youth during the course of confinement in a DJJ facility. These protocols shall require referrals, at minimum, when:
 - a. A youth's mental health poses a risk of physical harm to himself or others or the youth has been diagnosed as mentally ill.
 - b. The youth exhibits mental health problems but does not have a current mental health diagnosis from a psychologist or psychiatrist.
 - c. The youth is determined to be taking psychotropic medications, or has taken them in the recent past;
 - d. The youth requires a change of medication prescribed as a result of any mental health condition.
44. If a need for mental health treatment is indicated, the youth shall receive adequate treatment, which shall include:
 - a. In a YDC, treatment in accordance with a treatment plan developed for the youth, as described in ¶¶ 47-54.

b. In an RYDC, the psychologist or psychiatrist must document findings and a plan of treatment that takes into account the extent of the youth's mental health needs and the likely length of the youth's stay in the facility. This plan may include treatment team planning and must include appropriate periodic monitoring of any psychotropic medications.

C. Placement

45. The Department shall identify youth whose severe mental illness requires treatment that cannot be provided adequately in an RYDC, YDC or short-term program. Such youths shall be identified through a needs assessment upon or prior to admission to a YDC (pursuant to criteria developed by the Director of Mental Health) or by a determination by a treating psychologist or psychiatrist at any DJJ facility at any time. Once a youth has been designated as in need of an alternative placement, the Department shall as soon as is practicable provide for placement in a forensic psychiatric facility or other setting consistent with the youth's mental health needs.
46. The Director of Mental Health shall develop and implement a plan to provide an adequate number of appropriate alternate placements, which may include forensic units or cottages at existing facilities, special forensic facilities, and/or placements in private facilities or a psychiatric hospital.

The plan shall provide for at least 100 mental health slots for appropriate alternative mental health placements by fiscal year 2001. The Director shall monitor the utilization of such placements and the number of referrals to assure the maintenance of an adequate number of alternative placement options.

D. Treatment

47. Each youth receiving psychotropic medication or otherwise in need of mental health treatment in a YDC shall have a treatment plan in accordance with professional standards and practice. The treatment plan shall be developed by a treatment team pursuant to policies developed by the Director of Mental Health, which shall include identification of the required members of the treatment team.
48. The Director of Mental Health shall develop and implement protocols for the required content of treatment plans, which shall include, at a minimum:
 - a. That the treatment plan be individualized;
 - b. An identification of the psychiatric or psychological issues to be addressed;
 - c. A description of any medication or medical course of action to be pursued, including the initiation of psychotropic medication;

- d. A description of planned activities to monitor the efficacy of any medication or the possibility of any side effects;
 - e. A description of any behavioral management plan or strategies to be undertaken;
 - f. A description of the counseling or psychotherapy to be provided;
 - g. A determination of whether the type or level of treatment needed can be provided in the youth's current placement;
 - h. A determination of whether family counseling is required as a part of the youth's treatment;
 - i. A plan for monitoring the course of treatment; and,
 - j. A transition plan for when the youth leaves the care of DJJ, which shall include providing the youth and his or her parents or guardian with information regarding mental health resources available in the youth's home community; making referrals to such services when appropriate; and providing assistance in making initial appointments with service providers. However, nothing in this Agreement shall make the Department responsible for providing mental health services to youths no longer in the custody of the Department.
49. The Department shall ensure cooperation by all facility staff in implementing all treatment plans. Each facility shall take necessary steps to ensure that all relevant staff

are aware of, and implement, their responsibilities under the treatment plan. The Department shall take reasonable steps to implement the plan including, for example, reasonable steps to enable family participation in family counseling when indicated by the treatment plan.

50. All mental health treatment shall be documented in accordance with professional standards in a youth's medical record.
51. Prior to initiating a prescription for psychotropic medications, a psychiatrist shall give and document a complete psychiatric examination, including an initial psychiatric exam, mental status exam, differential diagnosis, review of the youth's medical chart, a DSM-IV five-axis diagnosis, and clinical recommendations.
52. The Director of Mental Health shall issue and implement protocols to require that youths prescribed psychotropic medications at DJJ facilities be given information regarding the risks and potential side effects of the medication. The protocol shall also direct when such information should also be provided to the youth's parents or guardians. Compliance with this requirement shall be documented in the youth's chart.
53. The Director of Mental Health shall issue and implement protocols to assure that each youth receiving psychotropic medication shall be seen by the treating psychiatrist for

periodic reassessment and monitoring in accordance with professional standards.

54. The Director of Mental Health shall issue and implement protocols for the administration of appropriate tests (including, for example, blood tests, EKGs, and Abnormal Involuntary Movement Scale tests), to monitor the efficacy and side effects of psychotropic medications in accordance with professional standards.

E. Suicide Prevention

55. The Director of Mental Health shall issue and implement uniform regulations for the detection of and appropriate response to suicide risks in all DJJ facilities, which shall provide:
 - a. That youths generally shall not be isolated in response to suicide risk or significant or substantial suicidal threats or gestures;
 - b. That suicidal youth shall be immediately referred to an appropriate mental health professional for evaluation.
 - c. That as soon as practicable, any youth determined to be at continued risk for suicide shall have a written, individualized suicide prevention plan developed by a qualified mental health professional and implemented by the facility.

F. Staffing

56. The Director of Mental Health shall develop and implement a staffing plan to ensure adequate mental health staff to comply with the terms of this Agreement, and in accordance with Appendix B. The plan shall identify the numbers and qualifications of staff needed and shall provide, at minimum, that:

- a. Each youth in need of psychiatric services, including monitoring of the use of psychotropic medications, shall be under the care of a licensed psychiatrist. Where available, the psychiatrist shall be a board-certified in child and adolescent psychiatry. When no board-certified child and adolescent psychiatrist is available, the Director of Mental Health shall ensure the psychiatrist receives periodic training related to child and adolescent psychiatry and shall arrange for a board-certified child and adolescent psychiatrist to provide consultation. The Department shall employ or contract for sufficient psychiatric services to permit a psychiatrist to fulfill the following functions:
 - i. Conduct needed psychiatric evaluations prior to placing a youth on psychotropic medications.
 - ii. Monitor, at least monthly, the efficacy and side effects of psychotropic medications, including consultation with facility medical, counseling and line staff when appropriate.

- iii. Participate in treatment teams in conjunction with facility staff.
 - iv. Provide individual counseling and psychotherapy when needed, in coordination with facility psychologists.
 - v. Evaluate and treat in a timely manner all youths referred as possibly in need of psychiatric services, including emergency evaluation of youths believed to be at potential risk for suicide or self-harm.
 - vi. Provide adequate documentation of treatment in the facility medical records.
- b. In each YDC, there shall be at least one full-time qualified mental health professional who shall function as the treatment coordinator for the youths in that facility.
 - c. In each RYDC there shall be a qualified mental health professional who shall who shall function as the treatment coordinator for the youths in that facility and who shall conduct mental health and suicide risk screenings.
 - d. In each YDC and RYDC, there shall be sufficient numbers of qualified mental health professionals to perform the following functions:

- i. Conduct mental health and suicide risk screening (or review of screening) for all new intakes upon admission.
- ii. Perform evaluation of youths believed to be in psychological distress or at risk for suicide or self-harm, and referral for treatment team meetings, psychiatric consultation or hospitalization as appropriate.
- iii. Participate in treatment planning when required to do so by the policies promulgated by the Director of Mental Health in ¶ 47.
- iv. Implement the mental health services required in this Agreement.
- v. Review every incident report involving youths identified as having mental health problems.

G. Staff Training

57. The Director of Mental Health shall design and implement pre-service and annual continuing education requirements for mental health staff appropriate to the staff member's responsibilities.
58. All direct care staff at DJJ facilities shall receive pre-service and annual refresher training in suicide prevention, side effects of psychotropic medications, and methods for managing the behavior of youths with mental health problems.

H. Quality Assurance

59. The Director of Mental Health shall create and implement a written quality assurance program which shall include, at minimum, activities to monitor the involvement of mentally ill youth in major disciplinary infractions and use of force incidents.
60. The Director of Mental Health shall also create policies for quality assurance activities within each DJJ facility, including review of both documentation and quality of treatment.

VI. MEDICAL CARE

61. The Department shall ensure that adequate medical care is provided to youths in all DJJ facilities.
62. The Department shall continue to employ a Medical Director. The Department shall provide the Director with sufficient staff and resources to perform the tasks required by this Agreement, including:
 - a. Oversight of medical care in all DJJ facilities, including monitoring the performance of private medical contractors and the development and implementation of policies and training programs.
 - b. Monitoring whether medical staffing and resources are sufficient to provide adequate medical health care and

treatment services to all DJJ youths and to ensure compliance with this Agreement.

- c. Development and implementation of a quality assurance program for medical care.

A. Admissions Screenings and Physicals

- 63. The Medical Director shall develop and implement policies and procedures to ensure that youths in DJJ facilities are provided timely, uniform and adequate physicals, including a uniform set of screening and laboratory tests, and shall ensure that test results are available to health care personnel in a timely manner to permit adequate treatment of residents.

B. Sick Call

- 64. The Department shall provide all youths with reasonable access to physicians for medical care through a reasonable sick call system. The Medical Director shall create and implement policies setting forth the requirements of facility sick call systems.

C. Treatment

- 65. The Department shall provide adequate medical care to all youths in its facilities, including:
 - a. Adequate dental care services, including treatment necessary to prevent loss of teeth and ameliorate pain

and, for youths committed to YDCs, cleaning and restorative services according to professional standards;

b. Timely access to appropriate medical specialists and hospitalization when indicated; and

c. Twenty-four-hour infirmary services at each YDC.

66. DJJ administrators other than the Medical Director shall not overrule medical decisions made by physicians, including medical decisions to refer a youth for specialty consultation or dental services.

67. The Medical Director's office shall review and update, where appropriate, agency health policies to encompass all aspects of the health program in the facilities.

D. Medical Records

68. Every medical encounter, including all sick call encounters, shall be documented in a progress note in the youth's medical record.

69. The Medical Director shall develop and implement a plan to assure that when a youth leaves a DJJ facility, a copy or complete medical summary of the youth's medical records will be transferred upon request to the youth's destination facility or, when appropriate, to the youth or youth's family in the case of release.

E. Staffing

70. The Medical Director shall develop and implement a medical staffing plan to ensure adequate medical staff to comply with the terms of this Agreement, and in accordance with Appendix B. This plan shall provide, at minimum:
- a. At each RYDC, a registered nurse shall be on duty at least 8 hours a day, seven days a week. Each facility shall have round-the-clock medical coverage on at least an on-call basis.
 - b. At each YDC, registered nurses shall be on duty twelve hours a day, seven days a week. During the day shift, there shall be at least two registered nurses on duty.
 - c. At each RYDC, a physician's assistant or nurse practitioner shall be employed one-quarter-time for each 50 youths housed at the facility. These mid-level practitioners shall conduct initial physical examinations, as well as diagnose and treat sick or chronically ill residents.
 - d. In each YDC, one full-time physician's assistant or nurse practitioner shall be employed for every 100 youths residing in the YDC. These mid-level practitioners shall complete initial health evaluations and physicals, supervise the nurses, direct the primary and preventative care for the residents, and manage the health unit to focus on program improvement and staff

development under the direction of the central office Medical Director.

- e. Each DJJ facility shall provide sufficient physician services to permit the physician to adequately see patients referred from sick call, provide required supervision of the care of chronically ill youths, and review the work quality of facility nursing and mid-level professional staff.

F. Staff Training

- 71. The Medical Director shall develop and implement a comprehensive training plan for DJJ medical personnel, which shall include pre-service training requirements, annual in-service training requirements, and such other continuing education deemed appropriate. The training requirements shall cover areas appropriate to the staff's position and function. The topics covered in such training shall include:
 - a. For nursing staff: assessment and management of health problems commonly seen at sick call; the routine follow-up of problems identified in the initial health history, physical examination, and screening tests; and proper implementation of the State Clinical Guidelines.
 - b. For Nurse Practitioners, Physician's Assistants and Physicians: the evaluation and management of significant acute and chronic conditions found among

youths in the facilities; and proper implementation of the State Clinical Guidelines.

- c. For line or other staff who may conduct initial medical screenings: training in the proper administration of the medical screening instrument.

G. Quality Assurance

72. The Medical Director shall create and implement a written quality assurance program.
73. The Medical Director shall also create policies for quality assurance activities within each DJJ facility, including review of both documentation and quality of treatment.

VII. PHYSICAL AND PROGRAMMATIC CAPACITY

74. The Department shall provide adequate direct care staff in every DJJ facility to protect youths from harm; provide adequate security for the facility; safely evacuate the facility in the event of a fire; and to provide a sufficient level of supervision to allow youths reasonable access to medical services, exercise, recreation and adequate time spent in out-of-cell activities.
75. Within a reasonable time, the Department shall provide and maintain adequate living, sleeping, classroom and recreational space for youths in every DJJ facility. This shall include assuring that every youth shall be provided a

bunk in a room with no more than one other youth, except in dormitory settings or in exigent circumstances of limited duration.

A. Staffing and Staff Training

76. The Department shall develop and implement a staffing plan for direct care staff to ensure adequate staff to comply with the terms of this Agreement, and in accordance with Appendix B.
77. The Department shall present a plan to provide for adequate training for all DJJ direct care staff, including pre-service training, annual in-service training, and the equivalent of pre-service training for all current direct care staff who have not previously received the DJJ pre-service training or its substantial equivalent. The United States acknowledges that the DJJ has begun implementing a plan for comprehensive training of juvenile corrections officers that may form the basis of this plan. This plan shall:
 - a. Set forth minimum competency standards for DJJ employment.
 - b. Set forth a time line under which all staff shall meet the training requirements as outlined in the plan.
 - c. Provide for sufficient training resources to assure compliance with the requirements of this Agreement.

- d. Acknowledge that Office of Quality Assurance staff (provided for in ¶ 114) or other DJJ staff may conduct random or unannounced visits to DJJ facilities to ensure that staff are carrying out their duties in accord with the training required by the plan and described in this section of the Agreement.

B. Population and Physical Plant Capacity

78. The United States acknowledges that the State has undertaken a significant expansion of its physical facilities in recent years and has plans for further expansions. Based upon these plans, the State shall submit a plan under this Agreement to reduce crowding in its facilities. At a minimum, this plan shall include:

- a. State-wide uniform detention standards based on a Risk Assessment instrument and protocols that evaluate youth for placement in alternative detention programs based on the individual risk factors of the youth, and development of a continuum of alternatives to RYDC detention.
- b. Commitments to expand the physical capacity of RYDCs and YDCs.

1) Risk Assessment Standards

79. The Department shall create a Risk Assessment instrument for pre-adjudication detention decisions and related policies on

the use of the Risk Assessment instrument. The Risk Assessment policies shall identify youths who may not legally be held in secure detention facilities, youths whose risk factors make use of non-secure detention alternatives appropriate, and youths whose risk factors make secure detention mandatory. The Department shall require that youths appropriate for non-secure placement be so placed when such placements are available and shall forbid placement of youths in secure facilities when such placement is prohibited by the requirements of the Juvenile Justice and Delinquency Prevention Act, 42 U.S.C. § 5601 et seq. and its implementing regulations.

80. The Department shall compile statistics regarding the use of alternative placements, including: the number of youths determined to be appropriate for alternate placements; the number of such youths actually placed in alternate placement settings; and the number placed in RYDCs.
81. To effectuate the Risk Assessment Standards, reduce the harms associated with crowding in the secure detention facilities, and seek to prevent the secure detention of status and certain other offenders, the Department shall create and implement a plan for the development of a continuum of alternatives to detention in RYDCs. At a minimum, this plan shall provide sufficient alternatives in every RYDC catchment area to ensure compliance with the requirements of the Juvenile Justice and Delinquency

Prevention Act, 42 U.S.C. § 5601 et seq. and its implementing regulations, and shall provide for the creation of at least 380 additional alternative placement slots for youth who would otherwise be confined in RYDCs between fiscal year 1999 and fiscal year 2001.

2) Capital Improvement and Expansion

82. The State shall develop and implement a plan for the expansion of its physical facilities. The parties agree that the State's on-going capital improvement project may form the basis of the physical plant expansion plan required by this paragraph. The plan shall set forth specific time tables indicating the extent of the increase in capacity and the number of youth to be housed in each facility. The United States acknowledges that, prior to the initiation of its investigation, the State developed plans to replace and demolish the Fulton County Detention Center. The State commits that it will begin tearing down the building formerly housing the Fulton County Detention Center during fiscal year 1999. Once that is completed, the United States shall consider all matters concerning the Fulton County Detention Center closed and at an end.

VIII. PROTECTION FROM HARM

83. The Department shall provide youths in all DJJ facilities with reasonably safe living conditions and shall protect them from abuse.

A. Classification

84. The Department shall issue and enforce classification criteria regarding room assignments in RYDCs and YDCs. The criteria shall include risk factors based on age, maturity, size, offense history, present offense charge, and any special needs of the youth.

B. Supervision of Youth

85. The Department shall ensure that youths confined in locked rooms during the day or at night, and all youths sleeping in dormitories, are visually checked at least every 30 minutes by line staff. To monitor compliance with this requirement, the Department shall install and maintain in good working order, Morse Watchman or similar devices in all living units and require supervisors to regularly conduct random audits of the records produced by the devices.

C. Use of Force

86. The Department shall ensure that youths are not subject to unreasonable restraints or excessive force in accordance

with DJJ Policy 9.6, attached as Appendix C and hereby incorporated by reference, as clarified as follows:

- a. A Unit or Shift Supervisor shall be responsible for periodic reassessment of the youth to determine whether the youth's behavior can be controlled without the continued use of restraints. The Supervisor shall document such periodic assessments and the reason for continuing the restraint.
87. The Department shall ensure that youths are not subject to unreasonable or excessive application of chemical sprays, in accordance with current DJJ Policy 1019, attached as Appendix D and hereby incorporated by reference.
88. The Department shall develop and implement specific policies and training materials that shall instruct staff of the permissible and preferable responses to common behavior problems, including at minimum:
- a. Youths persistently kicking or banging their cell doors;
 - b. Youths obstructing their toilets and flooding their cells or hallways;
 - c. Youths persistently refusing to refrain from loud or noncompliant behavior.

The Department shall undertake periodic reassessment, in conjunction with the Office of Quality Assurance ("OQA"), provided for in ¶ 114, to determine whether additional policies and training are appropriate to respond to other

common behavior problems identified by OQA or other DJJ staff.

D. Protection from Staff Abuse

89. The Department shall take appropriate steps to ensure that youths in all DJJ facilities are protected against staff abuse.
90. Each youth entering an RYDC or YDC shall be given an orientation which shall include simple directions for reporting abuse and assuring youth of their right to be protected from retaliation for reporting allegations of abuse.
91. The Department shall ensure that every child who reports to a facility infirmary with an injury shall be questioned by a health care staff, outside the hearing of officers or other youths, regarding the cause of the injury. If in the course of the youth's infirmary visit a health care staff suspects abuse, the health care staff shall immediately contact the Office of Quality Assurance and adequately document the matter in the youth's medical record, fill out an incident report, and log the incident.
92. The Director of OQA shall create a system for reporting allegations of abuse, including policies directing how, when and to whom allegations of abuse shall be referred (including policies regarding reporting to the Department of

Family and Children Services, law enforcement officials, other DJJ officials, and facility administrators).

93. Every allegation of abuse shall be reported to OQA. OQA may request a preliminary investigation to be conducted by an appropriate investigator at the facility from which the allegation arose. OQA shall then conduct an independent investigation of the allegation unless the preliminary investigation demonstrates that the allegation is unfounded. This determination shall be based upon training and guidelines issued by the Director of OQA. The Director of OQA shall also issue a policy describing the qualifications and investigative training required of such facility-based investigators and shall make arrangements for the provision of such training.
94. Within the Office of Quality Assurance, the Department shall recruit and hire, from outside the Department, an Assistant Director for Investigations who shall be qualified to conduct and supervise investigations of child abuse in institutional settings. The Department shall hire sufficient numbers of qualified investigators to permit investigations of all allegations of abuse, and shall provide them with appropriate training. The Department shall consult with the Georgia Bureau of Investigations and other professional investigative agencies periodically to maintain the quality of its investigative staff.

95. Abuse investigations shall also be initiated by OQA staff review of grievances, incident reports, use of force reports, and injury reports when it appears that abuse may have occurred but was not reported. Abuse investigations may also be initiated by OQA staff as a result of staff tours of facilities and interviews with youths, parents or staff.
96. The Director of OQA shall issue policies regarding steps that must be immediately taken upon the reporting of an allegation of abuse in order to preserve evidence and protect youths pending an OQA investigation.
97. The Director of OQA shall develop and implement an Investigations Manual and training program for abuse investigations. The training shall include specific instruction by qualified individuals on the conduct of abuse investigations relating to youth, and investigations within a correctional setting, and shall include an annual in-service training requirement.
98. The Investigations Manual shall require, at minimum:
 - a. An interview with the alleged victim and perpetrator.
 - b. Identification and interview of all possible witnesses, including other youth and staff in the building or unit at the time of the incident.
 - c. Examination of the youth and staff member's institutional and personnel records, including any

prior allegations of abuse against the staff person whether substantiated or not.

- d. Examination of any potentially relevant medical records.
 - e. Determination whether any facility staff knew of, but did not report the alleged abuse, or provided false information during the investigation.
99. The OQA shall produce a written report of each investigation. The report shall describe steps taken during the investigation, the information obtained, and the factual conclusions reached by the investigators finding the allegation substantiated, not resolved, or unfounded.
100. Upon receipt of the investigative report, the Commissioner or the Commissioner's designee shall approve or disapprove the report's conclusion that the allegation was substantiated, not resolved or unfounded, or shall order further investigation. Only the Commissioner shall have the authority to disapprove a report's conclusion that the allegation of abuse was substantiated. In such cases, the Commissioner must explain the reason for such a decision in writing.
101. Staff discipline for any substantiated abuse shall be determined by the Commissioner of DJJ or the Commissioner's designee.
102. The OQA shall keep records of all its investigations, and any disciplinary action taken in response to the

investigation, including investigations that do not substantiate abuse.

IX. OTHER GENERAL CORRECTIONAL MATTERS

A. Discipline

103. In all DJJ facilities, the Department shall implement a uniform positive behavior management system which shall provide for positive incentives for good behavior as well as disciplinary measures for misbehavior. The positive behavior management system shall be explained to all youths during an orientation session, which shall also set forth basic facility rules and the possible sanctions for violating those rules. The rules shall be posted conspicuously in facility living units and youths shall have access to written policies upon request.
104. The Department shall adopt a policy for punishments that are permitted in DJJ facilities and shall prohibit the use of any disciplinary measure not included in the policy. The policy shall also designate the maximum permissible extent or duration of the punishment.
105. The use of isolation shall be limited to major disciplinary infractions and shall not exceed 72 continuous hours, absent extraordinary circumstances and authorization from the facility director and notification of the Office of Quality Assurance (provided for in ¶ 114). The Department shall

- assure that each youth placed in isolation for more than 24 hours shall receive daily visits from a counselor or mental health staff, at least one hour of large muscle exercise each day, and such access to educational services as is provided for in the policies promulgated pursuant to ¶ 21.
106. Disciplinary hearings shall be afforded youth pursuant to current DJJ Policy 11.5, attached as Appendix E and hereby incorporated by reference. Isolation may be used as an immediate response to out-of-control behavior until the youth's behavior no longer poses a threat, but shall not be used as punishment unless a youth has first received a due process hearing.
107. Youths assigned to long-term security units shall be provided comparable access to education, exercise, recreation and other out-of-cell activities as other youths, absent compelling justification related to an individual youth's behavior. Youths in such units shall be given concrete behavioral criteria under which they may be released to the general population and shall be reassessed at least weekly to determine whether the youth may, consistent with the State's legitimate security interests, be removed from the security unit.

B. Boot Camp Admissions and Practices

108. The Department shall develop and implement a plan to accommodate youth sentenced to short-term programs, such as

boot camps, who, because of physical disabilities, mental retardation or mental illness, may be harmed by participation in certain activities.

109. The Department shall create guidelines for, and specific training regarding, punishments or "on-the-spot corrections" that will be permitted in boot camp programs.

C. Grievance Procedures

110. The Department shall assure that youths in all DJJ facilities shall have access to a reasonable grievance procedure.
111. Youths shall be able to file grievances directly with facility administrators through confidential means, without mediation through line staff.

D. Miscellaneous Correctional Issues

112. Youths shall be permitted to have reading material in their rooms in addition to a Bible, unless and until that privilege is abused.
113. The Department shall develop and implement uniform policies limiting the amount of time youths may be locked in their rooms during waking hours and on weekends.

X. JUVENILE JUSTICE QUALITY ASSURANCE

114. The Department shall create an Office of Quality Assurance ("OQA") within the Department of Juvenile Justice to consolidate and supplement quality assurance activities already undertaken by the DJJ. The Department shall recruit and hire, from outside the Department, a Director of the Office of Quality Assurance, who shall be highly qualified for the position and shall serve as a Deputy Commissioner. The Director shall begin employment on or before August 1, 1998. The Department shall provide the Director with sufficient staff and resources to perform the tasks required by this Agreement, including:

- a. Monitoring compliance with DJJ policies in all DJJ facilities, with emphasis on policies relating to issues addressed in this Agreement.
- b. Conducting audits and other quality assurance activities as described in ¶ 117.
- c. Reviewing and, where appropriate, investigating allegations of staff abuse.
- d. Assuring the implementation and adequacy of the educational, medical and mental health quality assurance programs required by this Agreement.
- e. Coordinating quality assurance activities performed by various DJJ offices to prevent unnecessary duplication of efforts.

115. To meet the above requirement, the Department shall hire, at minimum, 13 staff members in fiscal year 1999, and an additional 12 in fiscal year 2000.
116. The Director of the Office of Quality Assurance shall work closely with the Commissioner of the DJJ. The Director shall be removable by the Commissioner only with the prior approval of the Board of Juvenile Justice.
117. The Director of OQA shall create and implement a written quality assurance program, as defined in ¶ 10 with the following elaboration and supplementation:
- a. The comprehensive audits required by ¶ 10(a), shall include, at minimum:
 - i. Inspection of institutional, medical and educational records, unit logs, incident reports, use of force reports, major disciplinary report, documentation of room checks by line staff, etc.
 - ii. Interviews with staff, administrators and youths at each facility.
 - iii. Where appropriate, interviews with the parents or other care givers of youth confined in DJJ facilities.
 - iv. Inspection of the physical plant.
 - v. Interviews with juvenile court judges, public defenders and other officials having regular contact with the facility or its residents.

- vi. Determination of compliance with DJJ policies relating to: suicide prevention, staffing levels and youth supervision, use of force, disciplinary practices, positive behavior management programs, grievance procedures, use of chemical and mechanical restraints, fire safety, adequacy of youth recreation and exercise, sanitation, youth access to hygiene items and clothing, the effectiveness of alternatives to detention, youth-on-youth violence, implementation of classification criteria, conditions in security units, adequacy of counseling and rehabilitative services, and the adequacy of all facility documentation.
- vii. A written report recording the findings of the audit.
- b. Additional unannounced, periodic site visits at each facility. OQA staff shall have complete and unfettered access to all DJJ facilities, records, staff and residents. All DJJ staff shall be informed of their obligation to cooperate in all OQA operations.
- c. Investigation of significant incidents (as defined by the Director of OQA), which shall include, at minimum: deaths; serious injuries or hospitalizations; suicides and serious suicide attempts; escapes or other serious breaches of security; and medical emergencies. The

investigation shall result in a written report to the Commissioner of DJJ and shall include findings and recommendations. The Director of OQA shall issue protocols for coordination of such investigations with other law enforcement, administrative disciplinary, or other quality assurance investigations.

- d. Review of all incidents of use of force, chemical sprays, mechanical restraints, and the use of isolation in excess of 24 hours. OQA shall be sent copies of every Use of Force and OC Spray report. The Director of OQA shall establish criteria under which such incidents shall be independently investigated for compliance with DJJ policies. Such criteria shall include, at minimum, review of all incidents of use of force resulting in serious injury or hospitalization, all use of chemical sprays, and all use of restraint chairs.
- e. Policies and procedures for auditing chemical spray canisters and reliably determining whether the canister has been discharged. Facility supervisory staff and OQA auditors shall routinely conduct such audits. If it appears that a canister has been used without required documentation, OQA shall be notified and shall conduct an investigation.
- f. Review of grievances raising significant issues (as defined by the Director of OQA).

- g. Requirements that when, through audits, investigations or other quality assurance activities, the OQA finds substantial non-compliance with the requirements of DJJ policies or this Agreement, a plan of correction shall be developed.

XI. MONITORING AND ENFORCEMENT

A. Role of the OPB Monitor

118. The Governor's Office of Planning and Budget shall contract with an independent contractor who shall be responsible for monitoring of the State's compliance with this Agreement by July 1, 1998. The parties shall jointly select the OPB Monitor. The Monitor may be terminated only for good cause, unrelated to the Monitor's findings or recommendations, and only with prior notice to and the approval of both parties. Neither party, nor any employee or agent of either party, shall have any supervisory authority over the Monitor's activities, reports, findings or recommendations.
119. The OPB Monitor shall have education, training or experience in the field of juvenile justice. The Monitor may also have education, training or experience in general or special education, adolescent health and mental health needs (particularly the needs of institutionalized adolescents), and institutional abuse and incident investigations.

120. The OPB Monitor shall have full and complete access to any DJJ facility and to the records, staff and residents of each facility.
121. The OPB Monitor shall have full and complete access to the Commissioner and his designees and to the staff and records of the Office of Quality Assurance. The Commissioner shall direct all employees to cooperate fully with the Monitor.
122. The Monitor shall be permitted to initiate and receive ex parte communications with all parties.
123. The OPB Monitor shall provide the parties with reports describing the steps taken by the Department to implement this Agreement and evaluating the extent to which the Department has complied with the requirements of the Agreement. Such reports shall be issued every six months, unless the parties agree otherwise.
124. The OPB Monitor shall have a budget and staff sufficient to allow the OPB Monitor to carry out the responsibilities described in this Agreement, and may contract with such experts or consultants as he or she may deem appropriate.

B. Monitoring by the United States

125. To ensure the enforcement of this Agreement, the United States shall have certain access and enforcement rights.
126. The United States shall have full and complete access to any DJJ facility, and to the records, staff and residents of those facilities. The United States shall have the right to

conduct unannounced visits to any DJJ facility. The United States shall have the right to conduct confidential interviews with staff, residents, former residents and the parents and care givers of residents and former residents. Any confidential information or documents obtained pursuant to this paragraph shall not be disseminated to any person not a party (or an employee or contractor of a party) to this Agreement, including the media, unless consented to by the parties. Such information may, however, be used in any proceedings to enforce the requirements of this Agreement.

127. The United States shall have the right to communicate ex parte with the staff of the Office of Quality Assurance and the OPB Monitor.
128. The United States shall be provided copies of all audits and periodic reports produced by the Office of Quality Assurance.
129. The United States shall be provided copies of all reports produced by the OPB Monitor.
130. Upon request by the United States, the State shall provide the United States with copies of any reports or other DJJ or facility documents reviewed by the Office of Quality Assurance or the OPB Monitor.

C. Plan Development and Enforcement

131. This Agreement requires the State and DJJ officials to develop certain plans, policies, procedures and protocols

(collectively "plans"). These plans shall be developed in accordance with the time table set forth in Appendix A. The plans shall be sufficiently detailed to permit the United States to determine whether the plan is adequate to achieve the requirements of this Agreement. The United States may make reasonable requests for clarifications or further details.

132. Where indicated in Appendix A, the plan shall be developed in consultation with one or more consultants. The State shall notify the United States of each consultant it plans to retain, and the United States shall have 15 days to object to the consultant. If there is an objection, the parties shall make good faith reasonable efforts to agree upon a consultant for each plan. If no agreement is reached within 15 days of the United States' objection, the State and the United States shall each nominate up to three consultants and the Monitor shall select one or more.

133. Any consultant shall provide advice to the Department as it develops the required plan, and may, at the Department's discretion, draft a proposed plan for State approval or modification. The Department's plan shall be provided to the United States according to the timeline in Appendix A. Within 14 days, the United State may request, and the consultant shall provide, verbal or written comments on the plan.

134. Within 45 days of receiving the plan or the consultant's comments on the plan (whichever is later), the United States shall submit to the State any suggestions, comments or objections. The State and the United States will then conduct discussions in a good faith attempt to resolve any disputes over the content of the plan. If the parties are unable to reach agreement on a final version of the plan, the procedure for resolution of disputes, by first applying mediation prior to any court enforcement in ¶ 138, shall apply.
135. A plan shall become enforceable once it has been approved by the parties.
136. An enforceable plan may be modified at any time under the following conditions:
- a. If the State desires to modify a plan, it shall notify the United States of its intent and the proposed amendment.
 - b. If the United States does not object within 30 days of the notification, the plan shall be so modified. Otherwise, the plan shall remain in its present enforceable form until agreed to by the United States.
 - c. If the United States does object, the parties shall conduct good-faith discussions to resolve the dispute with the mediation assistance of the Monitor.

D. Resolution of Enforcement Disputes

137. The parties agree to file this Agreement with the United States District Court for the Northern District of Georgia, Atlanta Division, in conjunction with a complaint and a joint motion, pursuant to Fed. R. Civ. P. 41(a)(2), for the conditional dismissal of the case. The dismissal shall be conditioned upon the State's achieving substantial compliance with the terms of this Agreement, and shall attach the Agreement to such motion. The motion shall request that the case be placed on the Court's inactive docket. If the State fails to substantially comply with the terms of this Agreement, and if efforts to resolve and mediate the enforcement dispute pursuant to ¶ 138 are unsuccessful, the United States may take appropriate legal enforcement action, including filing a motion to restore the case to the Court's active docket.
138. If the United States believes that the State has failed to substantially comply with its material obligations under a plan or the terms of this Agreement, it shall so notify the State in writing. The parties shall conduct good-faith discussions to resolve the dispute and may agree in writing to adopt a plan of correction or otherwise modify the plan or Agreement. If the parties are unable to reach agreement within 30 days of the United States' filing of objections, the parties shall submit the dispute to mediation. The Monitor shall select the mediator within 10 days. The

parties shall attempt in good faith to mediate the dispute for a minimum of 30 days prior to initiating any court action to resolve the dispute. In the event that the State's non-compliance threatens the immediate health and safety of youths, or in other exigent circumstances, the United States shall attempt to expeditiously reach agreement with the State regarding the emergency conditions, but shall reserve the right to seek immediate judicial relief.

E. Termination of the Agreement


139. The parties agree that the systemic and comprehensive nature of this Agreement shall require that implementation of the terms of this Agreement take place over a number of years, as provided for in the timelines and terms of this Agreement.
140. The parties agree that the Agreement shall become subject to termination as soon as the State has fully and faithfully implemented all requirements of the Agreement and such full compliance has been maintained for one year.
141. Once the State has determined that it is in full and faithful compliance with the agreement and that full compliance has been maintained for no less than one year, the State shall advise the United States in writing. Thereafter, the parties shall promptly confer as to status of compliance. If, after a reasonable period of consultation and the completion of any evaluation the United

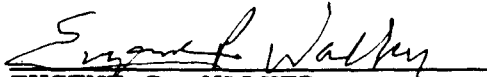
States may wish to undertake, including tours of the facilities and programs, the parties cannot resolve any compliance issues, the State may file a motion with the Court to dismiss the complaint with prejudice. If the State moves for dismissal, the United States will have an adequate time after the receipt of the State's motion to object to the motion. If the United States does not object, the Court may grant the State's motion. If the United States does make an objection, the Court shall hold a hearing on the motion to determine whether the conditions in ¶ 140 have been met.


142. Nothing in ¶¶ 140 and 141 shall preclude the parties from jointly stipulating to the termination of portions of this Agreement at any time.

Agreed to by:


FOR THE STATE OF GEORGIA:

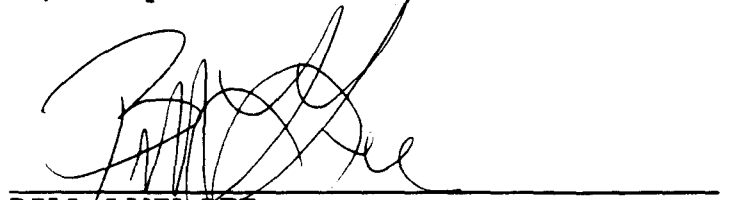

BILL MILLER
Governor
State of Georgia



EUGENE P. WALKER
Commissioner
Georgia Department
of Juvenile Justice

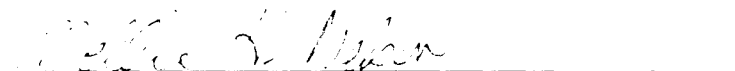

THURBERT E. BAKER
Attorney General
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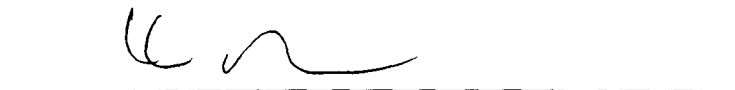
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Appendix A

Plan Development and Implementation Timelines

Plan	Agreement Citation	Deadline for Plan	Deadline for Plan Implementation	Consultant required?
Education				
Creation of DJJ curriculum	¶15	10/15/98	1/1/99	
Criteria for class exclusion	20	10/15/98	1/1/99	
Isolation education requirements	21	10/15/98	1/1/99	
Special Education Identification	25	10/15/98	1/1/99	
Parent IEP participation system	32	10/15/98	1/1/99	
Education staffing plan	33	10/15/98	See Appendix B	
Education staff training requirements	34	10/15/98	1/1/99	Yes
Education quality assurance plan	35	1/1/99	4/1/99	Yes
Mental Health				
Suicide Risk Screening instrument and policies	38	10/15/98	1/1/99	Yes
YDC Mental Health Needs Assessment policies	40	10/15/98	1/1/99	Yes
Protocols regarding admission of youth on psychotropic medication	42	10/15/98	1/1/99	
Mental Health Evaluation referral protocols	43	1/1/99	4/1/99	Yes
Alternate mental health placement plan	46	1/1/99	7/1/99	Yes
Treatment plan content protocols	47-48	1/1/99	4/1/99	Yes
Medication side effects notification protocols	52	10/15/98	1/1/99	
Psychotropic medication monitoring protocols	53	10/15/98	1/1/99	Yes

Plan	Agreement Citation	Deadline for Plan	Deadline for Plan Implementation	Consultant required?
Suicide prevention policies	55	10/15/98	1/1/99	Yes
Mental health staffing plan	56	10/15/98	See Appendix B	
Mental health staff training plan	57	1/1/99	4/1/99	
State mental health QA plan	59	1/1/99	4/1/99	Yes
Facility Mental Health QA policy	60	1/1/99	4/1/99	Yes
Medical Care				
Uniform protocols for physical examinations	63	10/15/98	1/1/99	
Uniform protocols for sick call	64	10/15/98	1/1/99	
Medical records transfer system	69	10/15/98	1/1/99	
Medical staffing plan	70	10/15/98	See Appendix B	
Medical staff training plan	71	10/15/98	1/1/99	
State medical QA plan	72	1/1/99	4/1/99	Yes
Facility medical QA policy	73	1/1/99	4/1/99	Yes
Physical and Programmatic Capacity				
Direct care staffing plan	76	10/15/98	See Appendix B	
Direct care staff training plan	77	10/15/98		
Risk Assessment instrument and policies	79	1/1/99	7/1/99	Yes
Detention Alternatives Plan	81	1/1/99	7/1/99	Yes
Physical Plant Expansion Plan	82	10/15/98		

Plan	Agreement Citation	Deadline for Plan	Deadline for Plan Implementation	Consultant required?
Juvenile Justice Administration Plans and Policies				
Classification policies	84	10/15/98	1/1/99	Yes
Morse Watchman installation	85		3/1/99	
Policies on specific common behavior problems	88	10/15/98	1/1/99	Yes
Positive Behavior Management Plan	103	10/15/98	1/1/99	Yes
Uniform discipline policies	104	10/15/98	1/1/99	Yes
Boot camp accommodations plan	108	10/15/98	7/1/99	Yes
Boot camp discipline guidelines	109	10/15/98	1/1/99	
Time in cells regulations	113	10/15/98	1/1/99	
Quality Assurance				
Abuse Reporting System	92	10/15/98	1/1/99	Yes
Facility abuse investigator training	93	1/1/99	4/1/99	Yes
Abuse investigations training plan and manual	97	10/15/98	1/1/99	Yes
OQA Quality Assurance Plan	117	1/1/99	4/1/99	Yes

Appendix B

Staffing Plans

Pursuant to the requirements of this Agreement, the State must develop certain staffing plans. For the purposes of meeting the requirements of this Agreement, the plans shall provide, at minimum, the staff increases stated below according to the time frames indicated. These staff increases are exclusive of any other staffing enhancements that may be undertaken due to increases in the population of the DJJ system or the opening of new facilities, and are in addition to any enhancements in the Governor's recommendations for the FY 1999 budget.

1. Mental Health Services

During FY 1999 and FY 2000, through contractual arrangement, the Department will add one qualified mental health professional ("QMHP") in each RYDC to perform mental health and suicide risk screenings.

An additional number of psychologists and psychiatrists will be contracted with to perform further necessary evaluation and/or testing, and to provide all required psychological and psychiatric coverage. By the end of FY 2000, this will create an average of eight hours of psychological/psychiatric services per week in RYDCs and an average 20 hours of psychological/psychiatric services per week in YDCs (actual level of services may vary from facility to facility depending upon the facility population level).

2. Education

The Department will hire 35 additional special education teachers by June 1, 1999.

3. Juvenile Corrections Officers

The Department will hire an additional 128 juvenile corrections officers ("JCOs") during fiscal year 1999 in order to increase the staffing of the third shift at RYDCs and YDCs, according to the following schedule: 43 JCOs shall be hired by January 1, 1999; 43 additional JCOs shall be hired by March 1, 1999; and 42 additional JCOs shall be hired by May 1, 1999.

4. Medical

Between FY 1999 and FY 2001, an additional amount of registered nurse services will be provided for each RYDC and YDC

by contractual arrangement, to insure the coverage provided for in ¶ 70(a)-(b) of this Agreement.

Between FY 1999 and FY 2001, additional physician assistant services will be provided for in each RYDC and YDC by contractual arrangement, to insure the coverage provided for in ¶ 70(c)-(d) of this Agreement.

Between FY 1999 and FY 2001, contractual arrangements will be provided for the dental services required by ¶ 65(a) of this Agreement. This shall include, at minimum, provision of an average of 20 hours per week of dental services in YDCs and an average of 5 hours of dental services per week in RYDCs (actual level of services may vary from facility to facility depending upon the facility population level).

5. Counselors

An additional 44 counselors will be hired by the Department by January 1, 1999.

Appendix C

Use of Force Policy

GEORGIA DEPARTMENT OF CHILDREN AND YOUTH SERVICES

DCYS POLICY & POLICY MANUAL	TRANSMITTAL# 96-03	DATE: 01/12/96
CHAPTER# 17	POLICY# 17.9	PAGE# 1 OF 15

I. **SUBJECT:**

Use of Force

II. **PURPOSE:**

This policy establishes guidelines for the use of force by authorized personnel while in the performance of their duties.

III. **APPLICABILITY:**

This policy applies to all staff and facilities.

IV. **REFERENCE:**

O.C.G.A.: 49-4A-8, Children and Youth Services
ACA Standards: 3-JTS-3A-01 through 3-JTS-3A-31
3-JDF-3A-01 through 3-JDF-3A-31
DCYS Policy # 17.6: Use of Chemical Agents

V. **DEFINITIONS:**

Chemical Agent - (OC) Oleoresin Capsicum (Natural Oil of Pepper)

Use of Force Continuum - The process whereby trained staff make a decision as to what level of force is justified to control a situation.

Authorized Staff - A DCYS employee who has successfully completed the required use of force and chemical agent training and who has been designated in writing by the appropriate facility or District Director with the authority to use force and carry or use a chemical agent.

Division of Detention Services: All staff (through Level (5))

Division of Community Programs: All staff (through Level (4))

Division of Campus Operations: All staff (through Level (4)). Those staff assigned to the closed units and Facilities Police (through Level (5))

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Use of Force - Physical intervention used to compel a person to take action against their will, or to prevent a person from taking action that would be damaging to themselves, other persons or property. The use of force may include the use of open hand control, chemical agents, mechanical restraints and special hardened or stripped rooms.

Restraint - The complete or partial constraint of a person's bodily movement through physical or mechanical means.

Escort - The physical force used to cause the movement of a person from one location to another.

Mechanical Restraints - A mechanical device(s) used to aid in the restriction of a person's bodily movement (handcuffs, ankle cuffs, waist chains or belts).

Plastic Restraints - Flexicuffs or similar temporary restraint devices.

Open Hand Control - A physical restraint tactic using various come along holds, leverage, pressure and self-defense measures to physically subdue and control a person. Only the use of hands-on grabbing, holding, blocking and deflecting assault is permitted. Examples of restraint tactics: one-man arm bar; two-man arm bar with take down; hair pull; wrist lock; elbow control. Choke holds or any method where the oxygen flow is decreased is prohibited.

Special Management Room - A modified room which is hardened or stripped by the addition of a heavy door and the removal of all furniture except toilet, sink and bed. The room is used as a restraint technique, applied when control of a violent, self-destructive or unruly youth is required for more than a few minutes and when long-term use of mechanical restraints are not practical or warranted to prevent self-mutilation, injury to others or property damage.

Non-injurious Assaults - Throwing feces, urine, water, spitting, repeated pattern of verbal outbursts and actions which disrupt the housing unit or program and disturb others.

Minor Destruction of Property - Flooding of room, scratching or marking (vandalizing) room walls, floors, fixtures.

Passive Control Measures - A verbal warning, direct order to cease behavior, warning of sanction, placement in regularly assigned room (TIME OUT), or removal of injurious objects or materials.

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Secure Transportation - Transportation of youth using mechanical restraints from a secure facility to another secure facility; from a non-secure setting to a secure facility after a youth has been taken into custody and to and from a secure facility for outside appointments.

Positional Asphyxia - Death as a result of body position (that which interferes with one's ability to breath). This may be caused by pressure (weight) being exerted on someone's back or chest, causing (while in a prone position) difficulty in breathing. The more weight applied, the more severe the degree of compression.

Restraint Chair - A commercially available mechanical device designed in chair form to physically restrict a person's movement by the chair's design and point of gravity, wrist, ankle and chest straps. Chair design dictates that a restrained person will sit upright.

VI. POLICY:

Authorized Use:

1. The use of force or any control measure shall be the least restrictive and least severe method believed necessary under the circumstances to stop problematic behavior. More severe control measures will be used only if less severe measures have proven ineffective or are inappropriate as a means of stopping the behavior.
2. A control measure shall not be used as punishment.
3. Only the minimum force necessary to prevent or stop problematic behavior will be authorized.
4. Supervisory approval: If circumstances and time permit, supervisory approval must be given prior to imposing sanctions, open hand control, use of restraints, the restraint chair or chemical agent use as defined in the Use of Force Continuum. In the Division of Detention Services the Shift Supervisor must give prior approval for the use of restraints and/or chemical agent use.

VII. PROCEDURE:

A. USE OF FORCE CONTINUUM:

Use of force is permitted for self-defense, to protect youth, to protect other staff, to prevent property damage, to prevent escapes and in situations where a youth or youths refuse to move to a location after being given verbal instructions to do so.

Division of Community Programs:

The same policy and procedures in applying the Use of Force Continuum for the Division of Campus Operations and Detention Services will apply. However, the use of force by Community Programs personnel is only authorized to protect other youth, staff or prevent serious property damage. Community Programs staff will assess the situation and make decisions based on the safest course of action for all concerned. Sufficiently trained staff will be present to handle the restraint safely. Local law enforcement and/or the DCYS Investigations Unit will be called at the earliest possible time when Community Programs staff anticipate violent behavior of a youth or other signs which may be considered a danger to staff, citizens or youth in the facility.

GEORGIA DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Continuum

Any level of the continuum can be accessed depending on the situation. Any technique used in a lower level may be used in a higher level.

	Staff Presence >	Verbal Warning >	Impose Control Measure >	Open Hand Control >	Chemical Agent Use
	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>	<u>LEVEL 5</u>
<u>Behavior</u>	Minor behavior problems and rule violations.	Actions become more serious and disruptive, refusal to comply to verbal instructions, non-injurious assault on others, minor destruction of property.	Youth refuses to stop behavior.	Actions become aggressively offensive and may cause physical injury or property damage, escape attempt.	Actions are extremely aggressive and will cause serious physical injury. *One of the below stated conditions must be present.
<u>Authorized Staff Actions</u>	Staff will not reinforce or escalate by overreacting to the situation. Staff will correct behavior by verbal inquiry, and intervention. Staff will remove stimulus causing problem. Staff will refrain from movement or language that will cause further escalation.	Staff will continue questioning and assessment, crisis intervention techniques. Strong verbal command to stop behavior.	Crisis intervention techniques. Strong verbal command. Use of restraints. Use of passive control measures.	Crisis intervention techniques. Strong verbal warning. Use of open hand control. Use of mechanical restraints. Use of special management room.	Staff give strong verbal warning. Staff are unable to control the situation with open hand control. Use OC followed by the use of mechanical restraints.

*OC will be authorized only if one of the following conditions is present (provided when OC is used other staff present in the facility will be called for backup):

1. **Physical stature:** The height, weight, and muscular build of the youth is such that it will be extremely difficult to physically restrain without injury to staff or youth.
2. The number of staff available is not sufficient to utilize open hand control safely.
3. The number of youth involved is sufficient to threaten the security or safety of the facility, other youth and staff.
4. Youth in possession of weapons.

Staff Presence (Level 1):

Many times the mere physical presence of a staff member is all that is needed to stop behavior. Movement by a staff member toward a youth, a look or even a hand gesture may be all that is needed. Professionalism, concern and verbal inquiry or instruction to youth in a calm and matter of fact manner are important variables for success at this level.

Verbal Warning (Level 2):

A staff member may have to get the attention of one or more youth by a firm commanding verbal statement. Warning of sanctions that will occur if behavior continues, taking the youth aside and away from others to counsel would be used at this level. Crisis intervention techniques continue to be employed.

Impose Control Measure (Level 3):

A staff member may have to physically escort a youth to time out or remove a youth from a group activity for a length of time. The use restrictions and sanctions may have to be imposed. Crisis intervention techniques continue to be employed.

Open Hand Control (Level 4):

Emergency conditions exist at this level where there is danger of physical injury or property damage. Breaking up a fight or preventing an escape would be examples where various come along holds, grabbing, holding and blocking are used. Refusal to move to a location when instructed by staff and where other less intrusive forms of the continuum have not worked would be an example where open hand control is authorized. Staff must constantly assess their environment and the overall situation to determine the level of force required. Sufficient staff trained in open hand control measures and use of mechanical restraints are required to handle the situation at this level. Crisis intervention techniques continue to be employed. Any deviation in open hand control techniques will be noted and explained in the Use of Force Report.

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Use of Special Management Room: Assignment of a youth to a designated special management room may be authorized when the need is indicated based on a youth's problem behavior when use of the youth's own room is not practical. Behaviors that may indicate the need for assignment of a youth to a special management room may include but not be limited to continued yelling, cursing, threatening, door banging or other aggressive behavior or attempted self injury.

Possible features of special management rooms may include (depending on the institution): improved proximity to the control center or other staff post which allows for closer monitoring, hardened features such as a concrete slab bed, floor drain, hardened window glazing, hardened lighting, hardened (grout-filled) walls, security pass-through doors (for application or removal of handcuffs from outside the room or for feeding through the pass through).

Emergency placement of a youth in a special management room may be approved by the shift supervisor or on-call administrator. Placement of a youth in a special management room will be reviewed by designated administrative staff within 24 hours of placement. Any placement of a youth in a special management room will be documented in the log and in the incident report which is completed regarding the incident or circumstance related to the reason for placement.

Assignment of a youth to a special management room should be of sufficient duration to aid in the management of unruly behavior until the behavior has come into compliance with expected rules of behavior.

Nothing in the policy shall be interpreted as prohibiting the use of a special management room which approximates the conditions of other detention rooms as a regular detention room. Nothing in the policy shall be interpreted so as to eliminate or modify DCYS policies or procedures requiring due process for youth in cases of alleged rule violations.

Chemical Agent Use (Level 5):

Staff must decide whether the behavior and overall situation warrant chemical agent use. They will evaluate the actions of youth, the number of staff available to handle the situation, the number of youth involved, if youth is in possession of a weapon and the physical stature of the youth. A determination shall be made as to whether the security of the facility is in danger, if staff are unable to restrain with open hand control and if staff are under immediate

physical assault. Chemical agent use will always be a last resort. If circumstances and time permit, supervisory approval must be given prior to chemical agent use and when appropriate staff have been called for backup.

C. Medical Evaluation And Monitoring

1. During and after any use of force, youth shall be monitored by senior staff for signs of complaints of difficulty breathing, chest or abdominal pain, bleeding, nausea or vomiting, headache, swelling, numbness, pain, or any other sign or complaint that could indicate an injury.
2. All youth shall be routinely monitored by program staff every 15 minutes for two hours after the completion of any use of force. Monitoring shall consist of soliciting histories of medical and mental health problems, substance abuse, and medications as well as monitoring for medical complaints.
3. Any youth who has been injured in the use of force shall be evaluated and treated by medical personnel immediately. Injury shall be defined as that which requires first aid or a higher level of medical care.
4. All other youth, who have been physically or mechanically restrained shall still be evaluated by medical personnel at the first available sick call.
5. Medical treatment for youth upon which chemical agents have been used in the use of force continuum shall follow the DCYS Use of Chemical Agents Policy #17.6 protocol for first aid and decontamination on page 6.
6. If DCYS medical personnel note any injury of adverse effects beyond the level of care available at the facility, the youth shall be evaluated by outside medical personnel.
7. Any youth who is physically or mechanically restrained shall be in constant visual observation by senior program staff or their designee who has physical possession of the key(s).

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8. Youth in restraints shall be monitored by staff every 15 minutes to check and assure adequate circulation and breathing.
9. Restraining a youth for more than one hour shall require an evaluation by a qualified mental health or medical professional, who shall develop a plan for alternative interventions (e.g., return of the youth to the living unit under supervision, use of medications, or transfer to a mental health facility).
10. Youth placed in special management rooms as provided for in this policy shall be visually observed by staff at least every 15 minutes.

D. Application of Restraints:

The use of restraints is limited to those situations where it is necessary to stop or prevent violent or self-destructive behavior and where restraints are used as a security measure in the movement of youth. If a youth attempts or seriously threatens to commit suicide or self-mutilation, RYDC Chapter 12 or YDC Chapter 13, Paragraph 1306 shall be followed as appropriate.

1. General guidelines for use of restraints:

- a. Only Department approved restraint devices are authorized.
- b. Restraints will never be used as punishment.
- c. No restraints or combination shall be used in such a way as to prevent youth from walking erect.
- d. Youth in restraints shall be under constant visual observation by a staff member who has physical possession of the key(s) for unlocking the restraints.
- e. Youth shall not be taken to showers or recreation while in restraints.

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- f. At no time will a youth's mouth be taped to repress noise or for any other reason.
- g. Under no circumstances will a youth be restrained to a fixed object or have hands and feet bound together in a hog-tying fashion.
- h. Plastic Restraints (flex cuffs) shall not be used except in a group disturbance situation. They will be stored in a tamper-proof seal.
- i. Staff will visually inspect the restraints to ensure that circulation to limbs is maintained and airways and breathing passages are not obstructed by body position.
- j. Restraints will be removed when there is a positive change in the youth's behavior and attitude and it is determined that behavior can be controlled without the use of restraints.
- k. During the movement of youth, staff will be alert to prevent the youth from falling.
- l. All restraints will be stored in a locked secure cabinet. An inventory form will be posted on the inside of the secured cabinet to document restraint removal and return.
- m. Youth who are placed in mechanical restraints or a restraint chair to stop or prevent violent or self-destructive behavior will be removed from the general population and public view to prevent embarrassment or ridicule.

In the Division of Detention Services youth may be placed outside and next to the control room during non-program hours if there are not sufficient staff to monitor the youth privately.
- n. During vehicle transport youth will not be placed on stomach or back, but in an upright seated position.
- o. Restrained youth will not be denied liquid intake or access to toilet facilities.

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2. **Violent or Self-Destructive Behavior:** Restraints may be used to control violent or self-destructive behavior. The type of restraint used will depend on the behavior exhibited by the youth.

Handcuffs: Staff will warn youth to stop the violent or self-destructive behavior. If the violent or self-destructive behavior continues, the youth will be placed on the floor face down and handcuffed with arms behind the back. The handcuffing with arms to the back will be used to gain initial control only. As handcuffs are applied, the double-lock mechanism will be face up and will be engaged. As the handcuffs are tightened, staff will insert two fingers between the cuff and inside of the youth's wrist. As soon as the youth is handcuffed get him off his stomach. Turn on side or place in a seated position. If youth continues to struggle do not sit or place knee in back. Hold legs down or use leg restraints.

Restraining Belt: As soon as the handcuffing is completed, a waist chain or leather restraining belt will be applied. With a minimum of two staff members present, a leather restraining belt or waist chain will be placed around the youth's waist, preferably through belt loops and secured with a locking mechanism in the rear. The youth's arms will then be unhandcuffed one at a time and moved to the front securing the arms in the new handcuffs attached to the restraining belt. The tightness of the belt will be determined by the ability of a staff member to pass a closed fist inserted between the youth's waist and the restraining belt itself.

Leg cuffs: Leg cuffs may be applied to add additional control of the youth's body movement. Leg cuffs will be applied over socks but never over pants, boots or hightop shoes. Leg cuffs are applied above the ankle bone so that a staff member can insert two fingers between the inside of the ankle and the leg cuff itself.

Use of leg cuffs also are permitted when the use of handcuffs or restraining belt is prohibited because of a medical condition, or when a youth's previous history warrants the additional security or when more than one youth is being moved at a time.

Restraint Chair: The use of a restraint chair is permitted if a youth continues violent behavior after being restrained with a restraining belt and where staff are having to physically hold the youth. This device will be used in lieu of four or five-point restraints. It is designed to completely immobilize a youth and will not allow head banging. A youth will sit in an upright position preventing airway obstruction. A youth will be placed in the chair using a minimum of two staff only after the restraining belt has been applied. The youth will be secured in the chair by use of the shoulder and leg safety harness.

Staff will securely grasp a youth by the arms and around the shoulders and move the youth into the chair being cautious not to lose their grasp. If the youth is resisting violently a third staff member will hold legs until they have been restrained with the leg restraint harness.

Staff will check the safety harness to ensure that movement is controlled but that the tightness of the belts do not interfere with normal breathing. Staff will constantly monitor youth in a restraint chair to prevent possible tipping over. The chair will be located a safe distance from walls, doors and furniture to prevent head banging.

2. **Routine use during movement:**

A. **Division of Detention Services**

Outside Institution: Restraints will be used during any movement of youth outside the institution unless special circumstances indicate restraints are unnecessary. Youth may only be handcuffed with their hands in front of their bodies during transportation utilizing a restraining belt or chain. Supervisory approval will be obtained for any exception to this policy. Two staff members must be present for transportation when transportation is done without a security cage. One staff member will sit in the rear seat of the vehicle behind the driver to ensure security. The youth will be seat belted in the rear passenger side of the vehicle.

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Inside Institution: Restraints may be used during the movement of violent or unmanageable youth inside the institution. Each use of restraints for movement inside the institution will have the approval of the Director or designee. Such approval must be on an individual basis. Procedures for use of restraints will be the same as for movement outside the institution.

B. Division of Campus Operations

Outside Institution: Restraints may be used during any movement of youth outside the institution. If restraints are used youth may only be handcuffed with their hands in front of their bodies utilizing a restraining belt or chain. Two staff members must be present for transportation when transportation is done without a security cage. One staff member will sit in the rear seat of the vehicle behind the driver to ensure security. The youth will be seat belted in the rear passenger side of the vehicle.

Inside Institution: Restraints may be used during the movement of violent or unruly youth inside the institution. The use of restrains for movement inside the institution will have the approval of the Director. Such approval must be on an individual basis. Procedures for use of restraints will be the same as for movement outside the institution.

- C. Investigations Unit:** If a youth is apprehended in the community by a DCYS Investigator and the transportation time to a secure facility is one hour or less a youth may be handcuffed behind his back and a restraining belt is not needed. However, if the transportation time will exceed one hour the youth will be handcuffed in front utilizing a restraining belt. The youth will be seat belted in the rear passenger side of the vehicle. If the youth is violent a second Investigator will sit in the rear seat of the vehicle behind the driver to ensure security or local law enforcement will be requested to transport.

E. Punishment Prohibited

The use of force, and other control measure (except restraints) described in this policy statement are intended to be used only to stop defined youth misconduct or to prevent such misconduct under narrowly described circumstances. Under no circumstances shall they be used a punishment. The following constitute punishment:

1. Using a control measure after the youth has already been controlled.
2. Using a control measure after the youth has voluntarily ceased the misconduct.
3. Using a control measure other than in a progressive fashion.
4. Using a control measure when no inappropriate behavior has occurred.
5. Using any control measure that exceeds the minimum control measure appropriate.

F. Reporting

The following procedures must be followed when mechanical restraints or open hand control has been used:

1. The Director or duty officer should be notified immediately when any control measure is used. A Use of Force Report (Attachment G) prepared by the staff member who employed the control measure shall be completed no later than the conclusion of that shift and shall include:
 - a. An accounting of the events leading to the use of the control measure, including any necessary authorization;

DEPARTMENT OF CHILDREN AND YOUTH SERVICES
 USE OF FORCE REPORT

(This report will be completed any time Level 3 or higher has been used)

Institution/Program _____
 Date of Incident _____
 Location of Incident _____ Time of Incident _____
 Name of Staff Involved _____
 Position Title _____
 Assignment _____
 Name of Youth involved _____

NOTE: A Separate Report Must be Completed on Each Youth Involved.

List all witnesses

CHECK ALL THAT APPLY

1. Type of Control Measure used:

**** Time Out** Describe _____

**** Open Hand** Describe _____

**** Mechanical Restraint** Describe _____
 Time In _____ Time Out _____

**** Special Mgt. Room** Describe _____
 Time In _____ Time Out _____

**** Restraint Chair** Describe _____
 Time In _____ Time Out _____
 (If in public view indicate number of person who observed youth)

2. Explain in detail the circumstances which led to the use of force.

3. Were less extreme forms of intervention considered or used? If not why? (example: verbal command crisis intervention)

4. Staff was:
___ Uninjured ___ Alone ___ Injured (Explain in space provided)*

5. Youth was:
___ Uninjured ___ Alone ___ Injured (Explain in space provided)*

6. Medical Evaluation: DATE _____ TIME _____ LOCATION _____

Statement of Medical Personnel:

*If an injury occurred attach Accident/Injury Medical Diagram Form

Medical Personnel Name (Please Print)

Medical Personnel Signature

Details of Staff Injury*

Details of Youth Injury*

Miscellaneous Details:

I hereby attest that to the best of my knowledge this report is true and valid.

Signature of Staff

Signature of Supervisor Granting Approval
Prior to use of Restraints and/or Chemical Agent

Approved:

Signature of Supervisor

Reviewed:

Signature of Director

Appendix D

Chemical Spray Policy

GEORGIA DEPARTMENT OF CHILDREN AND YOUTH SERVICES

DCYS POLICY & PROCEDURE MANUAL	TRANSMITTAL# 96-02	DATE: 01-10-96
CHAPTER# 17	POLICY# 17.6	PAGE# 1 OF 8

I. **SUBJECT:**

Use of Chemical Agents

II. **PURPOSE:**

This policy establishes guidelines for the use of an approved chemical agent by authorized personnel while in the performance of their duties.

III. **APPLICABILITY:**

This policy applies to all staff.

IV. **REFERENCE:**

O.C.G.A.: 49-4A-8, Children and Youth Services
ACA Standards: 3-JTS-3A-01 through 3JTS-3A-31
3-JDF-3A-26 through 3-JDF-3A-30

V. **DEFINITIONS:**

Chemical agent - (OC) Oleoresin Capsicum (Natural Oil of Pepper)

Classification - Inflammatory Agent

Use of Force Continuum - The process whereby trained staff make a decision as to what level of force is justified to control a situation.

Authorized staff - A DCYS employee who has successfully completed the required chemical agent training and has been designated in writing by a facility Director or District Director with the authority to carry and/or use a chemical agent.

Positional Asphyxia - Death as a result of body position (that which interferes with one's ability to breath). This may be caused by pressure (weight) being exerted on someone's back or chest, causing (while in a prone position) difficulty in breathing. The more weight applied, the more severe the degree of compression.

Open Hand Control - A physical restraint tactic using various come along holds, leverage, pressure and self-defense measures to physically subdue and control a person. Only the use of hands-on grabbing, holding, blocking and deflecting assault is permitted. Examples of restraint tactics: one-man arm bar; two-man arm bar with take down; hair pull; wrist lock; elbow control. Choke holds or any method where the oxygen flow is decreased is prohibited.

VI. POLICY:

Authorized Use:

1. Approved Chemical Agent: The only chemical agent authorized for use by DCYS staff will be OC (Oleoresin Capsicum).
2. OC shall be used only after other less forceful means of control have been either attempted or ruled out in applying the "use of force continuum" guidelines when imminent or actual danger to either persons or property occurs. Techniques of counseling and verbal persuasion will be utilized if the situation warrants prior to OC use.
3. Unauthorized Use - OC shall not be used as a means of punishment or discipline.
4. Use of Force Continuum: Use of force is permitted for self-defense, to protect youth, to protect other staff, to prevent property damage, to prevent escapes and in situations where a youth or youths refuse to move to a location after being given verbal instructions to do so. Only the minimum amount of force necessary to control a youth's behavior will be used.
5. OC shall not be used on a youth with a known history of any chronic respiratory diseases or conditions such as asthma.
6. Supervisory Approval: If circumstances and time permit, supervisory approval must be given prior to chemical agent use. In the Division of Detention Services the Shift Supervisor must give prior approval for chemical agent use.

GEORGIA DEPARTMENT OF CHILDREN AND YOUTH SERVICES

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Continuum

Any level of the continuum can be accessed depending on the situation. Any technique used in a lower level may be used in a higher level.

	Staff Presence >	Verbal Warning >	Impose Control Measure >	Open Hand Control >	Chemical Agent Use
	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>	<u>LEVEL 5</u>
<u>Behavior</u>	Minor behavior problems and rule violations.	Actions become more serious and disruptive, refusal to comply to verbal instructions, non-injurious assault on others, minor destruction of property.	Youth refuses to stop behavior.	Actions become aggressively offensive and may cause physical injury or property damage, escape attempt.	Actions are extremely aggressive and will cause serious physical injury. * One of the below stated conditions must be present.
<u>Authorized Staff Actions</u>	Staff will not reinforce or escalate by overreacting to the situation. Staff will correct behavior by verbal inquiry, and intervention. Staff will remove stimulant causing problem. Staff will refrain from movement or language that will cause further escalation.	Staff will continue questioning and assessment, crisis intervention techniques. Strong verbal command to stop behavior.	Crisis intervention techniques. Strong verbal command. Use of restrictions. Use of passive control measures.	Crisis intervention techniques. Strong verbal commands. Use of open hand control. Use of mechanical restraints. Use of special management room.	Staff give strong verbal warning. Staff are unable to control the situation with open hand control. Use OC followed by use of mechanical restraints.

*OC will be authorized only if one of the following conditions is present, however, when OC is used other staff present in the facility will be called for backup.

1. **Physical stature:** The height, weight, and muscular build of the youth is such that it will be extremely difficult to physically restrain without injury to staff or youth.
2. **The number of staff available** is not sufficient to utilize open hand control safely.
3. **The number of youth involved** is sufficient to threaten the security or safety of the facility, other youth and staff.
4. **Youth in possession of weapon.**

VII. PROCEDURES:

A. TRAINING:

Staff shall successfully complete six (6) hours of chemical agent training prior to being authorized to carry and/or use a chemical agent. Staff will be able to demonstrate a working knowledge of the effects of OC, when it is authorized to be used and decontamination procedures for affected parties. The training will consist of but not be limited to the following content:

HOURS

- 1 hr 1. Discussion and understanding of where chemical agents are authorized in the Use of Force Continuum
- 1/2 hr 2. History of Chemical Agents
- 1/2 hr 3. Overview of OC (Oleoresin Capsicum)
 - definition: differences between OC and other agents
 - irritant vs inflammatory, duration, effects, symptoms
 - history and chemical properties
 - physiological effects: medical, psychological
 - shelf life, storage, replacement
- 1 hr 4. How to Use
 - spraying distance, lateral sidestepping
 - reaction time
 - location and method - target area, avoiding unintended targets
 - defensive position; avoiding personal contamination
 - security retention
- 1 hr 5. Decontamination and First Aid:
 - personal, area, object
 - medical evaluation
- 1 hr 6. Introduction of OC to Staff (taking a "hit")
 - First Aid/Decontamination
 - clean-up
- 1 hr 7. Class Discussion of Personal OC Experience

B. SECURITY AND CONTROL OF CHEMICAL AGENTS

1. DIVISION OF DETENTION SERVICES:

Chemical agents will be stored in a locked, secure cabinet and will be quickly accessible in the event of an emergency. An inventory control form shall be posted on the inside door of the cabinet to indicate anytime an agent is removed from the cabinet. Each chemical agent canister will be stored in a tamper-proof container to indicate its removal.

2. DIVISION OF CAMPUS OPERATIONS:

Facilities police personnel are authorized to carry an approved chemical agent on their person as part of their law enforcement uniform and equipment issue.

Closed Units:

All other chemical agents will be stored in a locked secure cabinet but quickly accessible in the event of an emergency. An inventory control form shall be posted on the inside door of the cabinet to indicate anytime an agent is removed from the cabinet.

When youth are moved outside, the closed units staff are authorized to carry OC on their person in an approved holster securely attached to an approved belt. Staff must constantly be alert to maintaining the security of the OC on their person and will return the chemical agent to the locked cabinet upon arriving back at the closed unit.

3. DIVISION OF COMMUNITY PROGRAMS:

With the approval of the Division Director, District Directors may authorize the carrying of a chemical agent by authorized personnel for use in self-defense within the Use of Force Continuum.

All other chemical agents will be stored in a locked secure cabinet but quickly accessible in the event of an emergency. An inventory control form shall be posted on the inside door of the cabinet to indicate anytime an agent is removed from the cabinet.

4. INVESTIGATIONS UNIT:

Investigators of this unit are authorized to carry and use a chemical agent while in the performance of their duties for the Department.

All other chemical agents will be stored in a locked secure cabinet but quickly accessible in the event of an emergency. An inventory control form shall be posted on the inside door of the cabinet to indicate anytime an agent is removed from the cabinet.

C. FIRST AID, MEDICAL EVALUATION, MONITORING AND DECONTAMINATION

Youth sprayed with OC should immediately be restrained with handcuffs or other approved restraining device to prevent further aggressive behavior. (Give 30 to 60 seconds to react to the spray and overcome gagging or coughing.) As soon as possible the following actions shall be taken in the order indicated:

1. Move the youth to fresh air preferably where there is air movement.
2. Closely monitor, calm and reassure the youth. Advise that they will be cared for, to breath normally, and that discomfort will subside in a few minutes.
3. Provide copious amounts of cool water to the face, eyes, nose, mouth and any other exposed areas.
4. Ask if the youth is wearing contact lenses. If yes, assist in removing them. Contaminated hard lens can be later cleaned, however, soft lens must be discarded.
5. Ask the youth if they are on medication or suffer from any cardiac or respiratory diseases or conditions such as asthma.
6. Wash the face with a non-oil based soap, or milk. Do not rub eyes.

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7. Provide a water soaked fresh towel to the face. (Pat, do not rub)
8. If the youth experiences continuous difficulty in breathing (normal breathing should resume within five (5) minutes), shortness of breath, chest pain, loss of consciousness, becomes incoherent, continuous coughing, facial swelling, or nausea they are to receive immediate medical attention by emergency medical personnel. The Supervisor on duty will determine if emergency medical attention is required. If the supervisor administers the OC, another staff member will make that determination. All youth who do not require emergency medical treatment shall be evaluated by medically trained personnel at the next available sick call.
9. Continuous monitoring is required until the effects of the OC have completely subsided. (Normally, 30 to 45 minutes). Staff should continually check the level of consciousness and breathing of the youth. Do not leave a youth unattended until the effects of OC are completely diminished.

Other effected areas such as clothing, furniture, and vehicles should be exposed to fresh air and should be available for use within 30 minutes after being sprayed with OC.

D. REPORTING

1. Prior to the end of a staff's tour of duty an "OC USE REPORT" must be completed and approved by the immediate supervisor. The supervisor will insure that the report is accurate and complete in all details. The report will be forwarded to the facility Director or District Director by the supervisor on duty with copies to the following DCYS staff:

Division Director

Director of Investigations

DCYS Medical Director

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Copies of all OC reports will be maintained at the facility for a minimum of twelve (12) months.

- 2. An assessment of each incident requiring the use of a chemical agent will be made by the facility Director or District Director within seventy-two (72) hours and attached to the "OC Use Report". Where OC has been improperly used, appropriate disciplinary action will be taken up to and including dismissal.**

DEPARTMENT OF CHILDREN AND YOUTH SERVICES
OC USE REPORT

Institution/Program _____
Date of Incident _____ Time of Incident _____
Location of Incident _____

Staff involved in use _____
Name of youth sprayed _____

Note: A separate report must be completed on each youth sprayed. List all witnesses.

CHECK ALL THAT APPLY

1. Application was:
 Effective Ineffective
 Immediate In lieu of other use of force alternatives

Explain in detail the circumstances which led to the use of OC.

3. Why was OC used instead of less extremes forms of intervention? (ex. verbal command or hand control)

4. Staff was:
 Uninjured Injured (Explain in space provided)
 Alone Others were exposed (Explain in space provided)

Youth was:
 Uninjured Injured (Explain in space provided)
 Alone Others were exposed (Explain in space provided)

6. **Decontamination and First Aid**
Time decontamination began _____ Give detailed account of action taken: _____

7. **Supervisor/Staff Member who made the determination that Emergency Medical attention was required:** _____

8. **Medical Evaluation: Date: _____ Time: _____ Location: _____**
Statement of medical personnel as to findings:

Medical Personnel Name (Please Print)

Medical Personnel Signature

Staff Injury Detail:

Youth Injury Detail:

Others Exposed Detail:

Signature of Staff

Signature of Supervisor
Who Granted Approval Prior to use of OC

Director

Appendix E

Due Process Policy

GEORGIA DEPARTMENT OF JUVENILE JUSTICE

RYDC POLICY & PROCEDURE MANUAL	POLICY # 11.5	TRANSMITTAL # 97-09	PAGE # 1 OF 4
CHAPTER: RULES & DISCIPLINE	ACA RELATED STANDARDS: 3-JDF-3C-14, 3C-15, 3C-16, 3C-17, 3C-18, 3C-19, 3C-20, 3C-21		
SUBJECT: Disciplinary Hearings	AUTHORITY: WALKER		

I. **SUBJECT:**

Disciplinary Hearings

II. **REFERENCES:**

None

III. **EFFECTIVE DATE:**

December 12, 1997

IV. **DEFINITIONS:**

None

V. **POLICY:**

A. Whenever a youth is charged with a major rule violation which could result in Disciplinary Confinement, he/she shall have a right to a disciplinary hearing within 72 hours of the incident, excluding weekends and holidays. No disciplinary confinement will be implemented prior to a Disciplinary Hearing. Youths whose privileges are recommended for suspension longer than 24 hours shall be afforded the right to a hearing under these same provisions as are available for use of Disciplinary Confinement.

1. Disciplinary hearings will be conducted by a Disciplinary Hearing Officer. The Assistant Director shall serve as the Hearing Officer. When the Assistant Director is not available or is the complainant, a Counselor may be designated to serve as Hearing Officer.

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2. The staff member charging a youth with the offense will complete a disciplinary report (Attachment A) prior to the end of the shift on which the incident occurred. The staff member will then give the youth a copy of the report and inform him/her of the right to a disciplinary hearing. The youth should also sign the appropriate place on the report indicating its receipt. If the youth refuses to sign the report this should be noted by the staff member in the report and witnessed by another staff member.
3. Staff will assist a youth in preparing for disciplinary hearings upon request. The assistance will be provided by a RYDC employee designated by the Disciplinary Hearing Officer.
4. The disciplinary hearing will be scheduled during normal working hours on the day following the incident, except in the case of weekends and holidays. However, the hearing may be delayed up to 72 hours after the incident for good cause. The Hearing Officer shall be responsible for ensuring that the youth has received proper notice of the hearing (Attachment B), determining if the youth wishes to waive the right to 24-hour notice of the hearing and for scheduling the hearing.
5. During the hearing the youth will have the opportunity to present witnesses and make statements in his/her behalf. However, testimony and evidence presented must relate directly to the incident under consideration.

If a youth needs a few moments to "cool down" in order to regain control his/her behavior, the hearing may be briefly postponed. If the youth does not regain control, the hearing will be postponed until a later time when he/she is able to attend. The youth may be excluded from the hearing during the testimony of other youths if confidential information is to be heard. If the youth is excluded from a hearing during confidential testimony, the reason for this action must be documented by the Disciplinary Hearing Officer. If a confidential witness gives testimony in a hearing, efforts will be made to try and determine the credibility of that witness. The efforts to determine the credibility of such witnesses will be documented in the Hearing Officer's report.

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- 6. The Youth Disciplinary Report and other pertinent documentation will form the basis of the charges against the youth. The Hearing Officer may determine that the presence of staff directly involved in the incident is necessary. If required, the Hearing Officer may reschedule the hearing to allow appropriate staff, or others to attend.**
- 7. At the conclusion of the hearing, the Hearing Officer will complete a written report of their findings (Attachment C). Copies of the findings shall be forwarded to the Director and Counselor for review and a copy placed in the youth's case file. A copy shall also be given to the youth. This report shall be completed no later than 24 hours after the hearing (excluding weekends and holidays).**
- 8. After receiving the findings of the Disciplinary Hearing Officer, the youth shall have the right to make an appeal (Attachment D) to the RYDC Director within 15 days. The Director has 30 days to respond in writing. The youth will be informed of this right in written findings of the Disciplinary Hearing Officer. Staff assistance shall be given in formulating the appeal if requested by the youth.**

If the RYDC Director was directly involved in the incident the final appeal will be directed to the Office of the Regional Administrator. In such cases, the same procedure as outlined above will be followed. Otherwise, all decisions of the Director concerning appeals of Disciplinary Hearings are final.

- 9. The Disciplinary Hearing Officer (or Director in instances of appeals) shall ensure that when charges against a youth are dismissed, the Disciplinary Report of those charges is immediately removed from the youth's file. The original Disciplinary Report will be retained in the central file in cases where the charges are not upheld by the Hearing Officer, or Director in cases of appeal.**

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10. Hearing records shall be copied and placed in a central file with the original retained in the youth's case file. The central file will be maintained for six months. The youths case file will be retained for three years following release or until the youth reaches age 17, whichever is longer.

VI. PROCEDURES:

Local procedures will be developed as needed to implement the provisions of this policy.

RYDC DISCIPLINARY REPORT

Student's Name: _____ Room No. _____

Disciplining Staff: _____ Date of Report _____ Time of Report _____

Witnessing Staff and Youth: _____

Rule Violation: _____

.....
Summary of Incident: To include explanation of event, description of youth behavior, disposition of physical evidence and immediate action taken (See Policy 11.3 VI section B for complete instructions)

Date of Incident: _____ Time of Incident: _____

Prehearing Approval - Date: _____ Time _____ Authorized by: _____

.....
The following disciplinary actions imposed:

Suspended Privilege:		Room Restriction:		Room Isolation:	
Starting Date:	Time:	Starting Date:	Time:	Starting Date:	Time:
Ending Date:	Time:	Ending Date:	Time:	Ending Date:	Time:

Visited by: _____ Date: _____

Visited by: _____ Date: _____

Visited by: _____ Date: _____

Visited by: _____ Date: _____

Visited by: _____ Date: _____

Visited by: _____ Date: _____

.....
Isolation Beyond 24 Hours

Release from Room Isolation

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Authorized by: _____

.....
For Isolation ONLY

I freely admit ____ or deny ____ (Check one) the violation charged against me in this matter. No one has forced me or promised me anything to get me to admit or deny the charges. I understand I will have a hearing on the facts of this report to find if I have violated a rule. This entire form has been read to me.

Youth's Signature: _____ Date: _____ Staff Signature: _____

RYDC

Hearing Notification Form

Youth's Name _____ Alleged Violation Date: _____
Time: _____

I agree / disagree (circle one) to waive the 24-hour notice of my hearing. I request that my hearing be scheduled as soon as possible.

Your hearing date is scheduled for: Date _____; Time _____

I waive / do not waive (circle one) my right to be present at my hearing.

I am requesting staff assistance in preparing and presenting my case. Yes _____
No _____

Assigned Staff: _____

I will require the following witnesses: _____

Youth's Signature

Adm. Staff Signature

Date: _____

Time: _____

RYDC

Disciplinary Hearing Record

Youth's Name	Alleged Violation Date	Time
.....		

Section I: HEARING RESULTS

(Completed by Hearing Officer:)

Decisions and Summary of Hearing: _____

You have the right to appeal this decision within 15 days. The Disciplinary Hearing Appeal Form is located in the Request to See Counselor Form Box in the dining room.

Hearing Officer's Signature	Date	Time
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I have read and had discussed with me the above decision.

Youth's Signature	Date	Time
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Director's Review	Date	Time
-------------------	------	------

Counselor's Review	Date	Time
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.....

Section II: APPEAL RESULTS

(Completed by Director)

I have reviewed the evidence in this case and made the following decision:

Director's Signature	Date	Time
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I have read and had the above decision discussed with me.

Youth's Signature	Date	Time
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DISCIPLINARY HEARING APPEAL FORM

I want to appeal the Disciplinary Hearing Officer's decision in my case which was conducted on _____ at _____.
Date Time

NAME: _____ DATE REQUESTED: _____

TIME REQUESTED: _____

The Director's decision will be given to you in writing within 30 days of receipt of this form. After completion of this form, place it in the slot in the Request To See Counselor Box in the dining room.