

# YOUTH SERVICES POLICY

<b>Title:</b> Investigative Services <b>Next Annual Review Date:</b> 05/12/2018	<b>Type:</b> A. Administrative <b>Sub Type:</b> 1. General <b>Number:</b> A.1.4
<b>Page 1 of 17</b>	
<b>References:</b> Children's Code Article 603; ACA Standards 4-JCF-2A-19, 4-JCF-2A-21, 4-JCF-3A-16, 4-JCF-3D-01, 4-JCF-3D-02, 4-JCF-3D-04, 4-JCF-3D-07, 4-JCF-3D-08, 4-JCF-3D-09, 4-JCF-6A-10, and 4-JCF-6D-01 (Performance-Base Standards for Juvenile Correctional Facilities); US DOJ PREA Standards 115.322 (a), (b), (c), (d), (e); 115.334; 115.351; 115.353 (a); 115.354; 115.361 (a), (c), (d-1); 115.361 (e), (f); 115.363; 115.367; 115.371; 115.372; 115.373; 115.376 (d); 115.377 (b); YS Policy Nos. A.1.14 "Unusual Occurrence Reports", A.2.7 "Drug-Free Workplace", A.2.17 "Employee Suspensions: Pending Investigation, Enforced Annual Leave, Pending Criminal Proceedings", A.2.18 "Criminal Record Check", A.2.22 "Violence-Free Workplace", A.2.62 "Staff/Youth Relationships", A.5.6 "Internet and Email Usage", B.2.8 "Behavior Management Unit", B.5.1 "Youth Code of Conduct-Secure Care", B.6.4 "Accident and Injury (A&) Evaluations", B.8.3 "Volunteer Services Program", C.1.3 "Crimes Committed on the Grounds of YS Facilities/Office Buildings and/or Properties", C.2.1 "Escapes, Runaways, Apprehensions, and Reporting", C.2.6 "Use of Interventions - Secure Care", C.2.11 "Prison Rape Elimination Act (PREA)", C.4.3 "Mandatory Reporting of Abuse and Neglect of Youth", C.5.1 "Required Database Entry and Reporting Requirements", C.5.3 "Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices"; Investigative Services Handbook, Investigative Services Central Registry and Multiple Allegation Databases	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>James Bueche, Deputy Secretary</i>	<b>Date of Approval:</b> 05/12/17

**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 guidelines for the operation of Investigative Services (IS).

**III. APPLICABILITY:**

All YS staff and youth, contract service providers, volunteers, and interns.

**IV. DEFINITIONS:**

**Abuse** - As defined by Ch. C. Article 603(1):

Any one of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child: The infliction, attempted infliction or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person; The exploitation or overwork of a child by a parent or any other person; The involvement of the child in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in sexual activity constituting a crime under the laws of this state (refer to YS Policy No. B.6.4).

For purposes of this policy, it also includes abusive behaviors and uses of force as described in YS Policy A.2.1 (b) Employee Rules of Conduct-Employee Rule No. 3.

**Administrative Issues** - Information discovered during an IS investigation or video review showing areas (other than issues involving employee rule violations) that the Facility Director needs to address and/or correct. Examples of administrative issues include housekeeping, safety measures or inefficient processes that need to be improved.

**Neglect** - As defined in part by Ch. C. Article 603(14), "the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired.

**Reportable Injury** - An injury that threatens a youth's life or limb, that requires urgent treatment by a doctor, severely restricts the youth's usual activities or requires follow-up by a doctor.

**Restricted Housing** - For purposes of this policy, any location where a youth is housed in an individual room for the purpose of removal from programming or for specialized programming. (Examples are Victory Treatment Unit (VTU), Behavior Management Unit (BMU), Time-Out Room, and the Mental Health Treatment Unit (MHTU). Excluded are areas where youth are housed in individual rooms in recognition of good behavior and achievements.)

**Sexual Abuse (by another youth)** – Includes any of the following acts if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

**Sexual Abuse (by staff/contractor/volunteer)** – Includes any of the following acts, with or without consent of the youth:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Penetration of the anal or genital opening, however slight by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) – (5) of this section;
- Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth; and
- Voyeurism;

**Sexual Harassment (by another youth)** – Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of an offensive sexual nature by a youth towards another youth.

**Sexual Harassment (by staff/contractor/volunteer)** – Repeated verbal comments or gestures of a sexual nature to a youth, including demeaning references to gender, sexually suggestive comments about body or clothing, or obscene language and gestures towards a youth.

**Substantiated Report** - An Investigative Services report following an allegation of abuse (Employee Rule #3) which finds that abuse occurred.

**Unit Head** - Deputy Secretary, Facility Directors, and Regional Managers.

**Unusual Occurrence Report (UOR)** - A document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day the incident was observed or comes to the employee's attention in any way.

If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs may also be submitted by email. (Refer to YS Policy No. A.1.14)

***Voyeurism (by staff/contractor/volunteer)*** – Means an invasion of privacy of a youth by staff for reasons unrelated to official duties, such watching youth while he/she is performing bodily functions; requiring a youth to expose his/her buttocks, genitals, or breasts unrelated to a required search; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.

***Youth Services Custody*** – A youth victim adjudicated to the custody of YS who is housed in a secure care or contracted residential facility.

**V. POLICY:**

It is the policy of the Deputy Secretary that IS assists the administration in creating a safe environment for youth and staff by being charged with the responsibility for:

- a. Verification of **ALL** YS applicants through the Central Registry;
- b. Investigating all allegations of abuse including physical, sexual, mental or emotional abuse on the grounds of secure care facilities, to include acts of violence by youth-on-youth, staff-on-youth, and youth-on-staff;
- c. Completing investigations into allegations of sexual abuse or harassment, and referring for criminal prosecution those allegations which may involve criminal conduct;
- d. Investigating all incidents of serious injury to youth;
- e. Aggressively responding to sexual abuse, sexual harassment and voyeurism pursuant to YS Policy No. C.2.11;
- f. Investigating all allegations of staff/youth relationships pursuant to YS Policy A.2.62;
- g. Investigating crimes committed on the grounds of a secure facility pursuant to YS Policy C.1.13;
- h. Assist in apprehension of escapes; investigate, pursuant to YS Policy C.2.1;
- i. Conducting any other investigations assigned by the Deputy Secretary or Chief of Operations;
- j. Operation, installation, maintenance and security of the video camera system in each secure facility;
- k. Maintaining a toll-free telephone hotline available to youth and staff for reporting allegations of abuse and neglect, staff/youth relationships, crimes committed on the grounds of a secure facility, or any other information reported to the hotline;

- i. Maintaining the “*Investigative Services Handbook*” which establishes the procedures for the efficient operations of IS; and
- m. Reporting to the Facility Director and Regional Director allegations of retaliation against youth or staff who report sexual abuse or sexual harassment.

Each housing unit in YS secure facilities shall contain at least one (1) working hotline telephone. The hotline telephones shall be located to permit unrestricted access and privacy.

Staff and youth shall have the capability to communicate directly and confidentially to IS any allegations of abuse, violations of policy, violations of the Employee Rules of Conduct, crimes, administrative issues, PREA concerns or any other concerns without fear of reprisal, pursuant to YS Policy No. A.2.1.

Investigations of sexual harassment and sexual abuse shall follow the protocol for conducting these investigations outlined in the “*Investigative Services Handbook*”, following PREA Standards and best practices.

## VI. PROCEDURES:

### A. Reporting Allegations

1. YS staff, contract providers, volunteers and interns must report observations or suspicions of abuse and/or neglect as defined in this policy, excessive/unnecessary uses of force, and any instances of violence involving youth.

Knowledge, suspicion or information received of an incident of sexual abuse, sexual harassment, retaliation against residents or staff who report sexual abuse or harassment, and staff neglect or violation of duties contributing to an incident or retaliation must also be reported.

Reporting is **mandatory** and shall be accomplished by advising a supervisor and completing an “Unusual Occurrence Report” (UOR) prior to the end of the employee's tour of duty.

In addition, staff, contract providers, volunteers and interns may report allegations on the IS Hotline or Employee Hotline. If the person alleged to be the abuser is the supervisor of the reporting person, the reporter may report the allegation directly to IS.

2. If, during a youth's visit to the infirmary, he informs health care staff of alleged abuse or if health care staff suspects abuse, the health care staff shall report the matter using the IS Hotline following delivery of necessary medical care.

The allegation shall be documented in the youth's medical record, an "Accident and Injury (A&I) Evaluation" form shall be completed, and the IS Hotline call shall be noted in the appropriate infirmary log.

3. Reprisal or retaliation against employees or youth who report allegations is absolutely prohibited and to do so shall result in disciplinary action.

Allegations of reprisal for reporting sexual abuse or harassment reported to IS shall be immediately reported by IS to the Facility Director and the appropriate Regional Director, and an investigation initiated.

The Facility Director shall take the appropriate steps to protect the safety of those who have reported sexual abuse or harassment and are experiencing or fear reprisal, including designating staff who shall be responsible for monitoring retaliation.

Actions taken by the Facility Director shall be documented, with a copy forwarded to the appropriate Regional Director and the IS office at the facility.

Monitoring shall be documented in the IS case file by completing the "Protection Against Retaliation Form for Reports of Sexual Abuse" [see Attachment A.1.4 (e)], for the appropriate staff/youth for each PREA related incident, pursuant to established procedures in the *Investigative Services Handbook*.

The Agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

B. Incident Reports/UORs

The Facility Director/designee shall provide copies of all UORs to IS by the next business day following the date of completion of the UOR as noted on the report.

C. Investigative Staff

1. IS shall maintain sufficient staff to conduct timely investigations of allegations of abuse within secure facilities operated by YS.
2. The Director of IS is responsible for the daily operations of the IS Offices located at each secure facility.
3. The Director of IS may designate a Lead Investigator and/or supervisor at each facility IS office.
4. IS shall provide the services of a polygraphist.

D. Investigations

1. All YS staff, contract providers, volunteers and interns must cooperate with investigations being conducted by IS, and follow the lawful orders or instructions given by IS staff. Failure to cooperate shall result in disciplinary action or termination of services.
2. Information gathered during an IS investigation is confidential to the extent possible. Any person involved in an IS investigation as a witness or in any other capacity is not authorized to discuss the investigation, its facts and particulars, etc. with anyone who is not in IS. Revealing information relating to an investigation shall result in disciplinary action. Investigators interviewing witnesses shall remind them of this particular requirement of this policy.
3. Persons who are the subject of rule violations, physical abuse allegations or PREA complaints shall not have any contact with a witness, victim or individual reporting the incident after the complaint/allegation is made and the IS investigation is concluded.
4. If a youth makes an allegation of abuse, staff shall not discuss the allegation with other persons or youth except in the course of reporting the allegation. Confronting a youth about the allegations in the presence of other youth or “circle ups” is prohibited.
5. Investigators shall follow the procedures and protocols described in the *“Investigative Services Handbook”*.
6. Investigators shall not participate in the investigation of an incident in which they were personally involved or where a conflict of interest exists.
7. If a Facility Director, Deputy Director or Assistant Director is the subject of an investigation, a Central Office Investigator or an IS Lead Investigator from another secure care facility shall conduct the investigation.

E. Investigation Reports

1. Investigations shall be completed and a written report prepared for each investigation.
2. Final reports shall be distributed as follows:
  - a. Substantiated (Rule #3) reports:

The Lead Investigator at the facility shall verbally give an account of the findings of the investigation and a copy of the written report to the Facility Director. A copy of the substantiated report, along with the video media and exhibits, shall be submitted to the Director of IS.

- b. Reports other than substantiated (Rule #3) reports:
- The Lead Investigator at the facility shall submit a copy of the final report to the Facility Director.
  - Rule Violation cases are to be submitted in the same manner as Substantiated (Rule #3) cases.
  - All PREA investigation reports shall be submitted to the Facility Director and the Director of IS.

3. If the Facility Director disagrees with the findings and/or conclusion of the IS report, he shall state his reasons in writing to the Director of IS. If the Director of IS agrees with the Facility Director, he shall complete and send a supplemental report to the Facility Director and the Deputy Secretary.

If the Director of IS does not agree with the Facility Director's position, he shall submit his reasons in writing to the Deputy Secretary/designee, along with copies of the investigation, supporting documents, and the letter from the Facility Director. The Deputy Secretary/designee shall resolve the issue.

4. Employee disciplinary action for rule violations discovered and/or substantiated in an investigation shall be initiated after the investigation has been completed.

The IS Lead Investigator may consult with the Facility Director on rule violations that may proceed to disciplinary action prior to the distribution of the written report if the report will exceed 30 days.

If the written report will require more than 30 days to complete, employee disciplinary action may be authorized by the Facility Director prior to distribution of the written report with the concurrence of the Director of IS, after consultation with Legal Services.

F. Staff/Youth Rule Violations; Administrative Issues

1. Contract provider rule violations discovered and/or substantiated in an investigation shall be addressed directly with the contract monitor by the Director of IS.
2. Volunteer rule violations discovered and/or substantiated in an investigation shall be addressed with the Facility Director, who may take immediate action prior to the conclusion of the investigation.
3. IS shall determine the validity of "Code of Conduct Violation Reports" issued to youth in connection with an incident under investigation. If the results of the investigation indicate that the youth should not have been



issued a "Code of Conduct Violation Report", that determination shall be reported to the Facility Director in writing. The "Code of Conduct Violation Report(s)" shall be removed from the youth's record pursuant to YS Policy B.5.1.

4. The Facility Director shall be notified in writing of any significant administrative issue(s) discovered during the course of an investigation. A copy of all administrative issues forwarded to the Facility Director shall also be forwarded to the Assistant Secretary, appropriate Regional Director and the Chief of Operations.

**G. Provision of Information to Youth / Sexual Abuse**

1. Following a sexual abuse allegation against a staff member, IS shall inform the youth victim of the following, (unless the allegation is unfounded):
  - a. The outcome of the investigation;
  - b. The transfer of the staff from the youth's housing unit;
  - c. The staff is no longer employed at the facility; and/or
  - d. The staff member has been convicted on a charge related to sexual abuse as a result of the incident.
2. Following a sexual abuse allegation against another youth, IS shall inform the youth victim of the following:
  - a. The alleged abuser has been indicted on a charge related to sexual abuse within the facility;
  - b. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.
3. All notifications to the youth victim shall be documented by IS and maintained in the IS case file [see Attachment A.1.4 (d)].
4. If the youth is released from YS custody prior to the occurrences noted in 1 and 2 above, IS' obligation to report shall be terminated at that time.

**H. Provision of Investigation Information / Evidence and Referrals**

1. When IS or facility staff receives a request for investigation-related information from a parent, guardian or other known close family member whose identification is verified, the request shall be forwarded to the Lead Investigator at the facility, who in turn shall send the request to the Director of IS.

The Director of IS shall refer the request to the Family Liaison, whom the Director of IS shall confer with and assist in composing an informative letter to the requestor.

This letter shall be signed by the Family Liaison after approval from Legal Services, and a copy shall be forwarded to the Facility Director.

2. Letters of the outcome of investigations shall be issued to the youth and/or parent/guardian pursuant to the "*Investigative Services Handbook*".
3. If an allegation of rape is made or information concerning a rape comes to the attention of the agency within 72 hours of the alleged rape, the youth must be transported to a hospital emergency room where appropriate law enforcement personnel will be the Lead Investigators in the case. The role of IS in such cases shall consist of preserving the evidence and crime scene, providing an interview location, and access to youth and staff witnesses as needed. (Note: Swanson Center for Youth (SCY) in Monroe, Louisiana has a time span of 120 hours instead of 72 hours.)
4. IS shall refer the following incidents / investigation outcomes to the local District Attorney:
  - a. Substantiated allegations of sexual abuse and sexual harassment (if the sexual harassment is criminal); and
  - b. Incidents of and substantiated allegations of physical abuse by staff resulting in any of the following:
    - Lacerations requiring sutures;
    - Fractures;
    - Serious injuries; or
    - Death

The Lead Investigator shall make the referral by mailing a copy of the investigative report and cover letter using a Certificate of Mailing, with cover letter copies to the Facility Director, Deputy Secretary, Family Liaison, Case Manager for the youth's record, and the IS file pursuant to YS Policy C.1.3.

I. Maintenance of Reports and Documents

1. IS reports and supporting documents shall be securely maintained by the IS office located at the secure care facility for as long as the alleged abuser is incarcerated or employed by the agency, or until the 25th birthday of the youth involved.

Reports on incidents subject to criminal prosecution or civil litigation shall be retained until the matter is concluded; these documents shall not be destroyed without written approval from the OJJ General Counsel.

2. The following recorded images, such as video tapes and DVDs, whether recorded with hand-held equipment or with cameras installed at the facility, must be retained indefinitely:
  - a. Those pertinent to an IS investigation;
  - b. Those referred for prosecution;
  - c. Those pertinent to civil litigation; and
  - d. Those requested by Legal Services.
3. All evidence turned over to IS or seized by IS shall be properly processed, stored in the evidence locker located in the IS office at the secure care facility and handled according to acceptable law enforcement practices, following the guidelines established in the "*Investigative Services Handbook*".

J. Hotline Access and Maintenance; JJPL Phones

1. Hotline Access

- a. Youth shall be provided direct and confidential access to a fully operational IS Hotline telephone in each housing unit. There shall also be at least one (1) operational telephone in each counselor's office and in the infirmary. Youth placing hotline calls in a counselor's office or in the infirmary shall be "visually" supervised; however, the "conversation" of the youth when making hotline calls, shall NOT be monitored by staff. Youth are not required to provide their name when placing these calls.
- b. Designated IS staff shall check the IS Hotline calls a minimum of twice daily, seven (7) days per week. Designated staff shall follow the "*Investigative Services Handbook*" as it applies to notifications/distribution of Hotline calls.
- c. The Facility Director/designee shall be responsible for ensuring the telephones used to make calls to the IS Hotlines are accessible and operational, and that the IS Hotline is also working.

The Facility Director/designee shall ensure telephone checks are completed once per shift, seven (7) days per week.

The Facility Director/designee shall make a call to IS on each telephone in each housing unit, announcing their name, facility, housing unit, and location of the phone, which shall be documented on the "IS/JJPL Youth Telephone Check Form" [see Attachment A.1.4 (c)], and included with the shift packet.

2. JJPL Access

- a. The telephones maintained in each housing unit also provide direct access to the “Juvenile Justice Project of Louisiana” (JJPL) phone lines. Youth may use the JJPL phone line to report abuse, including sexual abuse.
- b. The Facility Director/designee is responsible for ensuring the JJPL phone lines are checked daily for proper operation, in conjunction with the check of the IS Hotline, documented on the “IS/JJPL Youth Telephone Check Form”, and included with the shift packet.

3. Maintenance

If a telephone is inoperable or the IS Hotline or JJPL phone line is not working, the Facility Director/designee shall fill out a “Telephone Maintenance Request Form” [see Attachment A.1.4 (a)] prior to the end of their tour of duty and deliver the form to the facility business office, with a copy forwarded to the IS office located at the facility. The telephone shall be repaired or access to the IS Hotline/JJPL phone line restored as soon as possible.

K. Database Management and Data Reports

1. Each facility's IS office is responsible for the input of all reported allegations into the IS “Central Registry Database”, as described in the IS “*Central Registry Database Handbook*”.
2. Central Office IS shall maintain a centralized database containing information from each of the secure facilities as required by the IS “*Central Registry Database Handbook*”. This database shall be used to:
  - Track investigative progress and trends;
  - To identify employees who have received performance appraisal or disciplinary action as a result of substantiated allegations under Rule #3 of the “Employee's Rules of Conduct”;
  - To identify employees who resigned prior to the completion of a substantiated investigation; and/or
  - To identify employees who were pending disciplinary action as a result of a substantiated investigation.

This database shall be maintained indefinitely.

3. IS shall generate summary reports of allegations upon request by the Deputy Secretary, Assistant Secretary, Chief of Operations, Legal Services, Regional Directors and others as designated by the Deputy Secretary.

4. The IS “Central Registry on HQ” database shall not be purged or any data deleted without the express approval of the Deputy Secretary.
5. Additional monthly reporting requirements, pursuant to YS Policy C.5.1 shall be adhered to.

L. The Effect of Substantiated Abuse Allegations on Personnel Matters/Verification of Prior Employees IS and Disciplinary History

1. All job applicants must declare prior employment with YS/OJJ using a “Request for Investigation Verification Form IS” [see Attachment A.1.4 (b)] The Unit Head/designee shall request that Central Office IS verify that prospective employees who were previously employed by OJJ do not have an IS substantiated abuse allegation. This verification must occur prior to an offer of employment.

If findings are noted, the Director of IS shall refer the report to the Unit Head and appropriate Regional Director/Deputy Secretary for review and approval.

Central Office IS shall also review the “Employee Activity on HQ” database (EAD) for any disciplinary actions taken against former staff and/or pending disciplinary actions at the time of the former staff member’s departure from YS, prior to an offer of employment.

The Unit Head and the appropriate Regional Director/Deputy Secretary shall be notified in writing of any findings, and a copy of the written notification shall be forwarded to Department of Public Safety (DPS) Human Resources (HR) to be placed in the personnel file of the applicant, if hired.

2. Former YS employees **SHALL NOT** be rehired if their departure from the agency is due to a substantiated finding of abuse, neglect or sexual abuse.

M. Removal of Staff, Disciplinary Action, and Staff Reminders about Violence

1. Any secure care employee under investigation for physical abuse or sexual abuse shall be removed from contact with youth or placed on leave pending investigation, if the IS Investigator has a reasonable basis to believe that physical or sexual abuse—warranting termination of employment may have occurred.

The Facility Director shall be notified verbally and in writing of the circumstances surrounding the investigator's findings, and request to remove the staff from contact with youth.

2. When an employee is placed on enforced leave due to an investigation being conducted, it is the Unit Head's responsibility to ensure that the employee's e-mail account is temporarily disabled until the investigation is concluded, and if applicable, the employee's laptop is confiscated as well. (Refer to YS Policy Nos. A.2.17 and A.5.6).
3. Employees with substantiated physical or sexual abuse allegations shall receive disciplinary action appropriate to the circumstances.

N. Volunteer-Related Requirements

1. The facility Volunteer Services Coordinator shall request a report from Central Office IS regarding findings of prior abuse or rule violations for all prospective volunteers with prior employment at a YS secure care facility, prior to approval to serve as a volunteer.

The Volunteer Services Coordinator shall make the request using the "Request for Investigation Verification Form IS". If findings are noted, the Director of IS shall refer the report to the Facility Director and the appropriate Regional Director for review and approval. A copy of the written notification of findings, as well as the results of the "Request for Investigation Verification Form IS", shall be placed in each volunteer's file.

2. Secure facility's **SHALL NOT** approve a volunteer to provide services when a conflict with or violation of policies or procedure has been previously documented.

O. Video Review

1. At the request of the Director of IS, facility IS staff shall review select video from housing units and other sites where cameras may be located.
2. The Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Facility Directors or CQIS staff may ask the Director of IS to conduct video reviews for specific dates, times and locations. Requests from CQIS staff shall be approved by the Chief of Operations.

P. Video Footage

1. Requests for copies of video footage shall be made to the Lead Investigator at the secure care facility, who has the authority to provide copies of video footage to persons other than IS staff.

At the facility level, only the Facility Director/designee may make a request for copies of video footage including management issues.

Footage downloaded to disk shall be turned over by the Lead Investigator to persons approved by the Facility Director/designee, who must sign a document acknowledging receipt of the footage, agreeing that no unauthorized persons shall view or obtain such footage, and that the footage shall be used for authorized purposes only.

Facility staff authorized by the Facility Director/designee to receive video footage shall return the footage to IS upon the conclusion of its use.

2. Requests from the Staff Development Director for copies of video footage for training shall be processed and approved by the Director of IS and the Chief of Operations.
3. Requests for copies of video footage by any other agency shall be submitted for approval by the Director of IS to the Chief of Operations, General Counsel and the Assistant Secretary, prior to being processed.

Video needed for prosecution of criminal cases may be approved by the Director of IS.

4. Only IS investigators following protocols contained in the "*Investigative Services Handbook*" are allowed to reveal video footage related to a matter under investigation.

Non-IS staff who have video-review capability are prohibited from allowing others to view footage related to an incident once it has been determined that the incident will be investigated.

Q. Use of Video in Single Room Housing Assignment: Hand-held Recorders with Audio Capability

1. Each housing unit that provides single room housing assignments shall possess and maintain a hand-held video recording device. Facility Directors shall ensure that staff members assigned to work in single room housing assignment units are trained in the use of video cameras and that the cameras are operational at all times.
2. Staff **SHALL NOT** enter a youth's room in a single room housing assignment unit while the youth is in the room unless a hand-held video camera with audio capability is being used to record the entry.

The recording shall begin when the door is unlocked and open; recording shall cease when:

- a. All staff have exited the room, the youth is in the room, and the door is closed and locked; or
- b. The youth is on the unit, in the view of the permanently- installed operational video recording equipment.

3. If a hand-held video camera with audio capability is not available to record staff entering into a youth's room as outlined in Paragraph 2 above, the youth shall be asked to step out of his room into an area where video cameras are functioning.
4. Whenever a youth is transported into a single room housing assignment unit, staff shall not enter the youth's room for purposes of escorting, removing the youth's clothing, removing restraints, or removing any other items, unless the video recorder is being used to record the entry and exit to and from the room.
5. IS shall provide single room housing assignment units with an adequate supply of labeled recording media. Information to be filled in on the label shall include:
  - a. Date of the event;
  - b. Time of the event;
  - c. Camera operator;
  - d. Wing and room number in which it was used;
  - e. Name of the youth involved; and
  - f. Name(s) of staff involved.

The camera operator shall be responsible for completing the data on the label and placing the video recording in the evidence box located in the unit. Only one incident shall be recorded per individual video media. Once recorded, a recording medium shall not be erased, recorded over or re-used in any way.

6. IS shall maintain keys and/or access to the evidence locker and shall be responsible for collecting the video recordings from the unit daily. IS shall maintain custody of the video recordings.
7. All video recordings from single room housing assignment units shall be reviewed by IS.
8. Video recordings from hand-held devices received from single room housing assignment units shall be maintained for 50 days unless needed for evidence. If the video is needed for evidence purposes, the recording shall be maintained indefinitely.

**R. Taking Youth Out of Camera View**

When a youth's behavior requires the use of interventions, including de-escalation techniques, staff is prohibited from removing youth from the place the incident occurred to areas where no cameras exist or where cameras are inoperable.



Facility Directors shall ensure staff understand the importance and know how to use the video recording device for the use of interventions in order to protect staff and youth.

Specific areas that youth **SHALL NOT** be removed to include:

1. Closets;
2. Bathrooms;
3. Stairwells; and
4. Offices that are not covered by cameras.

The only exception to the above prohibition against removing a youth into areas not covered by cameras or where cameras are not operating, is if the youth and staff are accompanied by a trained staff member who is recording the incident with a hand-held recorder.

**S. Use of Intervention**

1. IS shall review all use of interventions reports and incidents. The Lead Investigator at the facility shall make a decision whether to investigate, and at what level based on protocol from the Director of IS.
2. IS Investigators, upon conducting reviews and investigations, shall determine whether or not the intervention and/or techniques used during the intervention were pursuant to the guidelines established in YS Policy C.2.6, which defines the “Safe Crisis Management” techniques and training employed by YS. Departure from this policy and intervention techniques shall be noted in the findings of the investigation.

**VII. Quality Assurance Requirements**

- A. Quality Assurance reviews of IS offices located in the secure care facility’s shall be conducted by the Director of IS.
- B. Protocol for Quality Assurance reviews is described in the “*Investigative Services Handbook*”.

**Previous Regulation/Policy Number:** A.1.4

**Previous Effective Date:** 11/29/2016

**Attachments/References:**

A.1.4 (a) IS Telephone Maintenance Request Form May2014.pdf

A.1.4 (b) Request for Inv Verification from IS May2014.pdf

A.1.4 (c) Youth Telephone Check May2014.pdf

A.1.4 (d) Provision of Info to Youth May2014.pdf

A.1.4 (e) Protection Against Retaliation Form for Reporters of Sexual Abuse.November2016