YOUTH SERVICES
POLICY

Title: Establishment of Secure Care Facility Standard Operating Procedures (SOPs) **Next Annual Review Date:** 11/05/2014	**Type:** C. Field Operations **Sub Type:** 1. General **Number:** C.1.6
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References: ACA Standards 2-CO-3A-01 (Administration of Correctional Agencies); 4-JCF-2A-01, 4-JCF-6A-08, and 4-JCF-6A-15 (Performance-Based Standards for Juvenile Correctional Facilities)	
STATUS: Approved	
Approved By: *Mary L. Livers, Deputy Secretary*	**Date of Approval:** 11/05/2013

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish the fundamental components required in developing and implementing "Standard Operating Procedures" (SOPs) surrounding the day-to-day secure, safe, and orderly functions of the YS Secure Care Center's for Youth; to ensure SOP oversight by Continuous Quality Improvement Services (CQIS).

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Facility Directors, secure care facility employees, the contracted health care provider (CHP), interns, volunteers, visitors, youth and their parents/guardians.

Facility Directors are responsible for the distribution and communication of all new or revised SOPs to facility staff, the CHP, interns, volunteers, and when appropriate, visitors, youth and youths parents/guardians, prior to implementation as outlined in Section VI. below.

IV. DEFINTIONS:

Standard Operating Procedure (SOP) – A detailed explanation of how agency policy is to be implemented, including established or prescribed methods to be followed routinely for the performance of designated operations or in specific

situations. The SOP communicates *who* shall perform the task, *what* process is necessary for the task, *where* the task will take place, *when* the task shall be performed, and *how* the person will execute the task.

V. POLICY:

It is the Deputy Secretary's policy that a facility SOP manual is in place to comply with YS Policy and programs for operating and maintaining secure care facilities, their satellites, and operations.

It shall be incumbent upon the Facility Director to ensure that revisions to facility SOPs are communicated to the appropriate Regional Director prior to submittal to the CQIS Administrative Program Director/designee for review and approval.

It shall be the responsibility of CQIS to ensure that the required specifics noted in Section VI below are incorporated into facility SOPs submitted prior to approval.

Facility SOPs that do not follow the requirements of Section VI shall be forwarded to the appropriate Regional Director for handling by CQIS.

VI. PROCEDURES:

A. Facility SOPs shall be established and provide detailed instructions for implementation based on YS Policy requirements. Facility SOPs shall cover at a minimum the following in accordance with the “American Correctional Association Performance-Based Standards for Juvenile Correctional Facilities”:

1. Control Center operations;
2. Control of contraband and unauthorized items;
3. Emergency and safety procedures;
4. Escapes, riots, hunger strikes, disturbances and taking of hostages;
5. Flammable, toxic and caustic control;
6. Key control;
7. Perimeter control and surveillance;
8. Permanent log maintenance;
9. Physical plant inspections;
10. Rounds and inspection;
11. Security;
12. Security equipment;
13. Tool control;
14. Use of interventions;

15. Youth accountability; and
16. Youth transport.

B. Facility Directors shall ensure that the following specifics are incorporated into each facility SOP.

1. *Who* is expected to implement the procedure;
2 *What* process is necessary to complete the procedure;
3. *Where* will the procedure take place;
4. *When* will the procedure be performed; and
5. *How* will the person responsible execute the procedure.

C. New or revised facility SOPs shall be submitted via email to CQIS, along with a strikethrough of the current approved SOP highlighting revisions being made, utilizing the "Facility SOP Central Office Review Form" [see Attachment C.1.6 (a)].

B. Following review, CQIS shall return the SOP and the "Central Office Review Form" to the Facility Director/designee, indicating "Approved" or "Needs Revisions", within thirty (30) days of receipt from the facility.

In the event an extension is needed by CQIS in order to complete an SOP review, notice shall be provided to the Facility Director/designee.

C. If required revisions are noted, the Facility Director/designee shall notify CQIS when revisions have been completed in the facility SOP database. CQIS shall review the revisions in the facility SOP database, and forward a revised "Facility SOP Central Office Review Form", indicating the SOP has been "Approved" and is ready for distribution, to the Facility Director/designee.

D. Facility SOPs shall not be implemented without approval from CQIS.

E. Facility SOPs shall be post-dated 30 days from the CO approval date to allow for the distribution and communication at all facility levels.

F. Approved facility SOPs shall be disseminated as follows:

1. The Facility Director/designee shall communicate SOP revisions to Section Heads during the Director's regularly scheduled weekly meeting.

2. Section Heads shall communicate SOPs revisions to their supervisors, who shall in turn communicate revisions to line-staff.

3. SOPs applicable to youth shall become part of the Direct Admission orientation curriculum. Copies shall also be maintained in each housing unit and made available to youth at all times.

4. Approved SOPs applicable to visitors shall be posted in the visitation area at all times.

5. Approved SOPs applicable to the CHP shall be disseminated to the Medical Director for communication to the CHP staff.

6. Approved SOPs applicable to volunteers shall be communicated to all volunteers through the Volunteer Services Coordinator.

7. Approved SOPs applicable to parents/guardians shall be communicated to the youth's parents/guardians.

G. Facility SOPs shall be accessible to all employees at all times through a manual and electronic format.

H. Facility staff shall be thoroughly familiar with facility SOPs concerning their areas of responsibility.

I. Facility Directors shall ensure there is a process in place for SOP review, revision or development by facility staff at all times, as well as an annual review process and updates throughout the year as needed.

   If updates to the SOP are not required during the annual review, only the "Annual Review Date" shall be revised to indicate that the review was completed.

All approved facility SOPs, as well as those archived, shall be maintained in the facility SOP database in Lotus Notes, with a hard copy placed in a manual for possible disciplinary/litigation purposes.

Previous Regulation/Policy Number: C.1.6
Previous Effective Date: 06/14/2012

Attachments/References: C.1.6 (a) SOP Review Form 1113.doc