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DIVISION OF YOUTH DEVELOPMENT
STANDARD OPERATING PROCEDURES



DYA: "It's all about youth helping youth!"

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Youth Development Administrator's Message:

Hafa Adai! This manual sets forth standard operating procedures for the Division of Youth Development to guide and support staff and management in providing quality service and to achieve desirable outcomes in accordance to the division's mandates, goals and objectives.

Further guidance is available via the department's Administrative Services Unit and Department of Administration Personnel Rules and Regulations at <http://hr.doa.guam.gov/wp-content/uploads/2013/10/Personnel%20Rules-Complete-Updated.pdf>.

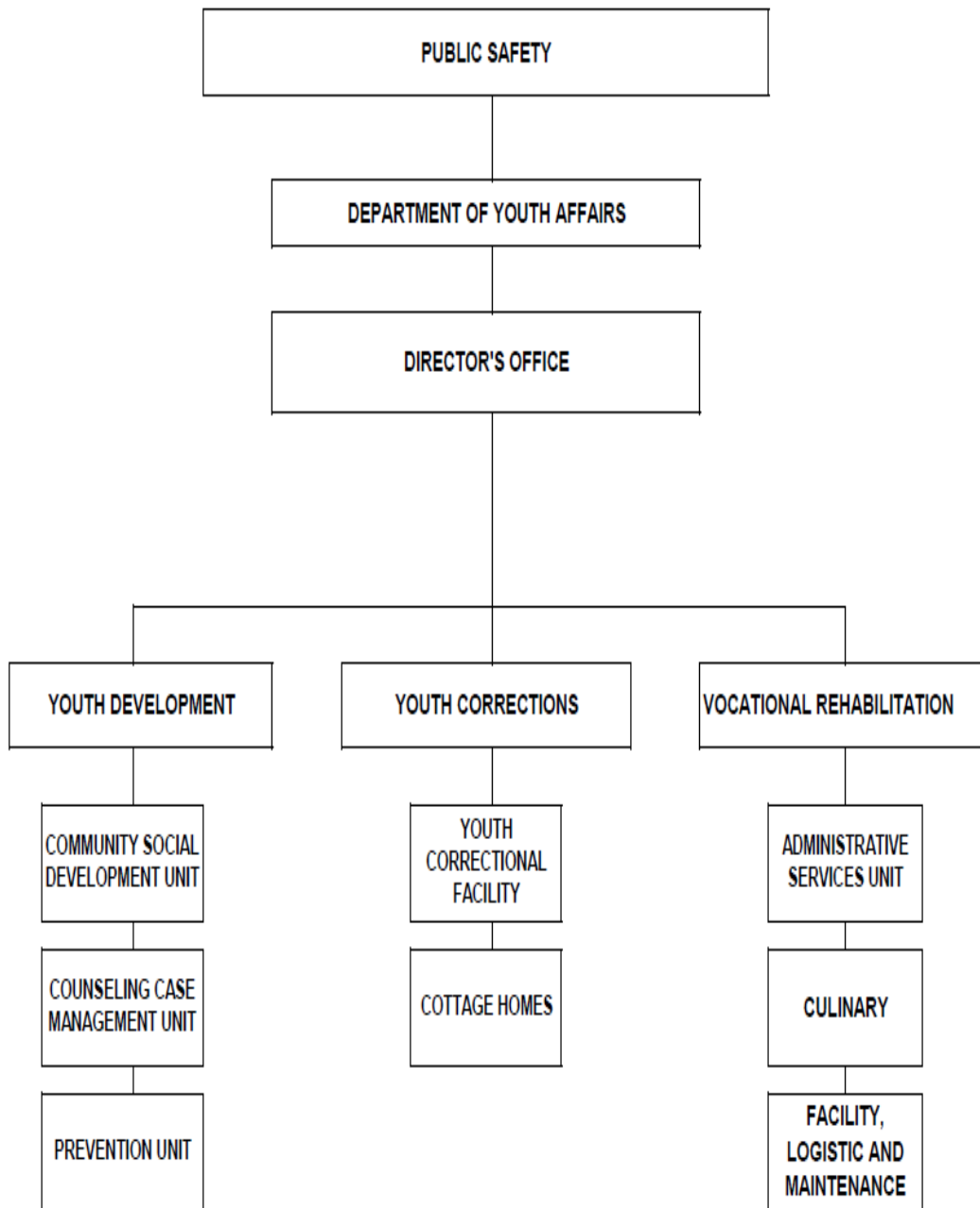
Since the establishment of the Department of Youth Affairs in March 1978, the Division of Youth Development had created and expanded its continuum of services that offers programs and activities for families, at-risk children and youth, and court-involved youth. These services include outreach and social development, prevention, diversion and crisis intervention, case management, treatment and rehabilitation, early reunification and community reintegration.

I would also like to acknowledge the members of the Division of Youth Development's Review Committee for their dedication, time, and effort to maintain our Standard Operating Procedures Manual.

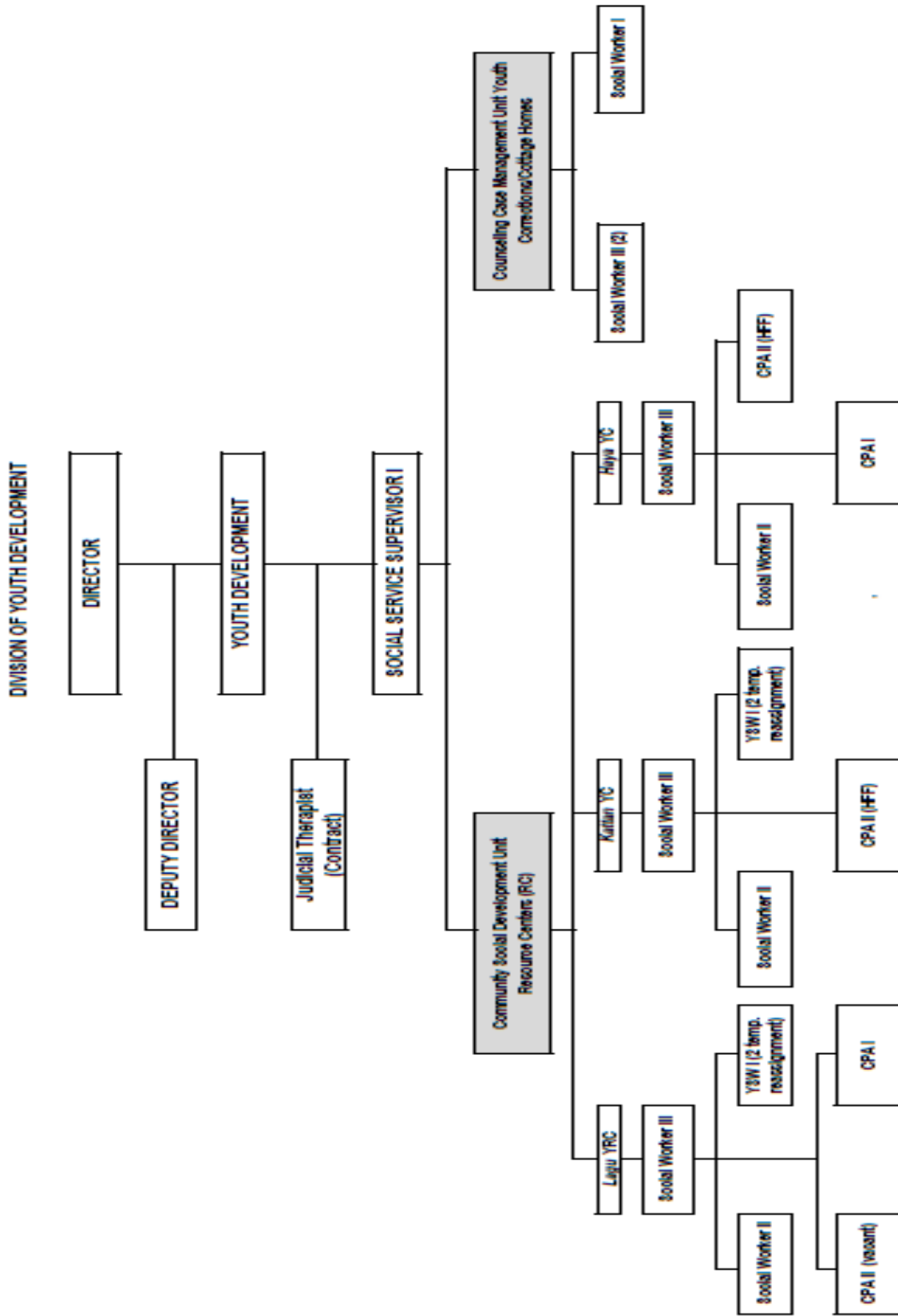
Through our Counseling Case Management Unit and Community Social Development Unit/Youth Resource Centers, we continually strive to provide utmost quality and professional service and help improve the lives of the children, youth and families we serve.

Senseramente,

Grace R. Taitano, MPA



ORGANIZATIONAL CHART
FY 2019



CHAPTER: 1 Legal Authority	SUBJECT: Purpose, Mission Statement	POLICY NO.: 1.1
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: Youth Affairs Act of 1978 (Public Law 14-110), 19 GCA, Div. 2, Chapter 20
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/2/2016; 6/29/2016; 6/29/2017; 9/26/2017	SUPERCEDES:

PURPOSE

19 GCA, Div. 2, Chap. 20, §20103

The purpose of the Department of Youth Affairs (DYA) is to plan, coordinate and/or implement programs, services and activities geared toward youth development, rehabilitation and involvement in the community. It shall not duplicate existing programs or other agencies of the government of Guam. Refer to Appendix A.

19 GCA, Div. 2, Chap. 20 §20116

Division of Youth Development (YD) shall have the following responsibilities: (a) It shall be its major responsibility to make first contact with youth in various districts, including pre-delinquent and delinquent, and provide such services as deemed necessary, including outreach in-take processing, referral, judicial and police liaison, counseling and guidance. There shall be such district centers as authorized by the Council; (b) In cooperation with the Department of Parks and Recreation, Guam Public School System and the District Commissioner’s Offices, it shall coordinate sports and recreation programs for youth throughout the Territory and may augment existing programs where deemed necessary; and (c) Coordinate with other departments or agencies (or implement such youth programs and activities if none exist) relative to internship within the government of Guam, scholarship, cultural exchange, Youth Week, skill training, job development, achievement awards, arts and crafts, youth employment, career counseling, development of special or artistic talents, music appreciation and such other special events covered by any other division of the department.

DYA MISSION STATEMENT

To improve the quality of life on Guam for all people by the development and implementation of programs and services that promote youth development, decrease juvenile delinquency and status offenses, strengthen the family unit, protect the public from juvenile delinquents, ensure that offenders are held accountable for their actions and are provided with appropriate treatment and provide restitution to the victims.

CHAPTER: 2 Values, Principles of Conduct	SUBJECT: Code of Discipline, Standards of Professionalism	POLICY NO.: 2.1
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DOA Personnel Rules and Regulations, Chap. 3, 3.000; Code of Discipline; Standards of Professional;
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 7/30/2015; 9/26/2017	SUPERCEDES:

POLICY

As public officials, all staff must adhere to ethics and mandates described in statute and by DYA. This policy establishes professional standards for staff and instituted to protect those we serve and our profession as social workers and paraprofessionals.

In order to achieve our mission, YD trains, supports, and empowers a competent and professional team of workers. As public officials, we are held to a higher standard of conduct and adhere to the Code of Discipline, Standards of Professionalism, and ethics, as prescribed, by conducting ourselves in a manner that will not violate our ethics. Refer to Appendix B.

The DYA Director, under Title 8 Guam Code Annotated, Chapter 5, Article 2 § 5.55 (j), designates Social Workers as Peace Officers for rehabilitative work and to render assistance to Division of Special Services, upon request.

GENERAL STANDARDS

Relationship with Clients, Other Professionals and the Public

Staff will respect and protect the civil and legal rights of all clients. Staff will serve each case with appropriate concern for the client's welfare and with no purpose of personal gain.

Statements critical of other professionals or their agencies will be made only if they are verifiable and constructive in purpose.

Staff will respect the importance of all elements of the criminal justice system and cultivate a professional cooperation with each segment.

Subject to a client's right of privacy, staff will respect the public's right to know and will share information with the public with openness and candor. Staff will respect and protect the right of the public to be safeguarded from criminal activity.

Professional Conduct and Practices

No staff member will use his/her official position to secure special privileges or advantages or to promote any partisan political purposes. No staff member, while acting in an official capacity, will allow personal interest to impair objectivity in the performance of duty. No staff member will accept any gift or favor that would imply an obligation that is inconsistent with the free and objective exercise of professional responsibilities.

Staff will be diligent in their responsibility to record and make available for review any and all case information that could contribute to sound decisions affecting a client or the public safety. Staff will maintain the integrity of private information; they will neither seek personal data beyond which is needed to perform their responsibilities; nor reveal case information to anyone not having proper professional use for such.

Staff will report without reservation any corrupt or unethical behavior that could affect either a client or the integrity of the department. Staff will not discriminate against any client, employee, or prospective employee on the basis of race, gender, religion, creed, age, marital status, disability, or political affiliation.

CHAPTER: 2 Values, Principles of Conduct	SUBJECT: *Licensure of Social Workers	POLICY NO.: 2.2
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: Public Law 31-250 Guam Social Work Act, NASW Code of Ethics
POLICY CREATION DATE: August 6, 2015	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

As public officials, we are required to comply with laws and ethical practices.

Social work staff shall adhere to the professional standards that govern the practice of social work duties and responsibilities.

PROCEDURES

Ensure all social work staff conform to the requirements consistent with the appropriate level of licensure as prescribed in Public Law 31-250 Guam Social Work Act. Refer to Appendix C.

*Note: Social Work Licensure procedures are pending.

CHAPTER: 2 Values, Principles of Conduct, Professional Standards	SUBJECT: Equal Employment Opportunity, Compliance with Federal Laws and Regulations, Harassment-Free Workplace	POLICY NO.: 2.3
RELATED POLICIES: Youth Correctional Facility Standard Operating Procedures (YCF SOP)	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations # 4.414 B; DYA Civil Rights Compliance Policy; Federal Regulation 28 C.F.R. §42.206
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 4/19/13; 6/29/16	SUPERCEDES:

POLICY

The Government of Guam is an equal opportunity employer. DYA is subject to the Department of Administration's (DOA) personnel rules and regulations.

As a recipient of federal funding from the Office of Justice Program, DYA is obligated not to discriminate against protected classes of people either in employment or in the delivery of services.

Equal Employment Opportunity

It is DYA's policy that there shall be no discrimination in employment against any person on the basis of race, gender, religion, age, marital status, creed, disability, or political affiliation, except for bona fide occupational qualifications or legal requirements.

Civil Rights Compliance

Title 42, Chapter 21 of the U.S. Code prohibits discrimination against persons based on age, disability, gender, race, national origin, and religion (among other things) in a number of settings -- including education, employment, access to businesses and buildings, federal services, and more. Chapter 21 is where a number of federal acts related to civil rights have been codified -- including the Civil Rights Act of 1866, Civil Rights Act of 1964, and the Civil Rights of Institutionalized Persons Act.

Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color, or national origin in the delivery of services (42 U.S.C § 2000d), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart C. Examples of discrimination covered by Title VI include: racial harassment, segregation, denial of language services to national-origin-minorities who are limited in the English language. As clarified by Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP), and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency. To ensure compliance with the Safe Streets Act and Title VI of the Civil Rights Act of 1964, DYA must take reasonable steps to ensure that LEP persons have meaningful access to its programs and activities. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. DYA is encouraged to consider the need for language services for LEP persons served or encountered both in developing its budgets and in conducting its programs and activities.

Additional assistance and information regarding your LEP obligations can be found at <http://www.lep.gov>.

The Omnibus Crime Control and Safe Streets Act of 1968, prohibits discrimination on the basis of race, color, national origin, religion, or sex in the delivery of services and employment practices (42 U.S.C. § 3789d(c)(1)), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart D. No person shall on the grounds of race, color, religion, national origin, or sex be excluded from participation be denied the benefits of, be subjected to discrimination under denied employment in connection with any programs or activity.

The DOJ regulations on the Equal Treatment for Faith-Based Organizations, which prohibit discrimination on the basis of religion in the delivery of services and prohibit organizations from using DOJ federal financial assistance for inherent (genuine, unmistakable) religious activities (28 C.F.R. Part 38).

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs and activities that receive federal financial assistance. The U.S. Department of Education gives grants of financial assistance to schools and colleges. The Title IX regulation describes the conduct that violates Title IX.

Title IX Understanding Sexual Harassment

Sexual harassment creates a hostile environment due to inappropriate speech, materials, or actions. Sexual harassment is a form of sex discrimination and includes unwelcome sexual advances, requests for sexual favors, or other conduct, physical or verbal, of a sexual nature. Sexual harassment interferes with work performance and creates an intimidating or offensive environment. Examples of activities that might create a hostile environment might include: Rude and offensive sexually related words or comments, abusive language, sexual behavior or indecent exposure, graffiti, posters or calendars, pictures and other visuals, electronic media.

All employees of DYA have the right to work in an environment free of sexual harassment. Therefore, the department prohibits and will not tolerate any form of sexual harassment. All employees at all levels of the department must avoid offensive or inappropriate sexual and/or sexual harassing behavior, and have the obligation to treat everyone with the highest degree of respect. All levels of management will be held responsible for communicating this sexual harassment policy to employees and ensuring that the work place is free from sexual harassment.

DYA defines sexual harassment as follows:

- Unwelcome, deliberate, or repeated sexual advances;
- Request for sexual favors, whether or not accompanied by promises or threats with regards to employment relationship;
- Any verbal or physical conduct that has the purpose or effect of substantially interfering with the employee's ability to do his/her job;
- Any verbal or physical conduct that has the purpose or effect of creating an intimidating, hostile, or offensive working environment; and/or

- Other verbal or physical conduct of a sexual nature made to any employee that may threaten or insinuate either explicitly or implicitly that any employee's submission to or rejection of sexual advances will in any way influence any personnel decision regarding that person's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.

This sexual harassment policy will apply to, and will be enforced in all work environments and conditions from the office setting to the field and will encompass, both on and off duty activities, which are determined work-related or functions of the department. It is advisable for employees, who feel that they are being sexually harassed, to warn the harasser that they find their conduct offensive. This initial warning, in many cases, may not only serve to abate the harassment immediately, but it may also serve to substantiate a claim of sexual harassment during the complaint procedures or during litigation proceedings.

Section 504 of the Rehabilitation Act of 1973, prohibits discrimination on the basis of disability in the delivery of services and employment practices (29 U.S.C. § 794) and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart G Requires that no qualified disabled person shall be discriminated against or be excluded from participation in an activity, a disability is a mental or physical impairment that limits a person's major life activity (self-care, walking, seeing, learning, breathing, speaking, working), and reasonable accommodations/modifications must be made to provide access to programs and/or facilities.

Title II of the Americans with Disabilities Act of 1990 prohibits discrimination based on disability in public entities. OCR is the agency designated by the U.S. Department of Justice to enforce the regulation under Title II with respect to public educational entities and public libraries. The Title II regulation is in the federal code of regulations at 28 CFR 35 prohibits discrimination against: access to programs and facilities and employment.

The Age Discrimination Act of 1975, which prohibits discrimination on the basis of age in the delivery of services (42 U.S.C. § 6102), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart I; and under the Age Discrimination Act, recipients of federal financial assistance may not exclude, deny or limit services to, or otherwise discriminate against, persons on the basis of age. The Age Act does not cover employment discrimination, which is enforced by the Equal Employment Opportunity Commission (EEOC).

As a recipient of federal funding from the Office of Justice Program, DYA is obligated not to discriminate against protected classes of people either in employment or in the delivery of services.

PROCEDURES

Any person who believes he/she has been a victim of harassment or discrimination should report it through a DYA Civil Rights Officer within a 180 calendar days of the alleged discrimination. For employee discrimination, DYA will follow the Department of Administration's procedures. Active investigations will result from the report as applicable, and may result in sanctions up to suspension or dismissal, pursuant to Chapter 11 of the DOA Personnel Rules and Regulations, Adverse Action Procedures; and are handled Pursuant to the Equal Employment Opportunity Complaint Procedures. If the conduct violates the law, the appropriate authorities will be notified.

While DYA encourages individuals to file any employment or services discrimination complaint with DYA, the agency's policies and procedures are not intended to impair or limit the rights of anyone to seek a remedy available under state or federal law. As an alternative or in addition to filing a complaint with DYA, an individual may wish to file a complaint with an external agency for investigation, such as a local or state human rights commission, or an appropriate federal agency. For instance, if a complainant alleges a violation of a federal civil rights law that is enforced by the Office for Civil Rights (OCR), Office of Justice Programs, DOJ, the DYA acknowledgement letter will inform the complainant that she or he may file a complaint directly with the OCR and provide the following contact information:

U.S. Equal Employment Opportunity Commission
Los Angeles District Office
Roybal Federal Building
225 East Temple St., 4th Floor
Los Angeles, CA 90012
Telephone: 1.800.669.4000
TTY: 1.800.669.6820
<http://www.eeoc.gov/field/losangeles/charge.cfm>

CHAPTER: 2 Values, Principles of Conduct, Professional Standards	SUBJECT: Drug-Free Workplace	POLICY NO.: 2.4
RELATED POLICIES: YD SOP	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations Appendix I
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 7/30/2105	SUPERCEDES:

POLICY

In order to safely and efficiently carry out safety and client-programming mission, YD shall maintain a workforce that is free from drugs and substance abuse.

PROCEDURES

Drug Prohibition

Staff shall partake in operating a drug-free workplace and remain drug-free from the influence of illegal drugs and excessive use of alcohol. Abstinence from illegal drug use and excessive use of alcohol are critical requirements of employment. Staff are prohibited from using or distributing illegal drugs, excessive alcohol, or other controlled substances at all times, off or on duty.

Medication

Staff taking prescribed medication that could interfere with their job performance and duties must notify the site supervisor or YD management (social service supervisor and YD administrator). They reserve the right to require a written physician's statement verifying the effect of the medication with respect to the staff's ability to perform assigned duties, and that prescribed medications in staffs' possession must be secured while on duty.

Testing and Treatment

As a result of probable cause or behavioral observations, employees may be required to submit to drug or alcohol testing as part of the drug-free workplace policy. Staff who are found to be substance-dependent through this and other non-voluntary means may be terminated. Staff who identify themselves to their immediate supervisor as being substance-dependent may be placed on leave and referred for counseling and treatment. Resumption of duty will be contingent on successful completion of a course of treatment, and/or shall undergo regular drug-testing regimen for a period of one year after resuming duties.

CHAPTER: 2 Values, Principles of Conduct, Professional Standards	SUBJECT: Tobacco-Free Workplace	POLICY NO.: 2.5
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: GCA 19, Chapter 90; Tobacco-Free Workplace and P.L. 103-227, Part C, Environmental Tobacco Smoke, also known as Pro-Children Act of 1994.
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 7/30/2015	SUPERCEDES:

POLICY

To provide for the health and welfare of clients and staff members by prohibiting smoking within the facility except in designated areas and to balance the needs of persons who smoke and the right of non-smokers to breathe smoke-free air.

DYA complies with applicable health and safety requirements, Tobacco-Free Workplace and P.L. 103-227, Part C, Environmental Tobacco Smoke, also known as Pro-Children Act of 1994.

Prohibition of Smoking within the Facility

Smoking is prohibited within all respective facilities; and smoking is prohibited while supervising, monitoring, escorting or transporting clients within or outside the department.

PROCEDURES

Designation of Smoking Areas

The director is responsible for designating an area for staff members who smoke. “Smoking” or “no smoking” signs shall be posted clearly and conspicuously in every building where smoking is regulated.

Control of Tobacco Products, Lighters and Matches

All tobacco products, lighters and matches shall be secured in personal vehicles or desks of YD staff.

CHAPTER: 2 Values, Principles of Conduct, Professional Standards	SUBJECT: Weapons in the Workplace	POLICY NO.: 2.6
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: February 8, 2016	REVIEW/REVISION DATES: 9/26/2017	SUPERCEDES:

POLICY

This policy provides guidelines regarding weapons in the workplace to ensure safety in YD's facilities and offices and prevent liability and litigation against the department.

PROCEDURES

Staff are prohibited from carrying or possessing a weapon while on duty or at any other time while in the facility and Resource Centers (RCs).

A permit to carry a concealed weapon does not give staff the authority to use or carry a weapon while on duty.

Staff may not bring a weapon, pocket knife, or ammunition into the facility and RCs.

For violation of this policy by a visitor or community individual, immediate steps are further elaborated on pages 85-86 of this SOP. Following an incident, staff must submit a Point of Information report and adhere to investigations, as required.

CHAPTER: 3 Personnel Management	SUBJECT: Supervision	POLICY NO.: 3.1
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: Position Descriptions
POLICY CREATION DATE: August 6, 2015	REVIEW/REVISION DATE: 3/25/2106; 6/29/2016; 9/26/2017	SUPERCEDES:

POLICY

As stewards of the public trust, we display ethical and honest behavior in all that we do, thus taking responsibility for the outcomes of our performance and being responsive to the needs of our clientele and their families.

YD’s administrator, social service supervisor, and senior social workers continually provide supervision, guidance, training, and support for staff to perform their duties competently and responsibly.

PROCEDURES

Director

Directs the management of personnel, clients, programs and services; implements policies and procedures for the department; oversees overall operations and personnel of each unit, section or division; responsible for the planning, coordination and implementation of programs and services.

Deputy Director

Assists the director in the management of personnel, clients, programs and services; implements policies and procedures for the department; assists in overseeing overall operations and personnel of each unit, section or division; responsible for the planning, coordination and implementation of programs and services, serves as acting director, as required.

Youth Development Administrator

Directs the management of operations and personnel, policies and procedures, programs and services, etc. of the division.

Social Service Supervisor I

Responsible for the overall operations of the Community Social Development Unit/Resource Centers (CSDU/RCs) and Case Management Unit; orientates new staff; performs related duties and serves as acting youth development administrator, as required.

Social Worker III Counseling Case Management Unit

Provides case management services (general assessments of education, health, etc.) to identify and establish treatment plans and to ensure adequate services are provided (court advocacy, referrals, resources, 24-hour crisis intervention, etc.) of assigned complex cases under the Youth Correctional Facility and Cottages Homes; assists in orientation of new staff; performs related duties and serves as Acting Social Service Supervisor I, as required.

Social Worker III Community Social Development Unit/Resource Centers

Provides supervision and guidance as the immediate supervisor of the assigned Resource Center to subordinate staff, including orientation of new staff, schedules, monitors staff assignments, reviews staff reports and submits performance evaluation of staff; provides case management services; performs related duties and serves as acting social service supervisor, as required.

Social Worker II Counseling Case Management Unit and Community Social Development Unit/Resource Centers

Conducts general assessments (education, health, etc.) of assigned clientele, identifies and establish treatment plans and ensure adequate services are provided through appropriate referrals and resources; conducts weekly home and school visits and telephone contacts to follow up on clientele needs; confers with public officials, other professionals, and parents/guardians relative to treatment planning, court hearings, etc.; attends court hearings in the interest of clientele and provides recommendations to the Family Court; participates and presents cases during monthly Case Review meetings; provides 24-hour crisis intervention services; records and maintains chronological narratives and case files of assigned clientele; prepares and submits court progress and other reports as required and attends conferences, workshops and meetings as required; performs related duties and serves as acting social worker III, as required.

CHAPTER: 3 Personnel Management	SUBJECT: New Employee Orientation	POLICY NO.: 3.2
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES: GCA Chap 19 Family Court Act; Public Law 14-110 Youth Affairs Act of 1978; DOA Personnel Rules and Regulations
POLICY CREATION DATE: August 6, 2015	REVIEW/REVISION DATE: 2/8/2016; 6/29/2016; 3/28/2017; 9/26/2017	SUPERCEDES:

POLICY

This policy establishes standards for new staff orientation to ensure fulfillment of agency goals and objects and its mission.

In accordance to DOA rules and regulations, relevant documents and citations provide guidance and support for staff to perform their duties competently and responsibly in order to achieve and advance our mission. New employee processing is assisted by DYA's Administrative Services Unit (ASU). New employees shall review and initial mandate re duty to report criminal charges or conviction and failure to report criminal charges of conviction (4 GCA § 4202.1 and § 4202.2). More information is available from the DOA Personnel Rules and Regulations at <http://hr.doa.guam.gov/wp-content/uploads/2013/10/Personnel%20Rules-Complete-Updated.pdf>.

PROCEDURES

Complete the mandatory new employee orientation training through shadowing and mentoring by the immediate supervisor or designee. Training must contain a review of job duties/responsibilities (i.e. Position Description), local and federal mandates and guidelines, YD SOP, YCF SOP, DYA PowerPoint of programs and services, tour of facilities, staff and management introductions and agency partners, learn protocol of divisions, secure an ID badge, and participate in professional development training workshops, as required. All new staff are required to review and sign their respective Position Description (PD) during orientation and shall submit it to the ASO for record via the site supervisor, social service supervisor, and YD administrator. Periodic review and updates as needed of PDs must be completed and signed by all staff and forwarded to the ASO for record. PDs are available from the ASO, social service supervisor and YD administrator.

The basic workweek is 40 hours. The workweek need not coincide with the calendar week and may begin any day at any hour of the day, in accordance with office hours, but a work schedule must be established in advance with one (1) week notification given to staff prior to changing a work schedule. Consult the DOA Rules and Regulations for more information. For hazard pay claims refer to Appendix D.

Staff must consult the site supervisor/YD management for consideration of outside employment and business activities. If approved, the form shall be forwarded to the director for final disposition.

CHAPTER: 3 Personnel Management	SUBJECT: Training and Professional Development	POLICY NO.: 3.3
RELATED POLICIES: YCF SOP	RELATED FORMS: Training Evaluation Form	OTHER REFERENCES: DOA Rules and Regulations
POLICY CREATION DATE: July 20, 2012	REVIEW/REVISION DATE: 3/28/201; 9/26/2017	SUPERCEDES:

POLICY

This policy establishes standards for staff training and professional development to provide basic competencies to carry out their job responsibilities and ensure they are well trained regularly to perform duties competently and responsibly. Training of personnel establishes an understanding of their performance standards pertinent to job title functions. YD values and supports a highly productive, motivated, culturally responsive, and culturally diverse workforce.

Training delivery for staff shall be planned, coordinated, and implemented by respective site supervisors, social service supervisor, and YD administrator, including the department’s training liaison officer(s) to ensure training needs are met in a consistent manner, the curricula meet recognized professional standards and presented by persons who are qualified in the areas in which they are conducting training. Attendance approval and training documentation are in accordance to DOA Rules and Regulations and respective division’s procedures.

A comprehensive training and staff development system helps to meet departmental mandates by providing the training necessary to execute DYA policies and procedures in a consistent and timely manner, enhance staff knowledge, skills, abilities, and competencies to perform more efficiently and effectively, and provide opportunities for continued personal and professional development.

PROCEDURES

The YD administrator and social service supervisor shall plan, collaborate, and implement with site supervisors to assess training needs.

Training must contain a description of the training, identify ways to measure effectiveness, a lesson plan, and documented learning outcomes, and attendance.

Approval for training must be approved by the site supervisor, social service supervisor, and YD administrator. Training expenses must be approved by the director, ASO, program coordinator III.

Training includes the following:

- Mandatory new employee orientation;
- In-service training in the practices, procedures, and skills necessary for working with clients;
- Professional development and skills/techniques development in keeping with the latest information on the various components of the facility programs; and
- Professional and career advancement training.

Basic Training Objectives

- To familiarize new staff members with the facility units and grounds;

- To inform new staff members of the department's mission and facility's goals;
- To provide staff with improved skills in their specialties;
- To provide a cadre of resource people for facility sections and programs; and
- To develop human relations skills to establish productive, meaningful, and professional relationships with clients.

Fundamental Training

- Facility philosophy, goals, policies, and procedures;
- Emergency procedures;
- Rights and responsibilities of clients;
- Rights and responsibilities of staff; and
- Working conditions and regulations.

The training liaison officer shall use the following methods of training:

- Packages and programs;
- Instructors and speakers from outside the department;
- Area specialists (i.e., court officials, university professors, consultants, public safety officers, fire marshals, and similar specialists);
- Audio-visual programs; and
- Correspondence courses.

Mandatory Training Requirements

All staff members shall receive orientation training at a minimum, the following areas:

1. Organization and functions of the department and facility;
2. Review of DOA rules and regulations;
3. Regulations of the department;
4. Overview of the local juvenile justice system;
5. Programs and services;
6. Special training directed toward specific sections and/or task-oriented assignments;
7. Basic counseling techniques;
8. Emergency procedures;
9. Supervision of clients;
10. Signs of suicide risk;
11. Suicide precautions;
12. Report writing;
13. Client rules and regulations;
14. Rights and responsibilities of clients;
15. safety procedures;
16. Communication skills;
17. Non-violent crisis intervention and conflict resolution; and
18. Basic first aid and cardiopulmonary resuscitation (CPR).

Following completion of training, an evaluation may be required and submitted to the site supervisor, social service supervisor, and YD administrator. Refer to Appendix E.

CHAPTER: 3 Personnel Management	SUBJECT: Worksite Wellness Program	POLICY NO.: 3.4
RELATED POLICIES:	RELATED FORMS: DYA Confidentiality-Liability Agreement Form	OTHER REFERENCES: Executive Order 2012-07
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

YD supports the health and wellbeing of staff, including good nutrition, exercise, and healthy choices that sustain a positive lifestyle.

By Executive Order 2012-07, the “new” Worksite Wellness Program (WWP) is designed to provide a standardized holistic approach to employees’ wellness/fitness plans.

PROCEDURES

Consult the DYA health coach coordinator on information on the requirements of joining the Government of Guam Worksite Wellness Program, Non-Communicable Disease (NCD) Consortium.

To partake in the WWP, staff will submit a completed registration and medical clearance to the site supervisor/YD management for review. The form will be forwarded to the director for final disposition once approved by the supervisor.

CHAPTER: 3 Personnel Management	SUBJECT: Confidentiality	POLICY NO.: 3.5
RELATED POLICIES:	RELATED FORMS: DYA Confidentiality-Liability Agreement Form	OTHER REFERENCES: Family Court Act
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

As public officials, we are required to comply with laws and ethical practices and adhere to the professional standards that govern the practice of our duties and responsibilities relative to confidentiality.

PROCEDURES

Ensure all staff conform to the requirements consistent with the Family Court Act, 19 GCA § 5122 and 5223.

Ensure parental/guardian consent to the release of information, photos, etc. are secured and on file prior to rendering services at the RCs.

Ensure RC volunteers complete and submit the DYA Confidentiality-Liability Form with attachments and approval by the director and deputy director in advance of services to be rendered at the RCs. Refer to Appendix F.

CHAPTER: 3 Personnel Management	SUBJECT: Dress Standards	POLICY NO.: 3.6
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 2/8/2016	SUPERCEDES:

POLICY

YD ensures the personal appearance of staff and volunteers is appropriate to their job duties/service and related safety while maintaining a professional public image. YD recognizes the important role of staff as employees, and that staff, volunteers, and contracted service providers within DYA’s facilities serve as role models for youth and families in the community and in custody.

PROCEDURES

Staff, volunteers, and contracted service providers should be presentable and neat in appearance and conform to the staff’s work assignment; and shall also adhere to the civilian dress requirements of the Division of Special Services (Youth Correctional Facility and Cottage Homes).

Appropriate dress is also determined by professional standards, such as the courtroom and must conform to courtroom standards. Blue jeans are typically not appropriate.

Clothing must not contain inappropriate written messages. Inappropriate written messages include offensive or suggestive words or slogans, gang signs or symbols, or alcohol/drug product advertisements.

Department-issued clothing and identification badges must be worn during work hours.

The DYA Identification Badge is issued by the Director’s Office. Photographs for identification badges must have white or light-colored backgrounds and the staff’s face must clearly be visible in the photograph. The identification badge will be displayed in plain view.

Each staff issued an identification badge is responsible for protecting the badge from damage and preventing its theft or misuse. A person requesting a replacement identification badge must surrender the badge to be replaced, if available, to the site supervisor/ YD management. The site supervisor/YD management will submit the identification badge to the Administrative Services Officer upon its surrender.

Lost, stolen or damaged identification badges must be reported to the site supervisor/YD management along with a Point of Information Report. There is replacement fee for reissuance and replacement of an identification badge.

Identification badges are the property of DYA. They must be surrendered upon request by the staff’s site supervisor/YD management.

CHAPTER: 3 Personnel Management	SUBJECT: Conflict of Interest	POLICY NO.: 3.7
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

This policy provides staff with guidance regarding professional boundaries with clients, former clients and their families. A conflict of interest could interfere with a staff’s ability to perform his or her duties and responsibilities objectively.

When a familial relationship with a client or the client’s family exists, appropriate boundaries must be continued while a client is in custody or receiving postvention services from the Resource Centers (RCs).

PROCEDURES

Disclosure – Staff will make known to the site supervisor, social service supervisor, and YD administrator their relation with clients and parents/guardians and ensure case assignment to another social worker.

Supervision - Staff will avoid circumstances where they provide direct or indirect supervision of or have any case management influence over a client with whom a familial relationship exists.

CHAPTER: 3 Personnel Management	SUBJECT: Annual Leave, Sick Leave, Sick Leave Donation, Maternity/Paternity Leave, Family and Medical Leave Act	POLICY NO.: 3.8
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 7/30/2015; 9/26/17	SUPERCEDES:

POLICY

This policy provides YD staff with guidance regarding the use of leave and donation of hours.

YD recognizes the need for annual and other leave, to include use of flex hours. Preplanned annual leave is incumbent upon adequate staff coverage for time off from accrued hours. As well, there are emergencies, hardships, etc. that may result to exhaustion of all accumulated leave, which move us to assist and donate leave on behalf of others.

Any staff may voluntarily donate accrued sick leave to an eligible staff’s sick leave account, based on the conversion of the donor’s salary rate to sick leave hours at the recipient’s salary rate. The donor may not recover any donated leave once it has been applied to the recipient’s sick leave account. With approval, donated leave may be provided to staff in other agencies.

PROCEDURES

Preplanned Annual Leave – Indicate plan for annual leave through the respective supervisor’s annual leave schedule/chart. Leave forms and timesheets must be submitted two weeks in advance to the supervisor. Request for off-island leave and timesheets must be submitted one month in advance for preapproval by the director. Should there be more than one staff requesting for leave, the reason(s) for the leave will be considered based on priority and need.

Use of Annual and Sick Leave – Leave forms must be submitted and approved prior to the end of payroll, to the supervisor. All timesheets and leave forms are due Wednesday, 12:00 p.m. to the Administrative Services Unit during the week of when pay period ends. Sick leave after three consecutive days requires certification by a physician. Refer to Leave of Absence for Medical Reasons, Appendix G.

For more information, consult the Administrative Services Unit and the DOA Rules and Regulations at <http://hr.doa.guam.gov/wp-content/uploads/2013/10/Personnel%20Rules-Complete-Updated.pdf>

CHAPTER: 3 Personnel Management	SUBJECT: Worker's Compensation	POLICY NO.: 3.9
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

YD is committed to assuring a safe and healthy workplace for all staff and return of injured workers to the workplace, at the earliest opportunity, providing temporary job modification if necessary, as certified by a physician.

PROCEDURES

Immediately report the work-related injury or illness to the site supervisor, social service supervisor and YD administrator and obtain medical treatment at the Guam Memorial Hospital.

To ensure the injured staff understands the Worker's Compensation policy and procedures, the site supervisor, social service supervisor and YD administrator shall assist in linkage with the DYA safety officer and Administrative Services Unit for completion of the Workers' Compensation Claim Form, as the staff seeks medical treatment

Submit the completed form to the site supervisor, social service supervisor, YD administrator, safety officer and Administrative Services Unit.

Maintain regular contact with the site supervisor, social service supervisor and YD administrator to provide status updates on injury or illness.

CHAPTER: 3 Personnel Management	SUBJECT: Employee Grievance	POLICY NO.: 3.10
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

When differences occur, resolution should be as informal as possible. If differences cannot be resolved informally, the grievance shall be concluded at the earliest possible step of the procedures outlined in this policy. Staff on permanent status shall be terminated only for just cause and, if requested, only after completion of grievances and appeals procedures, including an open and formal hearing on specific charges.

Differences can be allayed through involvement and communication.

Program Involvement

Staff/supervisor relationships benefit from staff involvement in facility program planning. To encourage and enhance involvement, staff can participate in the following:

1. Staff meetings,
2. Specialized training program meetings;
3. Quarterly administrative meetings conducted by the YD administrator;
4. Regular review of emergency program plans; and
5. Staff training and development.

Discussion

Staff are encouraged to discuss work-related problems informally with their site supervisor followed by the social service supervisor and YD administrator, as needed before they use the formal grievance procedure. Both staff and supervisor should attempt to resolve grievances on the immediate level to provide the quickest solution and maintain the best possible relationship. If a satisfactory solution is not reached in an informal manner, then the grievance procedure will be encouraged.

PROCEDURES

These procedures shall provide a just and equitable method for the administrative resolution of discrimination complaints and/or grievances. These procedures shall apply to any staff who believes he/she has experienced unfair treatment in any area subject to departmental control.

Staff Rights and Restrictions

Each staff shall have the right to enlist the assistance of an advocate at any level of the grievance or discrimination complaint procedures. The staff will be allowed a reasonable period of time, during work hours, to prepare his/her case. No staff shall suffer harassment or any form of retaliation as a result of exercising the right to appeal contained in the grievance procedure. The department must provide the staff with any non-confidential information necessary for processing the grievance procedure (i.e., written forms, personnel policies). A staff selected as a representative

or a witness in a grievance-related act is required to give his/her supervisor reasonable advance notice so that his/her absence will not unduly interfere with facility operations.

The following issues are not subject to grievance procedures under this policy:

- Matters subject to final action outside the department, such as executive orders, legislative acts, regulations promulgated by other agencies, or adverse action appeals;
- Selection or non-selection for promotion made from a group of properly ranked and certified candidates;
- Action terminating a temporary promotion;
- Termination of services of a probationary staff member;
- Fitness for duty examinations;
- Health benefits decisions; and
- Violation of re-employment rights.

Implementation of Grievance Actions

A staff must present any grievance within 15 calendar days after the alleged incident. A grievance may be rejected for any of the following reasons:

- The staff fails to complete the informal procedures outlined in this policy;
- The grievance is not filed within 15 days of alleged incident;
- The grievance relates to matter beyond the department's control; and
- The requested relief is not personal to the grievant.

Notification of grievances rejected shall be provided in writing by the Director, indicating the reason for rejection and advisement of an appeal procedure.

Informal Grievance Procedures

A staff must complete an informal grievance procedure before a grievance will be accepted under the formal procedures. A grievance over a disciplinary action, however, may be initiated at a higher level if the supervisor does not have the authority to grant relief sought. In all other cases, the following two steps are required:

- The staff alleging a grievance must present the matter orally to his/her supervisor, either alone or accompanied by a representative. The immediate supervisor shall consider all available facts and notify the staff member of the decision as soon as possible, but not later than 10 calendar days following the date of the grievance presentation; and
- If dissatisfied with the decision of the supervisor, the staff and/or designated representative may present the grievance to the next higher supervisory official 10 calendar days following the initial resolution attempt.

Formal Grievance Procedures

If the grievance is not satisfactorily resolved through informal procedure, the staff or representative may present a written grievance to the supervisor within 10 calendar days following the final decision. This written grievance shall contain at a minimum the identity of the aggrieved staff, the specific nature of the grievance, the corrective action sought, and the signature of the staff and/or

petitioner's representative. The supervisor shall review the grievance and give the staff a decision in writing within three (3) calendar days. If still dissatisfied, the staff may make a written request within five (5) calendar days to the director that the matter be referred to a grievance committee. Within three (3) calendar days of receipt of the written request from the staff, the director shall appoint a Grievance Committee to investigate the circumstances of the grievance, and to make a recommendation as to its disposition.

CHAPTER: 3 Personnel Management	SUBJECT: Criminal Charges/Allegation(s)	POLICY NO.: 3.11
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: 4 GCA § 4201.1 & § 4202.2
POLICY CREATION DATE: February 8, 2016	REVIEW/REVISION DATE: 9/26/2017	SUPERCEDES:

POLICY

This policy addresses when and how staff will notify the director and deputy director of significant incidents involving alleged misconduct of staff.

Ensure training on professional ethics and maintaining professional boundaries when interacting with a client to reduce risk of injury and minimize exposure to liability while promoting care, welfare, and safety.

Incidents may occur that require notification to the Director’s Office. Such incidents are likely to be of significant concern or to the public. These incidents may also affect agency actions, while such incidents may potentially attract media attention. It is imperative that the Director’s Office is verbally notified and aware of all such incidents. This notification is separate and apart from, and may be in addition to, any other required reporting through a Point of Information Report. The Director’s Office will coordinate media contact, including media requests for information about specific incidents. If contacted directly, staff will refer media representatives to the Director’s Office. Significant incidents requiring notification:

- Failure to report allegations of abuse to CPS or GPD on behalf of a client;
- Client escape/walkout; and
- Incident(s) involving a client or staff, such as alleged abuse, staff arrest/incarceration.

PROCEDURES

The social service supervisor and YD administrator are to be immediately notified by site supervisor/staff of the incident/allegation. Director and deputy director are subsequently contacted within the first hour after the staff and social service supervisor and YD administrator are aware of the incident/allegation. Point of Information Reports shall be submitted as soon as possible by staff involved.

Specifics on staff arrest/incarceration shall be adhered to, under 4 GCA § 4202.1 and § 4202.2:

§ 4202.1. Duty to Report Criminal Charges or Conviction. An employee in the classified service who is charged by indictment, information or magistrate’s complaint with any crime in any court or who is convicted of a crime in any court except Traffic Court shall provide the head of the department or agency employing the employee with written notice of the charges or the conviction within seventy-two (72) hours thereof.

§ 4202.2. Failure to Report Criminal Charges or Conviction. (a) Failure to provide the notice required by Title 4 GCA § 4202.1 is grounds for a separate Adverse Action. (b) The sixty (60) day limitation imposed by Title 4 GCA § 4406 commences when the employee gives notice of the

charges or conviction of a crime to the head of the department or agency as required by Title 4 GCA § 4202.1.

Staff will continue to report significant updates of case (i.e. court conditions, hearings).

Staff involved in an incident alleged by a client will be reassigned pending an Internal Investigation, as initiated by the director.

The director will determine when public notification is necessary.

CHAPTER: 3 Personnel Management	SUBJECT: Performance Review, Performance Improvement Plan	POLICY NO.: 3.12
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

This policy provides performance review guidelines for YD staff. YD is committed to a performance management system of staff that is reflective of the division and department's mandates, mission, and accomplishments.

Performance evaluation against expected standards for each assigned position must be done on a regular basis, inclusive of a mid-period performance advisory to advise staff of ratings assigned to each job task, during the first half of the rating period.

PROCEDURES

Evaluations should be prepared by the site supervisor, social service supervisor and YD administrator and given to the staff member for review. Evaluations are to be discussed in private with the staff member to provide full explanations about the ratings before they are signed by the staff, site supervisor and social service supervisor or YD administrator. All evaluations are to be forwarded to the YD administrator for review and to the director for final review and disposition.

Performance Standards - Each staff member shall receive a job description in writing. Standards of performance shall be explained during the employee's orientation period.

Performance Rating - Each staff member shall receive a periodic administrative rating from their immediate supervisor to assess integrity, aptitude, work habits, cooperation, and conduct. The completed rating must be filed in the staff member's official personnel folder. The staff member shall be allowed to review the rating at the completion of the rating period. Staff members who are subject to frequent job and/or supervisor changes may be rated on a modified form.

Performance Improvement Plan (PIP) – If an employee needs to improve work performance, the supervisor will prepare a PIP outlining the corrective training needed to meet the performance standards for the job task, up to 60 days with an additional 60-day extension if needed. A letter of warning will be issued for failure to improve after the PIP period that would result in an unsatisfactory rating. Further action can be taken through adverse action: suspension, demotion, and termination.

Probationary Evaluations - The site supervisor and social service supervisor must submit an evaluative statement, no later than the end of the last month of the probationary period. This signed statement certifies whether or not the staff member's performance, conduct, and general character traits have been satisfactory. The staff member shall read and sign all ratings of past and present performance.

Failure to meet reasonable standards of performance and satisfactorily complete training shall be the basis for disqualifying staff during the probationary period.

Termination of Employment - After completion of the probationary period, termination or demotion is permitted only for good cause and subsequent to a formal hearing.

CHAPTER: 3 Personnel Management	SUBJECT: Political Activity	POLICY NO.: 3.13
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DOA Rules and Regulations
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

This policy guides staff on the law/regulations regarding political practices and campaigning.

Political activity by staff is governed by the Mini Hatch Act, which restricts the political activities of staff while on the job and provides protection for staff against being forced to contribute to campaigns or services to political candidates or fundraisers. Refer to 4 GCA Chap. 5, Appendix H.

PROCEDURES

Staff will adhere to the laws, guidelines, and restrictions as established by the Mini Hatch Act. Consult the DOA Rules and Regulations for additional information.

CHAPTER: 3 Personnel Management	SUBJECT: Acceptable Use of Government-Issued Computers, Digital Equipment, and Internet Access	POLICY NO.: 3.14
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DOA Policies DOA Circular 6/10/2016
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

As authorized users, staff must follow policies for use of computers, devices, and Internet access.

PROCEDURES

Adhere to the DOA’s Policy for Acceptable Use of Government-Issued Computers, Digital Equipment, and Internet Access. Refer to Appendix I.

Adhere to confidentiality by control of access for usage by staff.

Access and control is authorized by DOA via Administrative Services Unit by granting user access to systems and information required for staff to do their work; therefore, logins are issued by DOA and may revoke user access when necessary.

To report computer and Internet problems, submit a Work Request to ASU via the deputy director and director.

CHAPTER: 3 Administrative	SUBJECT: Public Information and Media Access	POLICY NO.: 3.15
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Public information aims to promote an understanding of the department's philosophy and goals, achievements, progress, etc. All department staff shall strive to maintain integrity and credibility with the general public, and with those persons and organizations involved with the Department of Youth Affairs.

PROCEDURES

Written Communication

The designated Public Information Officer (PIO) for the department is responsible for the following types of written communication:

Official Correspondence: initial review of all official correspondence from legislative bodies, courts, law enforcement agencies and representatives of the news media.

Mandatory response: preparation of a written response to all letters within three (3) working days of receipt.

Correspondence records: recording of all incoming and outgoing official correspondence and copies of the correspondence.

Routing method: The PIO shall be responsible for informing appropriate officials of applicable correspondence. All replies to requests for information shall be answered unless some question about the validity of the information or an individual's right to privacy exists; those requests may be referred to the Attorney General's Office for a legal opinion.

Verbal Communication

The PIO shall be responsible for the following types of verbal communication:

News media visits: Visits from the news media are permitted and shall be handled through the Director's office. The director shall do the following:

- Allow media access to all program areas of the secured facility;
- Preserve clients' individual rights of privacy;
- Portray a factual picture of the facility; and
- Ensure that representatives of the media are aware of security restrictions.

Media statements: News media statements on legislation or government policy affecting detention purposes, or the function of the secured facility are the responsibility of the director. The director has the sole authority to comment on daily operations.

Contact with the public

Staff contact with the public is expected to be conducted with professionalism and respect. All staff shall receive special training to ensure prompt, courteous, and correct responses to inquiries. This training shall include the following:

- Right of Privacy Act;
- Approved telephone procedures; and
- Basic instruction in policies relating to contact with the public.

Release of Official Information

Individual staff members receiving requests for official information from groups mentioned in this policy statement shall forward all requests to the director. All inquiries must be answered promptly and accurately and in complete compliance with local and federal laws governing public information and rights of privacy. All official information and press release referring to the Department of Youth Affairs or facility policy, programming, or conditions shall be issued only by the director or a person specifically authorized to handle said request. Note that the director must make these authorizations on a case by case basis only.

Communication standards

The PIO shall be responsible for the following standards of communication:

- All public statements must agree with policies approved by the director and be confined to areas of direct responsibility;
- Clients may not be interviewed or photographed for news coverage connected with their delinquency charges, but they may be interviewed or photographed for news coverage of facility programs, with signed consent from the client and the appropriate custodian or guardian (as defined by statute); and
- No information on clients or their charges may be given to the media.

CHAPTER: 3 Case Management	SUBJECT: Management of YD Standard Operating Procedures	POLICY NO.: 3.16
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES: 5 GCA §30108; P.L. 34-05
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 9/26/2017; 7/24/18	SUPERCEDES:

POLICY

This policy describes the process in which the management of YD’s Standard Operating Procedures (SOP) shall be maintained through the assigned committee members of the YD SOP. YD ensures a system in place to develop and maintain our SOP relative to mandates and standards, needs, and monitoring of staff performance and compliance.

PROCEDURES

The YD SOP committee will convene semi-annually to review, and/or update YD’s policies and procedures, as needed. Commencing October 2019, two (2) new members shall be appointed via the deputy director and director, for a period of two (2) years and will replace two (2) existing members, as determined by the committee.

The existing YD SOP has been organized into chapters that reflect policies and procedures. The committee shall evaluate its SOP, provide input on practices, identify shortfalls, challenges, including needs and action plans to further guide YD staff and ensure new policies and procedures are disseminated, understood and used correctly.

Pursuant to the Government Efficiency Act of 2017 (P.L. 34-05), YD’s SOP is required to be posted in DYA’s website for public view.

CHAPTER: 4 Case Management	SUBJECT: Attorney General Opinions and Advice	POLICY NO.: 4.1
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES: 5 GCA §30108
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

This policy describes when and how staff shall be provided with legal assistance from the Office of the Attorney General.

The director and all staff shall receive legal advice and representation as needed before the courts and other appropriate bodies.

PROCEDURES

Counsel Availability

The director may use a representative from the Office of the Attorney General for advice and consultation regarding court decisions and issues relating to client rights and for legal representation in legal actions against them. Consultation is also available on policy information, court requirements, and operational matters.

Request for Legal Assistance

Request for legal assistance may be made verbally or in writing to the director or his designee. All requests must be accompanied with adequate background information and supporting documents to explain the need for assistance.

Evaluation of Requests for Legal Assistance

The Office of the Attorney General shall provide appropriate representation to all staff members of the facility who are legitimately conducting their respective duties. Should substantial evidence indicate the staff member's conduct was negligent, illegal, or intentionally outside his or her scope of authority, legal representation may be denied. If a staff member is denied legal representation, the attorney shall provide written notification, including the reason for the decision and right-of-appeal information.

Channels of Communication

YD staff should direct all requests for legal advice or representation to the YD management. All requests shall be forwarded to the Director's Office and then to the Attorney General's Office, along with the director's comments and recommendations.

CHAPTER: 4 Case Management	SUBJECT: Mandatory Reporting Requirements	POLICY NO.: 4.2
RELATED POLICIES:	RELATED FORMS: CPS Referral	OTHER REFERENCES: Child Protective Act, PREA
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 6/29/2016; 6/29/2017	SUPERCEDES:

POLICY

This policy directs staff on reporting suspected, alleged, or observed abuse of clients and program participants. Staff has a responsibility to ensure the safety of all clients and programs participants under the auspices of DYA and must immediately report any observed, suspected or alleged abuse, including follow up on referrals submitted.

PROCEDURES

Once a staff member becomes aware of suspected, observed, or alleged abuse, the staff must ensure the client or participant’s safety and immediately apprise the supervisor/YD management. If the alleged perpetrator of the abuse is a staff, the reporting staff must notify the supervisor. The director will determine next course of action of staff reassignment, Internal Affairs, etc. Reports will be submitted to the Guam Police Department or Child Protective Services (CPS). Referrals faxed by the reporting staff to CPS must submit the original documents the following work day and adhere to the procedures of GPD or CPS. All parties involved in the case, parents/guardians, director and deputy director shall be notified by the assigned social worker.

DYA adheres to Child Protective Services P.L. 20-209, §88201 “Persons required to report suspected child abuse or neglect. (a) Any person who, in the course of his or her employment, occupation or practice of his or her profession, comes into contact with shall report when he or she has reason to suspect on the basis of his medical, professional or other training and experience that a child is an abused or neglected child. No person may claim “privileged communications” as a basis for his or her refusal or failure to report suspected child abuse or neglect or to provide Child Protective Services or the Guam Police Department with required information.”

DYA complies with §88201 (b), which clarifies that “Persons required to report suspected child abuse under subsection (a) include but are not limited to any licensed physician, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, intern, registered nurse, licensed practical nurse, hospital personnel engaged in the admission, examination, care or treatment of persons, Christian Science practitioner, school administrator, school teacher, school nurses, school counselor, social services worker, day care center worker or any other child care or foster care worker, mental health professional, peace officer or law enforcement official.”

Furthermore, under §88203, DYA follows reporting responsibilities, “Reports suspected child abuse or neglect from persons required to report under §88201 shall be made immediately by telephone and followed up in writing within 48 hours after the oral report. Oral reports shall be made to Child Protective Services or the Guam Police Department.”

Consult the Child Protective Act for additional information. Refer to Appendix J.

Work in Progress re PREA

To become in full compliance with the Prison Rape Elimination Act (PREA) standards, training and education are ongoing for management and staff of the Director's Office, YD, and DSS. DYA shall also ensure policies and practices are in line with the standards set forth by PREA, to include the tracking and submission of statistics via DYA's designated points of contact. Through the DYA's designated PREA Coordinator, informational materials will be established to inform staff and clients about PREA and compliance procedures. Refer to the Prison Rape Elimination Act Juvenile Facility Standards. Refer to Appendix J.

CHAPTER: 4 Case Management	SUBJECT: Caseload and Case Assignment	POLICY NO.: 4.3
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 2/12/2016; 9/26/2017	SUPERCEDES:

POLICY

This policy provides guidelines on caseload and case assignment relative to the complexity of the client’s offense(s) and service needs. Some instruments are used to determine individualized treatment plan, such as the MAYSI-2 (Massachusetts Youth Screening Instrument), SAVRY, and prescreen assessments following intake processing.

To ensure case management representation by a social worker, the social service supervisor or designee, shall ensure that all clients are assigned a case work representative within twenty-four hours (or one working day not inclusive of weekends) of receiving the official written referral from a referring party.

PROCEDURES

The social service supervisor or designee will immediately assign a case work representative for each client being admitted into the YCF/Cottage Homes (CH). New admissions will be distributed amongst the social workers assigned to a particular unit, based on the social worker’s position (SW I – SW III) and their current case load level as determined by the social service supervisor.

Social workers shall make initial contact with parent/guardian upon receipt of client’s Intake Data/Referral Forms. Agencies/organizations involved shall be contacted if contact information is not available.

Social Worker I – up to 20 cases, routine to moderately complex cases and may include both Jumpstart and Aftercare Cases that fall in this category of complexity;

Social Worker II – up to 25 cases, routine to complex cases; and may include both Jumpstart and Aftercare Cases that fall in this category of complexity;

Social Worker III/ Site Supervisor – up to 15 cases, routine to complex cases.

Inherent of the social worker’s role and title, he or she may continue to use discretion to manage limited caseloads while overseeing a respective Resource Center’s personnel and operations.

Special considerations will be taken during the assignment process: allocated program case management; Juvenile Drug Court clientele; balanced with the current case load level; and the social work level of that individual.

CHAPTER: 4 Case Management	SUBJECT: Client Classification	POLICY NO.: 4.4
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 9/26/2017	SUPERCEDES:

POLICY

This policy provides guidelines on clientele classification upon admission. The classification system is designed to structure placement decisions allowing for uniform response to risk and program needs. Factors such as the client's history of violence, the number of previous adjudications and/or out-of-home placements, and behavior are all considered when it comes to classifying a client. Classifications include pre-adjudication, adjudication, continuing jurisdiction of the court, and certified youth. Persons-In-Need of Services are assigned to clients awaiting placement by the court/CPS.

The objective and obligation of the facility is to protect the community by keeping and rehabilitating those clients referred by the local courts or any authorized law enforcement agency. To insure the security of the facility and the effectiveness of the rehabilitation programs, a classification system designed with a specific level of custodial supervision and rehabilitation treatment program shall be provided for each client.

With respect to client activities involving educational experiences or programs promoting self-esteem and self-worth, all clients including Continuing Jurisdiction of the Court (CJC), pre-trial detainees and those with adult classification be eligible to attend; provided, however, that they are controllable and understand the reward/consequence factors for their choices. Note, however, that new admissions, still undergoing the initial 48 hour period, shall not be eligible to participate in client activities, unless authorized by the director because they must remain on-campus for screening assessments and observation by YCF personnel.

PROCEDURES

Degree of Custody

YD's CCMU shall have the responsibility of treatment planning via weekly Case Reviews and in conjunction with the court and parties involved. However, the custodial placement (unit) will be deferred to the YCF superintendent or designee. CCMU assists in determining the classification of clients via the court and as the client's case moves forward. The custody exercised over a client may be greater, but shall not be less than that described in the following:

- **Maximum Supervision (security risk)**
This degree of custody requires and permits the most secure housing, preferably inside a room with single room occupancy and within the main security area. Assignments or activities are to be conducted within the main security area and during day schedules only. The client shall constantly be on locked-down status unless direct supervision is provided. Should the client be required to exit the dormitory area, such as for fresh air time, or transporting, a minimum of two staff members, if possible, shall provide escort, and the client shall be adequately mechanically restrained.

- **Close Supervision (constant supervision)**
This degree of custody requires any housing within the main security area. The client shall be eligible for any day assignments or activities within the facility. He or she shall be limited on participating in outside work detail. The client shall be under immediate and constant supervision. When being transported outside the secured facility, the client shall be adequately mechanically restrained.
- **Medium Supervision**
This degree of custody requires any housing within the main dormitory area. Assignments or activities are permitted within the facility. Details outside the facility shall be limited to groups of not more than three clients per one staff member. Clients under this classification shall be under frequent and direct observation of the assigned staff member. When being transported outside the secured facility, upon the transporting officer's discretion, mechanical restraints shall be used as needed.
- **Minimum Supervision**
This degree of custody requires any housing unit. The client shall be eligible for off-campus school or work programs. Responsibility shall be assigned to any authorized person or agency for the supervision of assignment, activities and the presence of the client. When being transported outside the secured facility, upon the transporting officer's discretion, mechanical restraints shall be used as needed.
- **Clients between 18 and 21 years of age**
These clients are to be assigned to the CJC wing, designed for sight and sound separation and includes the following:
 1. Meals are served in house or the client is escorted to the cafeteria;
 2. Recreational activities are conducted separately and away from clients below 18 years of age;
 3. Special activities such as holidays are to be conducted with clients separated and away from clients below 18 years of age; and
 4. When being transported outside the secured facility, upon the transporting officer's discretion, mechanical restraints shall be used as needed.
 5. Transfer of clients to off-island facilities shall be in accordance with court order and coordination with parties involved.
 6. Transfer of certified youth to Department of Corrections shall be in accordance with court order and coordination with parties involved. If the client is ordered to be transferred within a 24-period, then the social worker shall immediately inform the YD administrator, YCF superintendent, deputy director and director.
- **Clients under lockdown and room restriction, defer to DSS YCF Directive 2017-016. Refer to Appendix K.**

CHAPTER: 4 Case Management	SUBJECT: Responsibilities of Clients	POLICY NO.: 4.5
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATES: 9/26/17	SUPERCEDES:

POLICY

The purpose of this policy is to delineate reasonable client responsibilities to ensure the safe, orderly, and overall behavior management system that promote prosocial behavior. In addition, clients within the living unit have individual goals that target specific behaviors using meaningful incentives and reinforcements.

Targeted behaviors are directly related to case plan goals and competency development. Behavior incentives and reinforcements may be social (i.e. verbal praise, more privileges), tokens (i.e. points earned or levels), tangible (i.e. books), or a reduction/removal of an aversive condition (i.e. chores, early bedtime). DYA uses social incentives and reinforcements as the primary method of promoting positive behavior while also holding clients accountable for their negative behavior. Negative behavior must be recognized, corrected and refocused as necessary and appropriate, guiding offenders to make more responsible choices.

This policy focuses on the behavior accountability portion of client behavior management. Accordingly, the facilities set clear behavior rules, boundaries and limitations. When a client engages in a behavior violation, staff must follow established guidelines to refocus the client and hold the client accountable for his/her behavior. The refocus options and processes described herein focus on staff response to client behavior that may cause imminent danger or harm to self or others, or represents an imminent threat to the safety, control and security of the facility (major behavior violations). Refocus options are graduated according to the severity of the behavior violation and offender’s responsibility.

All detained clients have certain rights and responsibilities that must be recognized. These are clearly defined, and both clients and staff shall be familiar with them. Complaints of violations shall be subject to the grievance procedures. A client’s refusal to accept the responsibilities that go along with the rights resulting in a rule violation may be subject to the disciplinary process.

PROCEDURES

Rights and Responsibilities

Clients being detained have the following rights and responsibilities:

- Clients have the right to be treated respectfully, impartially, and fairly and to be addressed by name in a dignified manner. In turn, they are expected to treat all others in the same manner;
- Clients have the right to be informed of the rules, regulations, and procedures regarding their commitment status. In turn, they will follow the rules, procedures, schedules and staff directives while detained;

- Clients have the right not to be subjected to corporal punishment, harassment, intimidation, harm, humiliation, or interference with normal bodily functions by other clients or staff. In turn, they will not subject any other person to similar mistreatment;
- Clients have the right not to be discriminated against and will have the same access to all services and programs. In turn, they will not discriminate against any other client or staff member or use language or behavior that would imply prejudice or discrimination;
- Clients have the right to participate in religious services and religious counseling on a voluntary basis, subject only to the limitations necessary to maintain facility safety, order and security. They will have access to clergy, spiritual advisors, publication, and related services that allow them to adhere to their religious practice. In turn, they will not abuse any of the religious opportunities and provisions they are afforded;
- Clients have the right to nutritious meals, proper bedding, clean clothing, toilet facilities, daily showers, adequate lighting, proper ventilation, and an overall safe environment that is maintained in compliance with local fire and safety laws and regulations. In turn, they will help clean and maintain living quarters;
- Clients have the right to appropriate medical and dental treatment. In turn, they have the responsibility to ask for medical or dental care when they need it;
- Clients have the right to call, write, and meet with their legal representative while in the facility. In turn, they will abide by the guidelines set down by the facility and their attorney;
- Clients have the right to regular visits with their family and to send and receive correspondence, subject to the censorship policy of the facility. In turn, they have the responsibility of conducting themselves properly during visits and of refraining from passing or sending contraband through the mail;
- Clients have the right to report any problems or complaints they may have while in the facility without any fear of reprisal. In turn, they have the responsibility to report these incidents and to follow the facilities grievance procedures when making such complaints. Clients also have the right to report any improper action taken against them as a result of a properly filed grievance; and
- Clients have the right to appeal any disciplinary action taken against them as a result of a rule violation. This is in addition to their right to a response to their appeal in accordance with the appeal procedures. In turn, they have the responsibility of initiating an appeal and following the proper procedures in the course of their efforts.

CHAPTER 4 Case Management	SUBJECT: Medical, Dental, Psychological Care	POLICY NO.: 4.6
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/25/2016; 6/29/16; 3/28/2017; 9/26/2017	SUPERCEDES:

POLICY

Staff shall address clients’ mental and health care needs in a timely manner and follow up as required.

PROCEDURES

Staff will coordinate healthcare as soon as the client’s court order is received or advised by parents/guardians, facility nurse, and other parties involved in the case.

Social workers can initially inquire with the parent/guardian if they are able to afford the treatment. DYA may defer payment to parent/guardian (insurance), as applicable. Medical and dental treatment for uninsured or under Medicaid (nonemergency or basic/routine care), shall be referred to DPHSS. Specialized treatment will be arranged with respective clinic.

As required, the social worker will obtain cost/quotation for service and submit a request for use of funds or petty cash, to include quotation to the social service supervisor for initial approval. All petty cash abstracts must include requestor’s ID badge number at the upper left corner. Once approved, the documents will be forwarded to the staff of the Administrative Services Unit accordingly.

Appointment date/time, location and physician/clinician will be relayed to the Leader of Transport Unit and OIC. Social workers shall receive all medical and dental reports from doctors via DSS. In special circumstances, the social worker will attend client appointments as deemed necessary or in the best interest of the client. Clients on extended furlough at *Sagan Na’Homlu* will receive treatment as arranged by Sanctuary, Inc. with parent/guardian to be present and pay for services/medication. If parent/guardian is not available and/or unable to pay, with the exception of the PPD skin tests only unless arranged in consultation with YCF superintendent/designee, DYA will be pay for the services/medication. Sanctuary, Inc. will notify the client’s respective DYA social worker.

Staff will obtain prescriptions and order medications via pharmacies/Purchase Orders and relinquish them to the OIC on duty. A count of each pill is recorded by the OIC in the presence of the social worker.

Refill for medications are relayed by the OIC and/or facility nurse and bottles received via Intake by the social worker. Refills are called in at respective pharmacies and picked up by the social worker or delivered by the pharmacy POC (via Purchase Order). As needed, quotations are requested. A request for use of funds or petty cash request is submitted for payment of medication. Call in prescription or deliver to respective pharmacy or obtain via Purchase Order. Pick up

medication or accept delivery at CCMU and relinquish medication to the OIC on duty. A count of each pill is recorded by the OIC in the presence of the social worker.

Intake Assessment

The MAYSI will be administered to new admissions. Upon request of Juvenile Probation Office, copies of clients' MAYSI may be forwarded to Client Services Family Division via arrangements by the YD administrator for the purpose of completing the SAVRY. The YD administrator or Intake/OIC shall print copies of the MAYSI. Clients may also be referred to the licensed therapist for further assessment as required.

CHAPTER 4 Case Management	SUBJECT: Personal Property	POLICY NO.: 4.7
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

For safety and security requirements, clients shall be allowed to retain a reasonable amount of personal property and staff be accountable for client’s personal effects; and returned when released, if not previously relinquished to parents/guardians.

PROCEDURES

Authorized Personal Property

Clients may retain the following items of personal property:

- Legal documents (will be maintained in the client’s personal jacket);
- Family pictures (not to exceed three);
- Prescription eyewear; and/or
- Dentures.

The quantity of clothing, footwear and educational articles should not exceed the facilities requirement.

Confiscated Personal Property

The staff shall collect items such as watches, rings, wallets, and other articles from the client at the time of admission. All items shall be checked for contraband. Money must be placed in a secured safe by the YSS/OIC and noted on the chain of custody form. Purses and suitcases shall be tagged and listed on the client’s personal property card, including description and brand name. Storage location, such as the Intake Office safe and/or a storage room, shall be listed on the property form. Confiscated property must be returned to parents/guardians as soon as feasibly possible.

Verification and Security of Property

Following completion of the client property record form, the staff shall do the following in the presence of the client:

- Address and seal any package(s) to be confiscated/returned; and
- Seal all boxes or cartons to be stored and clearly mark the client’s name and date of storage.

All property must remain in a securely locked area or under direct staff supervision at all times until it is delivered to the client’s parents, guardians, and/or any authorized law enforcement official. Any loss of personal property shall be investigated. Compensation shall be made if lost personal property is not restored.

Unclaimed Personal Property

When a client is released without claiming his/her personal property, the YSS/OIC shall complete an unclaimed item form. The client's name, status, and a description of the items are to be recorded on the form. The YSS/OIC shall notify the client's parents/guardians by phone to claim the items within 30 days. To claim the items, the client or his/her duly authorized representative must sign both the face sheet and the unclaimed items acknowledging receipt of the items.

If the items remain unclaimed after 30 days, the superintendent shall determine the approximate value of the items. If the value of the items is judged to be less than \$25, the superintendent shall arrange for their disposition on a case-by-case basis. It is duly noted herein that under no circumstances will any of these items, regardless of value, be converted to the personal use of any staff.

CHAPTER 4 Case Management	SUBJECT: Correspondence	POLICY NO.: 4.8
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

YD recognizes each client’s need for and right to maintain contact with persons outside the facility and, more importantly, asserts that he/she may do so with reasonable degree of privacy.

PROCEDURES

The amount of mail a client may send or receive is unlimited except when the facility provides postage. Excluding legal correspondence, the department shall provide postage for a minimum of two letters each week for each client.

Client letters, both incoming and outgoing, are not read by any staff except where clear evidence justifies such action. If correspondence is to be read, the client must be present when the letter is opened. If any contraband is found, the letter and its contents must be forwarded to the YSS/OIC and the assigned social worker must be immediately informed within twenty-hours (24) of the incident. If no contraband is found, the letter must be given to the client immediately.

Legal correspondence must never be opened. Clients are permitted to send sealed letters to specified persons and organizations, including, but not limited to the following:

- Courts;
- Legal counsel;
- Officials of the detaining authority; and
- Administrators of grievance systems.

Packages are subject to inspections at the discretion of facility staff. The client must be present during the inspection and notified of any items withheld. The action must be recorded on the client’s property inventory sheet.

A released or transferred client shall be permitted to take all personal mail. Additional mail must be forwarded, unopened by the assigned social worker. If no forwarding address is available, mail must be returned, unopened to the sender or post office.

Restricted Magazines, Newspapers, and Periodicals

The superintendent shall confiscate any material that meets the following criteria:

- Contains instructions for the manufacturing of explosives, drugs, or other unlawful substances/ activities;
- Advocates violence within the facility;
- Advocates racial, religious, or national hatred;
- Encourages criminal sexual behavior; and
- Behavior against facility rules.

CHAPTER 4 Case Management	SUBJECT: Access to Telephones	POLICY NO.: 4.9
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATES:	SUPERCEDES:

POLICY

To maintain ties with the immediate family and contact with attorneys, each client shall have equal and adequate access to telephones.

PROCEDURES

Outgoing Calls

Upon admission to the facility, a client may make one local call to his/her parents/guardians, or attorney at times designated by the supervisor.

If a client needs assistance in placing a call, the staff member shall place the call and remain present at a distance, which allows for the client’s privacy. The duration and frequency of outgoing calls shall be limited to allow for equal opportunity and access to all clients.

Incoming Calls

Clients may receive calls from court personnel, social workers, police officers, and lawyers when such phone calls do not interfere with legitimate programming. The staff answering the telephone shall take appropriate steps to validate the legitimacy of the phone call.

Attorney Calls

A client may phone his/her attorney at any time; provided, however that such phone calls do not interfere with the client’s scheduled activities. The number of calls shall be limited on weekends and holidays.

Logging Client Telephone Calls

All client telephone calls originating through the assigned social worker shall be supervised and documented in the client’s file in the progress note section.

CHAPTER 4 Case Management	SUBJECT: Visitation	POLICY NO.: 4.10
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/25/2016; 6/28/2016	SUPERCEDES:

POLICY

YD encourages clients to maintain contact with their parents/guardians, subject to YCF/CH visitation policies and procedures and court ordered conditions.

PROCEDURES

Authorized Visitors

Only parents/guardians shall be allowed to visit clients unless otherwise stipulated in a court order. Authorized visits shall be allowed to visit upon the recommendation of the assigned social worker, with concurrence from the superintendent, and approval from the director. Attorneys, clergy, government officials, legislators, and media representatives may be approved for visitation by the director on a case-by-case basis, and shall not count against the client’s normal visiting schedule. A special area shall be set aside for official interviews for privacy.

Visitor Sign-In

Every visitor shall check in with security immediately upon arrival at the facility. Handbags and briefcases must be left in their personally owned vehicle. Only one key and the individual’s photo identification shall be allowed into the secured facility.

Identification

All visitors shall be required to produce positive photo identification before entry to the visiting area. Only the YSS/OIC may grant exemptions.

Distribution of Visitation Rules

The superintendent shall make available to parent(s)/guardian(s) the procedures governing visits in the secured facility. This information is to be made available by the YSS/OIC to each client on arrival at the facility and shall be made available to visitors prior to their arrival at the visiting area. The notice should include the following information:

- Days and times for visiting;
- Approved visitors’ names;
- The number of visitors a client is allowed to have at one time;
- Regulations concerning special visits;

Distribution of Visitation Rules

- The possibility of being searched, notice of which shall also be posted in a conspicuous place outside the visiting area;
- Items allowed in the visiting area by the client and visitor; and

- The statute on trafficking, which shall be posted in a conspicuous place outside the visiting area.

Special Visits

Special visits may be granted with prior coordination by the client's assigned social worker, the superintendent and/or the director on a case-by-case basis. Every effort shall be made to allow special visitation privileges for hospitalized clients.

Denial of Visitation

A denial of visitation privileges shall be based on the safety, security, order of the facility and the safety of the individuals involved. The client shall be notified in writing by the YSS/OIC of a denial of visitation that includes the name of the restricted or prohibited visitor, the name of the person making the decision, and the client's right to appeal the decision.

A client may also refuse a visit from any visitor and may be denied a visitor. Known ex-offenders, including family members, are prohibited unless the director has given his/her prior approval.

The YSS/OIC may also terminate a visit based on the safety, security, and order of the facility. Visitors, whose visits are terminated, shall be notified of the specific causes for the termination, and an incident report shall be prepared and filed.

Volunteers

Volunteers are subject to all provisions of these procedures, except that their visits will not count against the client's normal visiting schedule.

Searches of Visitors

A visitor shall be informed about why the request for a search is being made. The inspection of handbags, briefcases, and packages shall be governed by the security needs of the facility.

Contact During Visitation

Clients and their visitors shall not be physically separated unless required by security needs. They shall be allowed as much informality and privacy as possible at the discretion of the superintendent or his staff designee.

CHAPTER 4 Case Management	SUBJECT: Quality Time, Furlough, Extended Furlough	POLICY NO.: 4.11
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/28/2017; 9/26/2017	SUPERCEDES:

POLICY

Quality time (QT), furlough, and extended furlough are permitted for the purpose of reinforcing the rehabilitative and therapeutic programs/ services and strengthening family involvement.

PROCEDURES

The Step Plan will be replaced by Phase I/II and Risk Levels (high, moderate, low). Phase I new admission, Phase II after six months; and high, moderate, low risk levels will be based on status (i.e. adjudication, behavioral, educational). Determination of phase and risk level will be determined at Case Reviews. Referrals to extended furlough, the social worker schedules initial orientation within five (5) days of an order with receiving parties (parents/guardians/agency/organization) and YCF representative to discuss Day Off Agreement, treatment plan, etc. The social worker must ensure written requests are submitted via memorandum. The social service supervisor and YCF superintendent must review the request before submission to the Director for final disposition.

Eligibility

Currently, eligible clients are permitted to be temporarily released to their parents/guardians or agency/organization, as per court order and abide by the Day Off Agreement.

Approving Authority

The client’s assigned social worker will review all pertinent records and reports prior to submission of a quality time, furlough, or extended furlough request to the Director via the social service supervisor and YCF superintendent.

Special furloughs/QT is permitted, as ordered by the court. Examples of special furloughs: death in the immediate family; a natural disaster.

Clients who are authorized extended furloughs at Sanctuary, Inc. may attend outings with parents/guardians, as authorized by the court and in consultation with the respective DYA social worker. YCF Intake and the respective social worker shall be notified by Sanctuary, Inc. Clients involved in major infraction(s) will return to YCF upon notification of the respective social worker/YCF superintendent by Sanctuary official(s). A conference call/treatment meeting shall convene as coordinated by the social worker.

CHAPTER 4 Case Management	SUBJECT: Access to Courts	POLICY NO.: 4.12
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES: Memorandum 2/10/16
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATES:	SUPERCEDES:

POLICY

All clients must be protected from discrimination based on race, gender, religion, age, marital status, creed, disability, or political beliefs and must have equal access to programs and activities. They must be assured that seeking judicial relief will not be met with reprisal or penalty and will have uncensored, confidential contact by telephone, in writing, or in person with legal representative.

PROCEDURES

Some clients (e.g. first time offenders, clients outside the court's jurisdiction) may not have had the opportunity to be advised by legal counsel. The YSS/OIC shall contact the assigned social worker to verify if the client has an assigned attorney.

The social worker may also inform a client of his/her legal resources available and advocate in the best interest of the client as well as the department via case review recommendations.

Communication with Legal Representatives

Telephone Calls

Initial contact with the client’s legal representative(s) may be made during the initial screening process. The youth service worker must place a telephone call to the client's legal representative, or the public defender's office upon client’s request. If the client is unable to make telephone contact, the parents/guardians may be asked to assume responsibility for getting in contact with their child’s assigned counsel.

Clients will be permitted to initiate telephone calls to their assigned attorney. If, however, an attorney has communicated to the staff that calls shall only be placed during specific time periods, the staff must comply with this request. If the attorney is not available, a message must be left to return the client’s call.

Calls are usually limited to avoid unnecessary intrusion upon the legal representative and facility staff. However, if a client indicates important information that needs prompt attention of his/her legal representative, further calls may be placed. This determination and discretion shall be made by the YSS/OIC.

Written Communication

A client's hand written or dictated message must be mailed or delivered to his/her legal representative. Written messages must be unopened and uncensored. Dictated messages must not be censored or opened once the message has been completed for delivery. Mail from the court or other legal authority to a client must not be opened.

Visits

A client's legal representative may visit him/her at any time the minor is incarcerated at the facility. If the client requests a visit with his/her legal representative, the assigned social worker shall see to it that such request is relayed, and that accommodations are made accordingly.

Contact Regarding Initial Court Appearance

Initial phone call will be made by transport to notify the parent/guardian of the client's first court hearing. If there is no contact number on file, transport will consult the social worker.

CHAPTER 4 Case Management	SUBJECT: Client Supervision and Movement	POLICY NO.: 4.13
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATES:	SUPERCEDES:

POLICY

To ensure client and public safety, clients shall not be left unattended by a social worker, administrative assistant, community program aide and/or any other support staff, in any area inside or outside the facility. Intensive staff supervision is intended to reduce reliance on security hardware and to promote a positive relationship between staff and clients as the primary means of control.

PROCEDURES

Movement Supervision

Although, it is the primary responsibility of the YCF youth service workers to be aware of the location of all clients at all times, it is imperative that all social workers and/or other support staff be just as proactive in ensuring that “no client will be left unattended”.

Youth service workers should know the exact number of clients assigned to their section and be able to recognize them on sight. If a client leaves the section for any reason, this fact must be communicated to all appropriate staff. All clients must receive permission from staff to move about the facility for any reason.

Taking Clients Outside of Facility

Social workers are advised not to take a client outside of the YCF facility without a youth service worker present, unless approval from the Intake Office has been obtained, and that appropriate precautions (shackles / handcuffs) have been applied by the intake staff.

Monitoring by youth service workers while clients are outside is a must. In the event a client is leaving or returning to the area for an official and authorized reason and the youth service worker cannot leave the group to escort him/her, the supervisor should use other available support staff.

Client Supervision

Client supervision by adequate YCF personnel for approved detail is required. Under no circumstances shall any client or group of clients be given authority over any other client or group of clients.

CHAPTER 4 Case Management	SUBJECT: Transportation Outside of Facilities	POLICY NO.: 4.14
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/25/2016; 6/29/2016	SUPERCEDES:

POLICY

To ensure the security and safety of clients during transfers and proper safeguards shall be used at all times by the staff who assume the responsibility for transporting a client outside of the YCF facility.

Resource Center staff will also ensure the security and safety of program participants during transport and proper safeguards shall be used at all times by the staff who assume the responsibility of transporting.

PROCEDURES

Transportation

The following rules apply when transporting clients outside the facility in official vehicles:

1. Any vehicle used in transporting clients shall be properly licensed and inspected according to local law;
2. The driver shall be properly licensed, and whenever appropriate at least one YCF staff member (if one is available) shall accompany the client in the vehicle;
3. The number of passengers shall not exceed the number of seats. At no time shall more than two people be in the front seat;
4. Clients are not permitted to operate or drive facility or staff vehicles;
5. Clients shall not be transported in open truck beds;
6. Clients shall be restrained only when necessary and only by appropriate safety devices; and
7. All persons in the vehicle shall adhere to Guam’s seatbelt law.

For emergency transportation, ambulances shall be used in emergency situations. If the situation is too serious or life threatening to wait for an ambulance, then an official vehicle may be used if approved by the supervisor/YD management. If an official vehicle is not available, then the site supervisor/YD management may use discretion to authorize the use of a staff member’s personal vehicle. Parents/guardians must be notified.

In all emergency situations and whenever possible, two staff members shall accompany the client/program participant being transported. Whenever possible and if time permits and does not delay a life-threatening situation, the client’s medical information/documents shall be hand-carried by staff to bring to the location of the emergency room/appointment site. This procedure is also referenced in page 103 of this SOP.

Use of Transportation Restraints

Clients in custody are not to be struck, pushed, or otherwise physically or forcibly handled by any and/or all DYA workers. Situations will exist, however, where reasonable force is necessary to maintain the safety of the client or others, including staff.

Approved security devices are to be used only in extreme circumstances. The use of such devices must be determined on an individual basis by the superintendent.

In situations where a large number of clients are being transported, trips should be scheduled so that adequate staff members are assigned. Youth service workers have the right to physically hold clients being escorted to and from the transportation vehicle. Social workers and/or support staff may assist, but only upon the lead and direction from a Youth Service Worker. For reason of safety as well as security, inside door latches of the transportation vehicles may be removed or placed in a child/lock position. Clients shall never be handcuffed to each other or any part of the vehicle when it is in motion.

CHAPTER 4 Case Management	SUBJECT: Use of Force	POLICY NO.: 4.15
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

To prevent the possibility of serious injury to staff and clients, only the minimal amount of force necessary shall be used by a social worker and/or other support staff (i.e. administrative assistants, community program aides) to control a client, or situation within their respective sections/ units. The use of force resulting in injury to staff or client and the use of mechanical restraints shall be fully documented and reported to the section/ unit supervisor who shall then follow protocol and report the incident to their proper chain of command (i.e. social service supervisor, YD administrator, deputy director, director) within twenty-four hours of the incident.

PROCEDURES

Authority

Although social workers and/or support staff are not authorized to use force towards any client, they may assist a DSS staff, based on their lead and direction, to use appropriate force when an escape is in progress or when danger to persons or property may ensue. In an emergency situation where prior authorization is not possible, a social worker or support staff may use appropriate force and later justify his/her actions in a written report detailing his/her actions and steps taken to diffuse the situation before resorting to lastly, the use of force.

Physical Handling

Although social workers and/or support staff are not authorized to use force towards any client, there may be situations that would require the use of unauthorized force. If force must be applied, the first level of force available to a social worker and support staff is the use of his/her hands. Physical handling is justified only by youth service workers, to subdue unruly clients, separate participants in a fight, and in defending oneself, staff, juveniles, or other persons. It also may be used to move clients who fail to comply with lawful orders. As with any type of force, the amount of physical handling shall be only as much as is reasonable and necessary under the circumstances.

Use of Force Reports by a Social Worker and/or Support Staff

The site supervisor/YD management should be notified immediately of an incident occurring when any type of force is used. A dated and signed written report, prepared by the social worker and/or support staff, who employed force, shall be completed as soon as possible, but no later than the end of the work day in which the incident occurred if at all possible, and shall include the following information:

- An accounting of events leading to the use of force;
- An accurate and precise description of the incident and reason for employing force;
- A description of the restraining devices, if any, and the manner in which they were used;
- A description of the injuries suffered, if any, and the treatment given and/or received; and
- A list of all participants and witnesses to the incident.

Disciplinary Action

When undue force is used, the alleged social worker and/or support staff shall be reassigned immediately if at all possible away from the client involved in the same incident, or placed on administrative leave by the director, pending the outcome of an internal affairs investigation. Only the director will make this determination, to include whether an internal affairs investigation is warranted. Upon completion of the internal affairs investigation and should the allegation be substantiated, the director shall take appropriate disciplinary action on said personnel, pursuant to the adverse action process, and shall further decide whether such allegation shall be forwarded to the proper authorities for criminal prosecution.

CHAPTER 4 Case Management	SUBJECT: Absence Without Leave/Escape/Walkout	POLICY NO.: 4.16
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 7/24/18	SUPERCEDES:

POLICY

Staff shall provide timely response to a client who AWOL (absence without leave), escape or walk out, upon notification by the reporting staff or designee.

PROCEDURES

When a client has been reported missing, the YD staff shall obtain the Incident Report(s) from the reporting staff (i.e. YCF) once available. Concurrently, DYA's Order for Search, Apprehension, and Detention shall be drafted by the social worker and attach the Incident Reports for the judge's signature; thereafter the social worker will file and disseminate to appropriate agencies, such as JPO, GPD, AG, CPS and attorneys involved in the case. The social worker shall also make contact with parents/guardians and all parties as appropriate (JPO, client's counsel, AG, CPS) and provide updates as needed.

Should a client leave the premises while under the supervision of the Resource Centers' staff or during an activity, etc., the reporting staff shall immediately contact the YD management and GPD, to include the YCF superintendent or OIC on duty. YD management shall assist to notify the deputy director and director and parents/guardians. The reporting staff will submit a Point of Information report as soon as possible, signed by the reporting staff, shift supervisor and YCF superintendent, to be attached to the DYA Order for Search, Apprehension, and Detention Order that shall be drafted by the social worker for the judge's signature; thereafter the social worker will file and disseminate to appropriate agencies, such as JPO, GPD, AG, CPS and attorneys involved in the case. The social worker shall also make additional contact with all parties as appropriate (i.e. JPO, counsel, AG, CPS) and provide updates as needed.

Copies of the reports shall be forwarded to the Director's Office. A Press Release by the PIO will be determined by the Director.

If the client is back in custody, notification will be given to YD by the reporting staff or designee. YD or YCF shall notify the parents/guardians of the client's status and court date.

CHAPTER 4 Case Management	SUBJECT: Client Grievance	POLICY NO.: 4.17
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Clients have the right to file grievances against any behavior or disciplinary action of staff or other clients. Grievances that have not been resolved informally shall be filed according to the procedures outlined below.

PROCEDURES

Informal Resolution

A client may select a representative or spokesperson from the staff at any time during the grievance process.

Reasonably brief time limits shall be established for resolution, and all responses to a grievance shall be in writing. Failure to respond within the required time limit entitles the client to proceed to the next level of review. A client with an emergency grievance (i.e. isolation, lack of essential medical care) shall receive action that can provide immediate redress.

The grievance procedure itself must be used to determine whether a specific complaint falls within the jurisdiction of the grievance procedures. The superintendent and the director must be notified immediately of all complaints against staff members or other clients, regardless of the allegation.

Filing a Formal Grievance

Clients must have access to grievance forms, which shall contain the name of the client, the date, the person or policy grieved, and the nature of the grievance. Copies of each Grievance Form shall be given to the respective social worker handling the case, if given directly to YSS/OIC. Grievance forms may be submitted directly to the YSS/OIC or social workers, who will in turn notify the superintendent with a copy, and a copy immediately sent to the director, if the grievance form is submitted directly to the assigned social worker. If a client cannot gain access to the YSS/OIC or the social worker, a staff member shall make the delivery.

Levels of Review

There are three levels to the review process:

- Independent assessment by the superintendent, in which the findings are transmitted to the director for his/her review. The director may concur with the findings and close the complaint, or forward the complaint to the Internal Board of Review (IBR).
- Hearing by an IBR committee within three days of the receipt of the grievance request. The committee may recommend any or all of the following actions:
 - Transfer of the staff to another section;
 - Disciplinary action against the staff member or client named in the grievance;

Further investigation;
Changes in policy or procedure; and
Place client on protective custody.

- Administrative evaluation by the director or designee
The director shall review the committee's findings within three (3) days and submit the report to the client.

Internal Board of Review Committee

The committee shall be composed of the IBR Chairperson, DYA therapist, superintendent or his designee, the client's assigned social worker and the client (if he wishes to be present for the IBR Meeting). This committee shall be responsible directly to and shall have the responsibility of making recommendations to the director for the sanctions or disciplinary actions to be imposed for the client's discipline. The director shall approve or disapprove the recommendations of the committee, but shall advise the committee of his/her reason(s). The committee shall not have the power to override the decisions of the director.

The director may reject the decision of the committee and request for a new proceedings if, on the review, the proceedings are found to be deficient due to any of the following reasons:

- Failure to adequately notify the client of the hearing;
- Failure to state the correct date of the offense;
- Lack of impartiality of the committee; and/or
- Improper exclusion of witnesses.

Hearing Procedures

The client shall be present at the hearing unless he/she displays improper behavior during the hearing or waives that right in writing, and may have his/her social worker present on his/ her behalf. The client may be excluded during testimony given in confidence, and the reasons for such absence or exclusion shall be documented. The client is given an opportunity to make a statement, present documentary evidence, and have in attendance anyone who has relevant information, except when doing so may jeopardize the life or safety of persons, the security, or order of the facility. Any denial of witnesses must be documented in writing.

Civil Action resulting from a Grievance

If a client believes that his/her civil rights have been violated and are still in jeopardy, he/she shall be encouraged to pursue legal action through his/ her assigned counsel. The client may seek assistance and guidance through his assigned social worker.

CHAPTER 4 Case Management	SUBJECT: Internal Board of Review Meetings/Treatment Team Meetings	POLICY NO.: 4.18
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

When an adjudicated client has violated a rule at the facility, the social worker, YSS/OIC will convene to address infractions/incidents.

When an adjudicated client has violated a rule at the facility, the YSS/ OIC must submit reports with regard to the incident to the superintendent for his review. The superintendent must then immediately forward all written reports with regard to the incident to client’s assigned social worker.

PROCEDURES

The superintendent must then immediately forward all written reports with regard to the incident to client’s assigned social worker.

The social worker is the individual responsible for scheduling an Internal Board of Review (IBR) Meeting within 48 hours of the incident occurring (not inclusive of weekends), with the board chairperson, to ensure that the client is afforded due process within the facility and that he is being treated fairly and just with regard to his actions. In order to ensure the client’s due process is maintained, it is important that the IBR Committee act swiftly to determine a fair disposition for the client and implement the disposition immediately.

To insure the effectiveness of the rehabilitation and therapeutic programs/ services, an IBR Committee consists of: the Chairperson, the superintendent or his designee in the event he is unable to attend, the client’s assigned social worker, and the client (if he voluntarily chooses to be present for the meeting). It is the client’s right to be present for an IBR Meeting, however, he may forfeit that right out of his own free will. Finally, it is the responsibility of the IBR Chairperson to forward a written report to the assigned social worker with regard to the decision of the board so that the report is made available at the client’s court hearing.

Meetings in regards to serious incidents involving non-adjudicated clients shall also be held at the request of treatment team members, however, in such cases meetings shall be considered or termed “Treatment Team Meetings” and not, “IBR Meetings,” since the latter term refers only to adjudicated clients. Additionally, all other matters related to IBR Meetings will also be applicable to Treatment Team Meetings as well.

CHAPTER 4 Case Management	SUBJECT: Case Review	POLICY NO.: 4.19
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Case Reviews are convened to insure the effectiveness of clients' rehabilitation, therapeutic programs/services and needs are being addressed, including concerns, updates, recommendations, etc.

PROCEDURES

The lead Case Review representative (clinician) provides consultative services to the Case Review team, which in turn the social worker reports out to the court and parties involved as appropriate.

Status updates are presented by staff (i.e. social worker, therapist, LF Coordinator, YCF superintendent/designee) who are designated to conduct follow ups.

CHAPTER 4 Case Management	SUBJECT: Release of Clients	POLICY NO.: 4.20
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/28/2017	SUPERCEDES:

POLICY

Prior to the release of a client, the social worker must ensure that all educational, psychological and judicial obligations to the client have been met. The social worker should assist in transitioning the client back into the community by informing them of court expectations via court orders to ensure that most importantly they are aware of their court conditions and that they are compliant so as to minimize the likelihood that they will become recidivists. If at all possible, the social work staff shall make every effort to communicate with the parents to ensure that they are well aware of the court conditions ordered of their child so that they can be supportive and conditions are met and followed. Voluntary or court ordered Resource Center Aftercare services for released clients will be initiated by the CCMU social worker if not previously assigned by an RC social worker.

PROCEDURES

Responsibilities of Assigned Social Workers

The social worker must verify release dates, determine where the client is going, including the person or agency to whom the client is to be released, and assess the necessity for and availability of continuing services in the area where the client will be living. This responsibility shall include, but are not limited to the following:

- Determining the release arrangements to parent(s)/guardian(s) or a placement agency;
- Arranging for the continuation of medical, dental, and mental health services or examinations; and
- Arranging for the continuation of court sanctioned appointments and/or educational or work activities.

General Release Procedures

Staff directly involved with the release procedure must ensure the following:

- Identification of the parent/guardian or agency representative receiving the client;
- Verification of signature(s) of the person(s) receiving the client on the custody acceptance form;
- Verification of release papers;
- Completion of any pending actions, such as grievances or claims for damages or lost possessions;
- Return of personal effects, especially medication;
- Instructions for the forwarding of mail; and
- Schedule of exit interviews.

The client must sign the personal inventory form to receive his/her belongings. The admission and release signatures should be compared to verify the client's identity. If the client is not released to

a parent or guardian, that person shall be notified as soon as possible that the client has been released from the facility.

Transfers

The director shall allow transfers between programs of similar or dissimilar security levels for the following reasons:

- To provide the level of security or structure necessary to accommodate a client who cannot be in an open setting;
- For the convenience of a client or his/her family to facilitate visits or other necessary services to the client; and
- Because the client cannot receive necessary mandated services at his/her present facility.

Transfer to Less Secure Site

The decision to transfer a client between sites involves authorization by the following individuals or agencies:

- Remand or court order must provide for a nonspecific secure placement (e.g., Cottage Homes or the name of a specific detention facility), or the approval of the court must be obtained and a new remand order secured prior to the transfer;
- The superintendent of the facility, after obtaining approval from the director; and
- any legal representative or authorities as designated by the court.

Prohibition against Transfer to an Adult Correctional Facility or Jail

Under no circumstances may the director authorize, initiate, or facilitate the transfer of a client under the jurisdiction of the juvenile court to an adult correction or detention facility unless the juvenile has been legally waived, transferred or certified to be under the jurisdiction of an adult court.

Non-emergency Medical and Mental Health Transfers

All non-emergency medical and mental health transfers shall only occur after a written order from the court of placement is received.

Emergency Medical and Mental Health Transfers

Emergency transfers for either medical or mental health reasons shall be in accordance with the policies already set forth in this manual. The client's assigned social worker shall notify the court of placement as soon as possible, but no later than the next business day after the client leaves the facility.

CHAPTER 4 Case Management	SUBJECT: Incident/Point of Information Reports	POLICY NO.: 4.21
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 7/24/18	SUPERCEDES:

POLICY

Within the course of daily operations, incidents may occur that require notification to the supervisor, such as incidents and may be of significant concern or interest to upper management. These incidents may also require other agencies involvement and action (i.e. CPS, JPO).

PROCEDURES

Verbal notification and written reports of incidents shall be submitted, as required by the supervisor.

The incident reports or point of information must include those involved, location, and time of occurrence of all incidents within the jurisdiction of YD. Information obtained from these reports identifies hazards, isolates areas requiring immediate attention and allows department officials to eliminate the hazards or reduce their potency. All serious, significant or emergency events, which occur within our respective unit, shall be reported immediately to the site supervisor/YD management and/or the director. When significant incidents involving clients occur, staff will provide timely notice to the client’s parents/guardians, including counsel and parties involved.

Types of Incidents: Incidents/altercations involving a client; incidents/altercations involving an employee; escape attempts/plans; thefts; suicide attempts; destruction of property; riotous behavior; repeated violations of departmental procedures; sexually acting out behaviors of employees or clients; injuries which occur during working hours; medical emergencies; possession of contraband by employees or clients; operation or security compromise (i.e. unlocked doors, inaccurate count of juveniles); and/or any improprieties involving staff and/or clients.

Report format should include, but not limited to the following information: ramifications of the situation, event, incident, allegations, etc.; recommendation for corrective actions; issues that precipitated the situation/event/incident/allegations, etc.; witness statement; injuries sustained, if applicable; property damage, if applicable; staff actions and/or inaction regarding situation, event, incident, allegations, etc.; and recommendations to remedy situation; and actions or inaction by management. As required, staff shall submit an Incident Report/Injury Report Form. Refer to Appendix L.

The incident report must be clear and concise with all the facts and pertinent details to allow for concise decision-making. Identify staff and clients involved. Do not identify a person only by last name.

Routing of Incident Reports

Writing the report should be done immediately after an incident, or the following day at the very least. All reports must be completed and turned in to the supervisor. The incident report will be

forwarded to the YD administrator and director for further action. All incidents concerning the operation or security of the department will necessitate immediate notification by telephonic communication to the unit supervisor, who will then inform the YD administrator and the Director. All reports and statements will be reviewed by the unit supervisor and forwarded to the YD administrator as soon as possible. All incident reports shall be forwarded to the Director, via the YD administrator for final disposition on the appropriate, immediate course of action to remedy the situation.

Depending upon the incident, the director and PIO may coordinate media contact, including media requests for information about specific incidents. If contacted directly, staff will refer media representatives to the Director's Office.

CHAPTER 4 Case Management	SUBJECT: Report Writing	POLICY NO.: 4.22
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Reports are the principal source of information for the department. They facilitate notification to department officials concerning important matters. Reports are useful in calling pertinent conditions to the attention of the director, the courts or other governmental agencies. It is the department's policy that all reports from a simple, brief memo to a complex, formal, investigation report require the application of certain standards. All reports must be clear, pertinent, brief, complete, current, accurate, fair, properly classified, informative, and objective.

These standards are also applicable to court proceedings and chronological documentation.

PROCEDURES

Principles of Report Writing

Clarity

The report should be clear with a statement of objectives or purpose so that the reader can quickly evaluate it against the stated objective.

Relevant

The report should deal exclusively with the stated objective, or the subject or functions with which it states it is concerned. If other subjects are introduced, they should be related to the major one and the relationship should be made clear.

Concise

Although brevity is a relative matter and should depend upon the nature of the report and the use that will be made of it, it should be brief enough to be useful, but not so brief as to raise questions about its validity. Brevity is achieved by avoiding verbosity, and needless repetition, unnecessary detail, and all matters not bearing on the subject under discussion. It includes the ability to make the report unified, coherent, and emphatic.

Complete

Within the dimension of the assignment or stated objective, the report must be sufficiently exhaustive, so that the reader can use it with confidence. Although again this is a relative matter, completeness means reporting all facts you have learned which have a bearing on the problem or case. Partially stated facts are as misleading as falsehoods. They can create a false picture in the mind of the reader and cause him/her to make decisions, which appear ridiculous in view of the complete set of facts. The reviewer will only know as much about the problem or case as you report to him/her. He/she must make a decision on what he/she has read and not on what you have in mind. The report must include all the pertinent and relevant information; leave nothing to the reader's imagination.

Current

Unless the information in the report is up-to-date as of the time of its use, it is likely to cause unwise or even erroneous decisions. Therefore, the report should be carefully dated, not only with respect to the time it was written, but as of the time the incident or investigation ended. In some situations, even a few hours may render the information obsolete.

Accurate

Unless the report is as accurate as possible, it may be embarrassing to you, the director, and to others. If the report contains errors of substance or judgment, it raises doubts with respect to the methods of gathering information, the preparation of the report, or the competence of the person or persons who evaluated it. In order to be accurate, you must conform to the facts of the case. A report is an exact recitation of the facts obtained without any addition or subtraction. A fact is that which you know to be true by the use of any or all of the five senses. Any other information is hearsay; it must be given at the proper time and place in the report and labeled as such.

Fair

Regardless of the type of report, fairness is essential to good documentation. In some reports, it may be difficult for you to be unbiased, but you must make every effort to recognize the difficulty, and to eliminate its influence on the reports. One way to achieve fairness is to report all of the facts. Nothing should be concealed or withheld because it tends to weaken the report or because it doesn't fit the conclusion. Fairness can be achieved by keeping an open mind. Notate facts as you find them. Preconceived theories or theories based on guesses may cause you to attempt to warp, twist, contort, and even to concoct facts to fit these previous ideas. If you remember that as a report writer you are basically a fact-finder, you will eliminate this pitfall.

Properly Classified

If the substance of the report deals with secrets or classified information or, if the nature of the report is one requiring confidential treatment until it is released, this classification should be clearly stated.

Informative

The report should present the subject understandably and give proper emphasis to the matter requiring attention or action. Where appropriate or possible, alternative actions should be suggested together with the advantages and implications of each action.

Objective

As a rule, the tone and content of the report should be entirely free of propaganda. This should apply to the detail, to the points of emphasis, and to alternative recommendations if they are made. Even when recommendations are made in the report, they should be supported by evidence, which gives them the quality of reliability. If personal opinion is included, it should be presented at the appropriate time and place and clearly labeled.

Proper Format

Form refers to the arrangement of the material presented, the visual shape of the document, and the mechanical set-up. It refers to anything that will make the report more easily read and useful as a reference. It includes, among other things, proper paragraphing, proper indentation, proper

underscoring, proper capitalization, or any device, which sets out the important phases of the report. Form includes the proper setting of the various headings of the report and the pertinent material of each. It refers to the proper inclusion of exhibits. It refers to the neatness of the report, the spelling, abbreviations, punctuation and preciseness of expression. If the report can be read easily, if the reviewer can find without difficulty those parts in which he/she is primarily interested; and, if the document can be used effectively for later reference, the report form is adequate.

Timely

Unless the report is made promptly and according to schedule, it may lose its effectiveness or, worse still, may arrive after the need for it has passed. In order to take no undue risks in this matter you should plan the completion of the report ahead of the deadline. This allows for deliberate re-reading or even the adding of last minute data or events. It also allows a margin of time in which to present the report before the reviewer begins to be concerned about its being presented on time. And, if you wish to supplement the written report with an oral presentation, the opportunity to do so is enhanced if you are ahead of schedule.

Chronological Documentation

Writing principles are applicable to the notes in client case files. Consistent update of chronological documentation is imperative to assisting social workers who assume or cover a case on behalf of another social worker.

CHAPTER 4 Case Management	SUBJECT: Client Daily Population Report – Responsibilities of Social Workers	POLICY NO.: 4.23
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 9/26/17	SUPERCEDES:

POLICY

To ensure client accountability within the secured facility, a departmental computerized database system has been created to physically account for clients and the allocated unit that they are placed. In the event that the client count on the daily population report exceeds the designated capacity, the director may initiate a review of each case to determine if conditions warrant transfer to another unit, program, or make recommendations for conditional release pending final disposition by the courts.

PROCEDURES

Responsibility

The YCF Intake Office has primary responsibility of submitting an accurate count, updating of the Daily Population Report and forwarding it to the social workers for review and further updates as needed via the administrative assistant. Once completed, the social workers will forward the changes to the administrative assistant for final update and dissemination of the Daily Population Report.

CHAPTER 4 Case Management	SUBJECT: Communication	POLICY NO.: 4.24
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

A system of communication is established for efficiency and cohesiveness of personnel workload and daily operations.

PROCEDURES

Meetings

A series of meetings may be held, at the discretion of the YD administrator, social service supervisor, and site supervisors. These meetings should take a minimum of time without losing effectiveness. Suggested levels include administrative, supervisory, and unit staff.

Communications with Courts

The director shall, at least annually, advise the appropriate court(s) in writing of the extent and availability of programs and services under YD to keep all family court judges up-to-date on existing programs and services available.

Communications with Government Agencies

The director, or his designee, shall be able to respond to requests for information, advice or program inquiries, within the boundaries of confidentiality, from any governmental agency at any time. There shall be a system in place to receive inquiries and respond accordingly.

YD administrator/Director’s Senior Management Meetings

YD staff meetings or director’s senior management meetings may be held at their discretion, with an agenda for discussion items prior to the meeting. Attendees shall include supervisory staff to discuss policy and program changes and directives that are of general interest to the group. The director may use this meeting effectively to improve communications between sections and understanding of facility programs. Each participant is encouraged to present his/her concerns and accomplishments in his/her area of responsibility. Minutes of the meeting shall be developed and distributed to all attendees.

Staff Communication

All staff and volunteers shall have the opportunity to recommend changes, give advice and consult the unit supervisor about ongoing operations. Minutes shall be forwarded to the YD administrator for feedback.

CHAPTER: 4 Case Management	SUBJECT: Registration and Access to Resource Center Programs and Services	POLICY NO.: 4.25
RELATED POLICIES:	RELATED FORMS: Registration Packet	OTHER REFERENCES: Confidentiality/Liability Agreement Form
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

YD ensures the health and safety of youth and children at the Resource Centers and requires the registration for programs and services by their parents/guardians.

PROCEDURES

To partake in programs and services, parents/guardians shall register their child(ren) and adhere to Resource Centers' requirements as specified by each program/service, to include rules, guidelines, policies, and procedures.

Resource Centers may also receive Referral for Services, court orders for services via DYA partners (i.e. JPO, DOE) through YD's management and provide such services in a timely manner.

Resource Centers shall ensure related services by community individuals (i.e. student interns, volunteers) are preapproved by the director and deputy director, in accordance to the DYA Confidentiality/Liability Agreement Form. Prior consultation by RC staff will be made with YD management.

Clients with CSC offenses will be managed by the social worker and clinician on a case-by-case basis to ensure safety and welfare of all Resource Center patrons. The director shall be apprised of all CSC cases referred to the RCs.

CHAPTER 4 Case Management	SUBJECT: Education DOE <i>Liheng Famagu'on</i> School	POLICY NO.: 4.26
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: DYA DOE MOU 5/15/1995
POLICY CREATION DATE:	REVIEW/REVISION DATE: 6/29/2016; 9/26/2017	SUPERCEDES:

POLICY

YD Staff will address clients' educational needs in a timely manner and follow up with YCF and the DOE *Liheng Famagu'on* (LF) Coordinator, as required.

PROCEDURES

- Upon clearance from Intake, MAYSI screening, including medical screening, clients may attend LF. The LF Coordinator will place clients' in appropriate levels of instruction as available.
- Any infractions reported by LF, the YCF superintendent has the discretion apply restrictions and pending further investigation as needed. All reports are to be provided to the respective social worker.
- Clients on Extended Furloughs and Jumpstart will attend their home-based school unless otherwise arranged by the respective social worker/superintendent/LF Coordinator.
- LF will notify the director, deputy director, social workers and the YCF superintendent of scheduled Parent/Teacher Conferences.
- Report cards will be forwarded to the SSSI or YD administrator for dissemination to the social workers by the LF Coordinator.
- The LF Coordinator will notify the social worker of clients' IEP meetings as scheduled.

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Response to Emergencies	POLICY NO.: 5.1
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW REVISION DATE: 9/26/2017	SUPERCEDES:

POLICY

YD implements this guide as a reference for emergencies concerning clients/program participants, disaster preparedness, inclement weather, fire safety, earth quakes procedures, emergency power and communications, including periodic checks of fire extinguishers by its safety officer. All Resource Centers have fully stocked first aid kits, to include lease vehicles.

PROCEDURES

Initial Response to Any Emergency

Inasmuch as possible, the following checklist may be used as a step-by-step guide/tool to assist in the general response to any emergency situations:

- Notify the Chain of Command (COC) and 911, if necessary; The immediate supervisor notifies his/her COC which leads to the eventual notification of the YD administrator, who will then follow her COC and advise the Director.
- Notify DYA’s Emergency Response Team (ERT).
- Seal off high-risk area(s).
- Take charge of the area(s) until the incident is contained, or you are relieved by the ERT.
- Preserve evidence. Keep detailed notes of the incident.
- Refer all media correspondences to the Public Information Officer (PIO).
- Codes may be used in situations where immediate notification is required, but the safety of the students and staff may be compromised if everyone in the school building(s) knows of the emergency situation (i.e. a hostile intruder may panic if the director announces the intruder’s presence. The code words will inform DYA personnel of the type of emergency and appropriate actions. The code words are: _____.

Checklist for Director or Designee

- ✓ Verify information.
- ✓ Call 911, if necessary.
- ✓ Seal off high-risk area(s).
- ✓ Instruct and/or notify the administrator/superintendent or their designee.
- ✓ Notify staff and students. Note: Depending on the emergency, students may be notified by staff, youth service workers (YSWs), social workers, and/or teachers.
- ✓ Evacuate staff and students, if and when necessary.
- ✓ Keep detailed notes of the incident.
- ✓ Convene Emergency Response Team (ERT) and implement emergency response procedures/orders.
- ✓ Refer all media correspondences to the DYA PIO.

- ✓ Notify community agencies, if necessary (those not responding to the 911 call) i.e. DMHSA, GFD, Superior Court of Guam, etc.
- ✓ Implement post-incident procedures, as necessary.

Checklist for Staff: YSWs/ Social Workers/ Teachers

- ✓ Verify information.
- ✓ Lock classroom doors unless evacuation orders are issued.
- ✓ Warn students, if advised.
- ✓ Account for all students.
- ✓ Stay with students during an evacuation. Take class roster.
- ✓ Refer media correspondences to the DYA PIO.
- ✓ Keep detailed notes of incident.

Checklist for DYA PIO

- ✓ Establish a media information center away from the crisis location.
- ✓ Provide regular updates to the media. Make certain all information released is factual.
- ✓ Maintain a log of all telephone inquiries and conversations. Where possible, use a scripted response to inquiries (i.e. press release).
- ✓ Develop a variety of pre-scripted media releases before an incident occurs. Adapt statements during a crisis to meet existing needs.
- ✓ Emphasize the safety of students and staff.
- ✓ Briefly describe DYA's plan for responding to emergencies.
- ✓ Respect the privacy of the minors, persons and their families.
- ✓ Do not release names to the media.

DYA'S EMERGENCY TEAM MEMBERS

Emergency Response Team:

Position	Employee Name	Work No.	Home No.	Unit No.	Cell No.
Transportation Coordinator					

DYA Post Crisis Team:

Position	Employee Name	Work No.	Home No.	Unit No.	Cell No.

Public Information Team:

Spokesperson	Employee Name	Work No.	Home No.	Unit No.	Cell No.
Primary					
Alternate					
Alternate					

*** All DYA Staff must refer all media correspondences to the official department spokesperson or DYA PIO. Alternate spokespersons should be identified in advance so that there is never a delay in issuing public statements from the department during an emergency situation.

EVACUATION/ RELOCATION

- ✓ Call 911, if necessary.
- ✓ The YD administrator determines evacuation procedures after consulting with the Director or designee: _____, and will determine the site of the relocation center as secured by the Director. DYA should have a primary center close by and a secondary relocation center further away in the event of a community-wide emergency.
 Primary Relocation Center: _____
 Secondary Relocation Center: _____
- ✓ Superintendent determines if students and staff should be evacuated outside of the Youth Correctional Facility (YCF)/ Cottage Homes (CH) building (s), or to relocation centers. Emergency Response Team (ERT) Member _____ coordinates transportation if students are evacuated to a relocation center. Transportation Coordinator _____ is to be contacted by a member of the Emergency Response Team to be informed that an evacuation is taking place.
- ✓ The YD administrator notifies relocation center.
- ✓ Direct students and staff are to follow fire drill procedures and route. If the normal route is too dangerous, then the alternate route shall be followed.
- ✓ Close all windows; turn off lights, electrical equipment, gas, water faucets, air conditioning, heating, and ventilation, if possible.
- ✓ Place evacuation sign in window (e.g. 8 ½ x 11 paper, with words “Room # ____ Evacuated” in large, legible letters).

Responsibilities of the staff/ YSWs/ Social Workers/ Teachers

- ✓ ERT will direct students to follow normal fire drill procedures unless the normal route is too dangerous then staff will have to use their discretion for the best alternate route.
- ✓ Take DYA’s Daily Population Report to use as a roster and to account for all clients.
- ✓ Close classroom doors and turn off lights.
- ✓ When outside the building, account for all students. Inform OIC immediately if any students are missing. The OIC will inform the superintendent, who in turn will inform the ERT and 01.
- ✓ If students are evacuated to a relocation center, you must stay with your students.
- ✓ The worker in charge will take roll-call again when you arrive at the relocation center.
- ✓ DYA should have a primary center close by and a secondary relocation center further away in the event of community-wide emergency.
- ✓ Primary: _____
- ✓ Secondary: _____

LOCK-DOWN PROCEDURES

Lock-down procedures may be implemented in situations involving dangerous intruders or other incidents that may result in harm to persons inside any DYA Buildings.

- ✓ The director, superintendent, administrator or their designee will issue lock-down notification/ procedures by announcing a warning over the land-line telephone, communications radio(s), via a messenger to each unit, or by sounding bells.
- ✓ Announcement may be a code word or basic alert.
- ✓ Direct all students, staff, and visitors into identified rooms.
- ✓ Lock room doors.
- ✓ Cover windows of classrooms, including the window in the door.
- ✓ Move all persons away from windows and doors.
- ✓ Allow no one outside of the room until the director, superintendent, administrator or their designee gives an all-clear signal.

ASSAULTS/ FIGHTS

- ✓ First, ensure safety of clients/participants and staff.
- ✓ Call 911, if necessary.
- ✓ Notify the superintendent or his designee who then notifies the director.
- ✓ Notify DYA's Emergency Response Team.
- ✓ Seal off the area where the assault took place.
- ✓ De-escalate and diffuse the situation, if possible.
- ✓ The superintendent or his designee notifies police if a weapon was used in the assault, if a victim has physical injury causing substantial pain or impairment of physical condition, or if the assault involved sexual contact.
- ✓ The superintendent or his designee notifies the director and parents of clients/participants involved in the assault. If the incident occurs during regular work hours, then the assigned social workers should be informed as well so that they can inform all other parties involved.
- ✓ All workers involved shall document all actions. Ask victim(s) and/or witness(es) for their account of the incident.
- ✓ Have one of the ERT Members assess the counseling needs of the victim(s) and/or the witness(es).
- ✓ Implement post-incident procedures, if necessary.

CLIENT UNREST

- ✓ Notify ERT, and the Guam Police Department (GPD) if necessary.
- ✓ First, ensure the safety of students and staff members.
- ✓ Contain area of unrest; seal off as appropriate.
- ✓ Move the clients/participants involved in the disturbance to an isolated area.
- ✓ Notify superintendent or administrator or their designee, who in turn will inform the director.
- ✓ Advise staff; superintendent or administrator or their designee may issue a lock-down (see Lock-Down Procedures).
- ✓ Meet with client/participant representative to address issues, as appropriate.
- ✓ Document incidents with a recording device or take detailed notes.

Teachers:

- ✓ Keep clients calm.

- ✓ Lock classroom doors.
- ✓ Do not allow clients outside of the classroom until you receive an “all clear” signal from the principal.
- ✓ Make a list of any students absent from the classroom.
- ✓ Document all incidents.

SEVERE STORM

Severe wind, typhoon, heavy rain, thunderstorms, and flash floods are not uncommon occurrences on Guam. Tropical storms, while not common, do occur as well. Procedures for dealing with these threats are similar.

- ✓ Be alert for weather warnings. Monitor Emergency Alert Stations (National Weather Service, Weather Channel, etc.)
- ✓ Bring all students and staff inside building(s). Move to safe areas. Review “drop and cover” procedures if typhoons threaten.
- ✓ Close windows and blinds; avoid outside walls.
- ✓ Take rosters; account for all students.
- ✓ Be ready to move quickly if flooding threatens.
- ✓ Remain in safe areas until warning(s) expire or emergency personnel have issued “all clear” advisories.
- ✓ Have readily available and complete/submit the Damage Assessment Worksheet, as required.

HAZARDOUS MATERIALS/ CHEMICAL SPILLS

- ✓ Call 911.
- ✓ Notify superintendent, administrator or their designee who then notifies the director.
- ✓ Seal off area of leak/ spill.
- ✓ Take charge of area until fire or hazmat personnel contain the incident.
- ✓ Fire official in charge will recommend sheltering or evacuation actions.
- ✓ Follow plans and procedures for sheltering or evacuation.
- ✓ Notify parents if students are evacuated.
- ✓ Resume normal operations after consulting with fire or hazmat officials.
- ✓ Fire, police, or hazmat personnel will notify superintendent, administrator of their designee, who in turn will inform the principal and Director.
- ✓ Fire official in charge of scene will recommend sheltering or evacuation actions.
- ✓ Follow plans and procedures for sheltering or evacuation.
- ✓ Resume normal operations after consulting with fire or hazmat officials.

WEAPONS

Staff(s) or client(s) who are aware of a weapon brought onto DYA premises:

- ✓ Immediately notify any staff who in turn will inform the superintendent, administrator or their designee to immediately commence the Chain of Command.
- ✓ Provide the name of the individual suspected of bringing the weapon; where the weapon is located; if the suspect has threatened anyone; and any other details that may prevent the suspect from hurting someone else or themselves.
- ✓ If staff suspects that a weapon is in the unit or room, a neighboring staff should be confidentially notified. The staff should not leave the premises.

Superintendent, Administrator or their Designee:

- ✓ Call the police if a weapon is suspected to be at any DYA premises, as viewed by a reasonable person.
- ✓ Request that another DYA Official of supervisory capacity join in the questioning of the suspected individual or staff member as witness.
- ✓ Accompany the suspect to a private office to wait for the police.
- ✓ Conduct a search with the police.
- ✓ Inform suspect of his/her rights and why you are conducting the search.
- ✓ Keep detailed notes of all incidents and why the search was conducted.
- ✓ If the suspect is a client/student, notify parent(s) or guardian(s). Explain why the search was conducted and the results of the search.
- ✓ If the suspect threatens you with a weapon, do not attempt to disarm him/her. Back away with your arms up. Try to remain calm.

BOMB THREAT

On receiving a message that a bomb has been planted on any DYA premises:

- ✓ Ask where the bomb is located, when the bomb will go off, what materials are in the bomb, who is calling, and why the caller is doing this.
- ✓ Listen closely to the caller's voice, speech patterns, and for background noises.
- ✓ After hanging up, immediately dial# _____ to trace the call.
- ✓ Immediately notify the director or his designee.
- ✓ The director determines whether a lock-down or evacuation is the appropriate course of action.
- ✓ The superintendent or administrator or their designee notifies the Emergency Response Team (ERT) and 911 (police) and informs the director.
- ✓ The director, superintendent or administrator must report the incident to the Fire Marshal. If lock-down is ordered, use procedure in the lock-down section of this checklist. If evacuation is ordered, follow these procedures:
- ✓ The superintendent, administrator or their designee alerts staff and students. Do not mention term "Bomb Threat" so as not to cause undue chaos.
- ✓ Use standard fire drill procedures to evacuate building(s) unless evacuating into the reported bomb location.
- ✓ Clients/participants and staff must be evacuated to a safe distance away from DYA. *Lagu* Youth RC may proceed to the vicinity of Island Girl Power, *Kattan* Youth Center may proceed to the DYA compound, center of the field near the G Building (gymnasium), and *Haya* Youth Center may proceed to the vicinity of the Senior Citizens Center.
- ✓ After consulting with the director, the superintendent or administrator or their designee may move to students to a primary relocation center, _____, if weather is inclement or the building is damaged.
- ✓ The DYA staff shall take roll call of clients immediately following an evacuation.
- ✓ No one should re-enter the building(s) until declared to be safe by ERT, fire or police personnel.
- ✓ The director shall notify staff and clients/participants when an emergency is terminated and/or cleared.
- ✓ Resume normal operations.

INTRUDER/ HOSTAGE

Intruder: “An unauthorized person who enters DYA premises/property.”

- ✓ Immediately notify superintendent, administrator, or their designee.
- ✓ Ask another staff member to accompany you before approaching the intruder.
- ✓ Politely greet intruder and identify yourself.
- ✓ Ask the intruder the purpose of his/ her visit.
- ✓ Inform the intruder that all visitors must register at the main office.
- ✓ If purpose is not legitimate, ask intruder to leave.
- ✓ Accompany intruder to the exit. If the intruder refuses to leave:
- ✓ Warn of the consequences for staying on DYA property. Inform the intruder that the police will be called.
- ✓ Notify GPD and superintendent/administrator or their designee if the intruder refuses to leave. Provide full description of the intruder.
- ✓ Walk away from intruder if he/she indicates potential for violence (be observant of actions, location, weapons, or packages, etc.)
- ✓ Superintendent or administrator or their designee is to notify the director and may issue lock-down procedures.

Hostage Situation

- ✓ If hostage taker is unaware of your presence, do not intervene.
- ✓ Call 911 immediately. Provide details of situation, ask for assistance.
- ✓ Seal off area near hostage scene.
- ✓ Notify superintendent/administrator or designee, who then notifies director.
- ✓ Give control of scene to police, ERT and hostage negotiation team.
- ✓ Keep detailed notes of events and actions.

If taken hostage:

- ✓ Follow instructions of hostage taker.
- ✓ Try to keep calm. Calm students if they are present.
- ✓ Treat the hostage taker as normally as possible.
- ✓ Be respectful to hostage taker.
- ✓ Ask permission to speak; Do not argue or make suggestions.

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Fire Safety	POLICY NO.: 5.2
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 9/26/2017	SUPERCEDES:

POLICY

YD shall comply with local fire safety codes regarding exit requirements and posting of diagram, fire system inspections and quarterly tests, annual fire inspections, and locations of fire equipment within their respective facilities.

PROCEDURES

Fire Prevention

All staff should always be on the lookout for fire hazards such as altered electrical outlets, overloaded electrical units, expended and/or outdated fire extinguishers, and improper trash storage. It is essential that all staff make fire prevention a basic part of their daily activities. All staff shall be attentive to maintaining good housekeeping standards to augment fire safety, including:

- Proper storage of combustible materials;
- Prevention of hazardous electrical situations;
- Fire drills; and
- Fire control equipment checks

Fire Inspections

Weekly fire inspections should be conducted by a designated departmental staff that has received training in and is familiar with the safety and sanitation requirements of the local fire and safety authority. Monthly inspections should be conducted by the fire safety officer to ensure compliance with the local authority’s safety and fire prevention codes. The fire safety officer shall receive a minimum of 40 hours of training in safety and fire prevention, and shall provide on-the-job training to staff regarding applicable regulations and inspections, including the use of checklists and methods of documentation. Annual inspections by the local fire and safety authority shall be conducted. Following this inspection, every effort shall be made to correct all deficiencies noted. When corrections are complete, the director shall notify the local fire inspector who shall re-inspect the facility.

Evacuation Plan

The designated departmental fire safety officer shall develop an adequate fire plan and shall have the authority and responsibility for plan implementation. Familiarity with the fire plan and the procedures to be followed in the event of a fire shall be included in the orientation process for all new staff. Provisions for follow-up and supplemental training in fire procedures shall be coordinated with the local fire and safety authority.

Distribution of Fire Plans and General Instructions

A copy of the fire safety plan shall be posted by the fire safety officer in all Youth Development Division buildings within the department. A copy of the general emergency instructions shall be displayed in a conspicuous place in all YDD buildings, along with a drawing of the floor plan for that area which reflects the location of fire extinguishers, exits, and emergency equipment.

The staff member first detecting the fire shall notify the Director's Office and the Intake Office for immediate protocol response. If this should not be possible, then a phone call to the Fire Department for immediate response should be initiated. The staff member shall report the emergency with an exact description of the situation. The description shall include the severity, location and spread of the fire, as well as the smoke color.

Smoke color

The color of the smoke can indicate the type of fire and the danger of the situation. Adhere to the following guidelines on smoke color:

- Yellow smoke is indicative of toxic gases. Evacuate immediately. Do not attempt to extinguish;
- Gray-brown wisps of smoke are indicative of an electrical fire. Stay clear and evacuate immediately; and
- Gray-black smoke is indicative of a primary fire. Extinguish if possible after an evacuation of the immediate area. Do not attempt to extinguish in thick smoke.

Responsibilities of Staff

All staff directly involved shall:

- Turn off all electrical switches and close all windows and doors, to the fullest extent possible;
- Initiate evacuation procedures; and
- Leave the fire site undisturbed. If fire extinguishers are used, short bursts shall be used at the base of the flame. Do not disturb the extinguished powder by prodding or fanning. Additional extinguishing powders shall be used if necessary.

All staff responding to the emergency shall:

- Assist in the evacuation of personnel/clients;
- Render medical assistance pending arrival of medical staff; and
- Double check all rooms, to the fullest extent possible, and the client count.

Responsibilities of the Unit Supervisor

The supervisor shall:

- Direct the evacuation as advised by upper management or by the Intake Office, (who will initiate the lead, in the event of a fire.
- Ensure that anyone needing medical attention is given first aid;

- Notify YD management or director of any injuries to client or staff, if not being done by the Intake Office.
- Supervise the movement back into the area once it is deemed safe by the fire department; and
- Ensure that all reports are complete and submitted immediately.

Fire Drills

Fire drills may be conducted monthly at the direction of the designated fire safety officer as follows:

- The fire safety officer shall schedule the drills and notify the director, administrator, supervisors and superintendent of the scheduling. Drills shall be scheduled. Prior notification of the drill shall be limited to increase drill effectiveness;
- The superintendent and the fire safety officer shall monitor drill operations;
- The drill shall begin when the fire location is established and not complete until all clients and staff assigned to the location have been evacuated and identified;
- When the building is clear, counts shall be conducted;
- Fire drills shall be timed to measure effectiveness and efficiency of the fire plan; and
- During periods when the facility security would be severely jeopardized, actual evacuation of dangerous clients may not be included in the fire drill. In such cases, staff shall perform their required fire drill roles or activities as usual.

Authority and Responsibility during a Fire

During an emergency situation, the supervisor on duty or YD management and the director shall have absolute and total authority for decisions made affecting the department, the emergency, and security of the premises. Upon arrival, the local fire department shall be delegated sufficient authority to control and extinguish the fire.

When notified of a fire, the supervisor shall initiate the following:

- Immediately call the fire department through 911 or the local emergency number and provide all available related information and the exact location of the fire;
- Notify the affected areas, if necessary, to begin evacuation procedures. This notification shall consist of both telephone instructions to the staff, when possible, and verbal instructions via hand radios or intercom;
- Advise all units of the fire situation and direct available staff to proceed to the affected area;
- Make all emergency keys available to authorized staff immediately upon notification of the fire;
- Begin notification of staff on the emergency notification roster; and
- Maintain an accurate record of notifications and times pertaining to the fire in the emergency log.

Maintenance staff shall be notified and placed on stand-by alert to perform any necessary emergency repair work.

Fire Plan Review

The safety officer shall review the fire and emergency plan as specified in this policy. The fire and emergency plan shall be revised and updated as needed, however, such plan must be approved by the director.

Firefighting Equipment and Personnel

Firefighting equipment and personnel are available through the local fire department. The central emergency number for fire, paramedic, and ambulance assistance from the fire department is posted on every phone in the facility. The central dispatcher should be provided all information necessary to enable dispatch of the unit nearest the facility.

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Emergency Power and Communications	POLICY NO.: 5.3
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

To provide for emergency repairs, replacement of equipment and general upkeep, a proactive and preventive plan by the site supervisor of each respective YD unit shall ensure that there is ongoing maintenance of generators and/or all other equipment imperative to ensuring that communication lines are kept open during emergency situations and/or natural disasters.

PROCEDURES

Program Responsibility

The supervisor of each respective YD unit shall perform preventive maintenance routinely on critical items and equipment to minimize out-of-service time due to failures as well as to reduce costly breakdown repairs. The supervisor shall also detect maintenance deficiencies in their early stages of development and take corrective action as well as to respond to reports from staff regarding facility or equipment damage. The supervisor shall then plan and schedule all resulting work to provide a reasonably safe and controlled work environment.

Inventory of Equipment

The supervisor of each respective YD unit shall be responsible for a thorough and accurate inventory of all communication equipment and generators. An identification number shall be assigned to each item and affixed to the unit. The inventory listing shall be kept current at all times, and updated every six (6) months at minimum.

Inventory Records

Inventory records shall include all installed equipment; a description of the equipment, inclusive of make, model, and serial number; and a checklist of number codes that is applicable to each item.

Inspections

The supervisor of each respective YD unit shall conduct regular inspections of the equipment inclusive of assigned official vehicles. Generators shall be tested frequently.

Corrective Action

The supervisor of each respective YD unit shall coordinate with the Maintenance Sections/Workers to perform all repairs or replacement of malfunctioning equipment as soon as possible, with emergency equipment or repairs being done immediately. However urgent the corrective action needed, it is still the responsibility of the supervisor to officially and properly fill out the “Department of Youth Affairs Work Order Request” and submit it to all proper channels within the department to ensure that any/ all requests are documented for accountability.

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Tropical Storms and Typhoons	POLICY NO.: 5.4
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Specific procedures to be followed in emergency situations shall be made available to all staff. They shall be reviewed and updated at least annually and sent to appropriate local agencies. All staff shall be trained in emergency procedures. The emergency plans shall be conspicuously posted in the facility.

PROCEDURES

Weather Watch

A weather watch means that a certain weather condition may develop. All staff shall be notified of the impending weather conditions. Emergency shelters should be checked to ensure that they are in the proper condition, and one telephone should remain open at all times to receive emergency calls.

Tropical Storms

A tropical storm is a weather condition with winds gusting from 40 to 75 miles per hour. This condition may cause substantial damage or injury. When TROPICAL STORM conditions are set, the same precautions must be taken as those corresponding to typhoon conditions.

Weather Warning

A weather warning means that a certain condition has developed and will probably affect those areas stated in the weather bulletin. The superintendent with the director’s concurrence shall determine whether the clients need to move to emergency shelter and, if necessary, move the clients to the emergency shelter. Staff should take a head count to ensure that all clients are accounted for. Staff should have flashlights and carry portable radios to keep informed of changes in the weather conditions.

Typhoons

A typhoon is a weather condition with winds gusting in excess of seventy-five miles per hour. The conditions of readiness for typhoons are as follows:

- Condition four ----- winds of seventy-five (75) miles per hour and above are possible within seventy-two (72) hours;
- Condition three ----- winds of seventy-five (75) miles per hour and above are possible within forty-eight (48) hours;
- Condition two ----- winds of seventy-five (75) miles per hour and above are expected within twenty-four (24) hours; and
- Condition one ----- winds of seventy-five (75) miles per hour and above are expected within twelve (12) hours.

Responsibilities - Condition Three

The director shall call a meeting with the administrator, superintendent and division or section heads to discuss and review the impending emergency situation, and to formulate plans of action to be taken. The following should be discussed and implemented:

- Scheduling and distribution of manpower prior to, during and immediately after the typhoon;
- Establish plans to secure necessary non-perishable food and water, along with necessary serving equipment for three days;
- Establish plans for the distribution of supplies, equipment and other emergency requirements, including power generators, kerosene lanterns, flashlights, batteries and fuel;
- Establish plans for maintaining communication and first aid throughout the emergency, including a hand radio, and first aid kits;
- All social workers shall provide a list of eligible clients to the superintendent of those clients who may be temporarily released to their parents or guardians;
- All social workers shall provide a list of all clients who are ill, and who may require medical confinement at the local hospital;
- Ensure medications are filled;
- On-duty staff shall prepare to secure records, files and equipment;
- Off-duty staff must contact their immediate supervisors for further instructions;
- Ensure Damage Assessment Forms are available and ready for use/submission as required, to include photos of damages upon return for duty after the “all clear is given”; and
- All scheduled work activities shall continue as normal, unless otherwise directed by the director.

Condition Two

Once the Governor of Guam or his/her representative officially declares the island to be in typhoon condition two, the following actions shall be taken:

- The administrator, superintendent and division section heads shall inspect their areas and brief their subordinates on typhoon emergency procedures, safe storage of records, files and equipment. All areas must be secured;
- Arrangements shall be made to temporarily release eligible clients to their parents or guardians;
- Typhoon shutters shall be installed and those areas that are not equipped with shutters shall have plywood planking secured to the windows/doors of the building;
- On-duty staff shall remain on the facility for further instructions from the superintendent; and
- Off-duty staff shall contact the facility for further instructions.

Condition One

When condition one is announced, the following action should be taken:

- All personnel on duty shall remain at their post;

- Staff shall be alert for any facility damage that may jeopardize the safety of the clients or staff;
- Staff shall maintain control of the clients, and shall attempt to keep the clients as calm as possible; and
- Movement of clients and staff shall be kept to an absolute minimum.

Post Typhoon Operations

As soon as the “all clear” announcement has been made by the Governor of Guam or his/her representative, the superintendent and/or YSS/OIC shall conduct a preliminary damage assessment of the facility. Emergency repairs to areas affecting the safety and security of the clients and staff will be performed immediately.

As well, YD staff have up to two hours to report for duty upon the “all clear” announcement has been officially made by the Governor of Guam or his/her representative. The site supervisor/YD management and staff shall conduct a preliminary damage assessment of the facility. Emergency repairs to areas affecting the safety and security of the clients and staff will be performed immediately.

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Earthquakes	POLICY NO.: 5.5
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Every effort shall be made by all staff to prevent escapes during an earthquake; however, safety of the client shall take precedence over the matter of security. Social workers however will attempt to make contact with the Intake Office, to provide supportive counseling services to clients, who may be experiencing trauma and concerned about family members.

PROCEDURES

If possible, social workers should make every attempt possible to meet with their respective clients or all clients in general, to provide support and comfort in a group or individual basis, as deemed necessary.

Social workers may also be requested by clients to make contact with family members, and should make every attempt to make that family contact, and bring about comfort to the clients confined.

Post Earthquake Operations

After normal activities have been announced by the YSS/OIC, the following reports will be submitted to the superintendent:

- Damage assessment;
- Client or staff injuries; and
- Client status.

The superintendent must forward these reports and recommendations to the director for his/her further action and disposition.

Drills

Earth quake drills are encouraged by Civil Defense/Guam Homeland Security. Agencies, businesses, and community individuals are encouraged to partake in island wide drills to practice “drop, cover, and hold.”

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Suicide Assessment and Intervention	POLICY NO.: 5.6
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 2/8/2016	SUPERCEDES:

POLICY

This policy provides guidelines for the prevention of and response to suicide ideation and suicide attempt, to include screening and assessment of client’s suicide risk and non-suicidal self-injurious risk, levels of suicide risk, documenting suicidal behavior and risk, and coordinating suicide risk referrals. Related staff training shall be coordinated for new staff and refresher training for all staff.

PROCEDURES

Comprehensive suicide prevention procedures shall be implemented to 1) Ensure safety for clients; 2) Minimize the risk of suicidal behavior; 3) Provide for the screening of clients upon admissions into facilities; and 4) Provide for the assessment, monitoring, intervention, and referral of clients who have been identified as representing a potential risk of suicide, or harm to self or others.

Initial screening tools may identify suicide risk and non-suicide risk as a result of the clients who completes an assessment. At times, admitting officials (i.e. GPD, JPO, DOE) may advise Intake of a client’s mental health status. If the initial screening shows a score in the caution range of the MAYSI-2 (Massachusetts Juveniles Screening Instrument-Version 2), the OIC of Intake/superintendent is advised and the client is placed on close watch (CW) status pending further assessment by a licensed clinician/mental health specialist. Only the clinician can change the observation status once the client is initially placed on CW. The social worker is informed of the client’s status and will notify by parties involved in the case, to include coordination of further suicide assessment via DYA’s therapist (contract) and/or Guam Behavioral Health and Wellness Center.

The social worker will conduct follow up on the status of the client, medication (as prescribed), client observations and visitations, consultation with clinician and updates given to the OIC of Intake/superintendent and parties involved.

Consistent documentation of all notifications, assessments, changes/updates of client’s status, recommendations, etc., shall be recorded in the case file.

Further consultation with clinician(s) during case review shall be conducted.

Refresher training is provided to assist in the prevention of suicide, understand suicidal behavior, traits, variables, and profiles which tend to predict suicidal and/or homicidal behavior, methods and procedures of assessment, and assist with the implementation of specific procedures, coordination of intervention, and counseling related to suicidal behavior.

CHAPTER: 5 Safety, Emergency, Disaster Preparedness	SUBJECT: Death of a Client	POLICY NO.: 5.7
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Provisions shall be made for the prompt notification to parents/guardians of a client's death.

PROCEDURES

Communications

The following chain of communication shall be initiated in the event of a client's death: the YSS/OIC shall notify the director and superintendent immediately or within the first hour; the director shall promptly notify the social worker by telephone within the first hour; the director and social worker shall notify the client's parents or guardians by telephone within two hours of the client's death or personally to the family when possible.

If the death is by suicide, homicide, accident, or other suspicious circumstances, the YSS/OIC on duty shall call the appropriate authorities, then the director, and the scene shall be left as it is and untouched for investigation purposes. The body must not be removed unless the director is granted permission by the proper authorities. In such cases, a post-mortem examination shall be requested and an autopsy report sent to the director for his/her review, further action and disposition.

Documentation of Incident

Records and reports required for all deaths occurring within the facility property shall meet the following requirements:

- All staff who possess information about circumstances surrounding the death shall complete a report-of-incident form;
- All incident reports shall be dated and signed by the documenter and completed as soon as possible, or within the hour, following the incident or discovery of the body;
- Reports shall include names of other persons on the scene, observations, and the timing of events; and
- If emergency lifesaving measures are attempted, a medical staff shall take notes of the procedures used. Containers of any medications used to revive the client, as well as specific pieces of equipment used for such lifesaving measures, must be saved, in the event such apparatuses are required for investigational purposes. The director shall make the final determination as to the proper disposal of such items.

Next of Kin Notification

Notification of the next of kin shall be made by the director, who may or may not be accompanied by a person specially trained in crisis intervention and counseling. The notification should not include conclusions or opinions based other than on proven fact provided by the attending physician and/or investigating officials.

Telephone notification or when possible a personal visit by the director, shall be followed by a letter from the director, to be delivered by the director, when possible to the next of kin, shall occur immediately from time of death. In death notifications, the director shall request permission for an autopsy and instructions for the disposition of the body.

Notification of Parties Involved

The assigned social worker shall ensure that parties involved (Family Court Judge, JPO, counsel etc.) are notified within 24 hours from the time of death.

CHAPTER: 6 Facilities and Equipment	SUBJECT: Maintenance of Facilities and Equipment	POLICY NO.: 6.1
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

Staff are accountable for the preservation and maintaining of facilities and equipment and to address problems as soon as they are identified, for repair or replacement, as needed and as advised by Maintenance.

PROCEDURES

Inspections

The supervisor of each respective YD unit shall conduct regular inspections of the equipment inclusive of assigned official vehicles. RC generators shall be tested frequently.

Corrective Action

The supervisor of each respective YD unit shall coordinate with Maintenance to perform all repairs or replacement of malfunctioning equipment as soon as possible, with emergency equipment or repairs being done immediately. However urgent the corrective action needed, it is still the responsibility of the supervisor to officially and properly fill out the “Department of Youth Affairs Work Order Request” and submit it to all proper channels within the department to ensure that any/ all requests are documented for accountability.

Conduct follow up on the Work Requests as needed.

CHAPTER: 6 Facilities and Equipment	SUBJECT: Inventory of Equipment	POLICY NO.: 6.2
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 9/27/2016	SUPERCEDES:

POLICY

Document and update record/data for annual review and/or submission as requested by the Administrative Services Unit and Director’s Office.

PROCEDURES

A list of designated YD staff who oversee inventory of equipment and property shall notify the data control clerk I.

Inventory Records

CCMU and CSDU inventory records shall include all installed equipment, a description of the equipment and if available, the make, model, serial number, date of purchase (if known), and the item number designated by the data control clerk I.

Transfer of Property

If the equipment is new, a copy of the purchase order, invoice, and a property record (equipment of value) will accompany the equipment for the respective Unit/Resource Centers’ records. All inventory record/data must be updated regularly.

If the equipment is ready to be transferred or surveyed, a copy of the purchase order, invoice, and a property record must be attached to the Transfer of Property Form. The Transfer of Property Form must contain a complete description of the equipment, inclusive of the make, model, serial number, and designated item number applicable to each item. Surveyed equipment must be relinquished to the data control clerk I with the completed form and attachments. The Unit/Resource Center must update respective inventory records accordingly.

If assistance is needed from Maintenance to transfer equipment, complete and submit a Work Request Form to the director via the social service supervisor I or YD administrator.

CHAPTER: 6 Facilities and Equipment	SUBJECT: Official Vehicles	POLICY NO.: 6.3
RELATED POLICIES: YCF SOP; DYA Official Vehicle Policy	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE: 3/28/2017	SUPERCEDES:

POLICY

To ensure proper use of official vehicles and guard against misuse or abuse government vehicles, such as an escape attempt, the keys of all official vehicles must be immediately secured back to its proper place and/or the intake office, and the vehicle must be parked in the designated parking lots, immediately after use.

PROCEDURES

Maintenance of Official Vehicles

All staff must follow all procedural requirements, as identified by the department's policy regarding official vehicle use. Gas tanks shall always be at least half full, and vehicles shall always be legally equipped with safety devices and inspected. Further to this policy, smoking is prohibited inside the official vehicle at all times. All persons in the vehicle shall adhere to Guam's seatbelt law. Windows shall be closed and doors locked at all times when vehicle is not in use.

Use of Official Vehicles

All staff must adhere to Guam's traffic laws in the use of official vehicles to include the possession of a valid Guam Driver's License, abiding by all designated speed limits when out driving on the streets of Guam. If a staff receives a traffic citation or while on duty and while operating an official vehicle, he/she must immediately report the situation to the site supervisor/YD management for further disposition. If the staff fails to report within 48 hours of the incident, then the site supervisor/YD management may use discretionary authority to take further action against the staff depending on the severity of the incident. If determined that the staff was grossly negligent while operating an official vehicle, the site supervisor/YD management may use further discretionary authority and take action against the staff.

Traffic Accidents

Staff must notify the Guam Police and ensure a police report number is received. The immediate supervisor must be notified and staff involved shall submit a written Point of Information Report before securing for duty to the immediate supervisor. The immediate supervisor shall notify the social service supervisor/YD administrator and management shall be notified. The YCF superintendent shall be notified if the OV is assigned to DSS. Maintenance/ASO shall be notified by the immediate supervisor for further advisement in the handling of the official vehicle. The immediate supervisor shall forward the POI/police report number to the ASO via the social service supervisor/YD administrator.

Superior Court Parking

Staff may use DYA stalls if Transport Unit is not utilizing them for court hearings, etc.

Emergency Transportation

Ambulances shall be used in emergency situations. If the situation is too serious or life threatening to wait for an ambulance, then an official vehicle may be used if approved by the supervisor/YD management. If an official vehicle is not available, then the site supervisor/YD management may use discretion to authorize the use of a staff member's personal vehicle. Parents/guardians must be notified.

In all emergency situations and whenever possible, two staff members shall accompany the client/program participant being transported. Whenever possible and if time permits and does not delay a life-threatening situation, a client's medical file/documents shall be hand-carried by staff to bring to the location of the emergency room/appointment site.

CHAPTER: 6 Facilities and Equipment	SUBJECT: Key Control	POLICY NO.: 6.4
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

To maintain the security of all respective YD units, all keys (i.e. official car keys, desk drawers, file cabinets and entrance and exit doors, office doors, necessary for the operations) shall be issued by the supervisor of the respective section/ unit, and maintained in a locked and/or secured box/ area with access to only by staff.

PROCEDURES

Accountability

The key control system must be periodically checked and updated, by the section/unit supervisor, or his designee, to ensure that all spare keys are safely controlled, and that only employees specifically assigned to the respective YD units have access to the contents within that office.

A current inventory listing of all keys and spare keys shall be kept by the section/ unit supervisor or his/her designee responsible for managing the daily routines of the office.

Recording and Storing of Keys

The key cabinet/drawer must be secured at all times. Only duplicate keys shall be issued to authorized personnel.

Inventory of Keys

Keys shall be recorded by the section/unit supervisor or his/her designee and stored for accountability purposes. Staff must sign for all keys permanently assigned. Receipts shall be kept in the staff member’s personnel folder and the director shall keep a copy.

Clients shall not be allowed to handle keys at all times and under any circumstances. Any staff that authorizes a client to handle official keys may be held accountable for their actions.

Lost or Misplaced Keys and/or Key Ring

A lost or misplaced key shall be reported to the section/unit supervisor immediately within 48 hours of discovery, followed by a Point of Information report, stating which key was lost, when the loss was discovered, and any circumstances surrounding the loss. A written report shall be submitted as soon as possible to the section/unit supervisor within the same 48 hours of discovery.

When any keys are lost or misplaced, proper security precautions must be taken to preclude use of the keys for unauthorized access into any of the respective YD units. Locks shall be changed based on the assessment of management via the respective supervisor.

Handling of Keys

All staff shall observe the following key control procedures:

- When on duty, staff shall keep their keys in their possession at all times;
- Keys should be placed in pockets or key clip;
- Keys must never be dropped, staff should exchange keys hand-to-hand, never tossing or throwing them;
- Staff should not use force to operate locks, if a lock does not function easily, the malfunction shall be reported to the section/unit supervisor or his/her designee, for immediate assistance from the Maintenance Unit;
- Staff should return damaged or broken keys to the section/unit supervisor or his/her designee for replacement;
- Clients are never permitted under any circumstances whatsoever to handle work keys.
- Staff should only have keys for their immediate section/ unit to meet GOSHA requirements i.e. primary and secondary key rings should both have access/exit keys.

Duplication of Keys

Unauthorized possession, alteration, marking, duplication, manufacture, or impression making of keys is prohibited. Any such incident shall be reported in writing to the section/ unit supervisor or the YD administrator for further disposition. If criminal acts are involved, the offender shall be referred to the director to determine if a police report needs to be filed.

CHAPTER: 6 Management of Facilities, Supplies, and Equipment	SUBJECT: Facility Access for Off-Duty Staff	POLICY NO.: 6.5
RELATED POLICIES: YCF SOP	RELATED FORMS:	OTHER REFERENCES:
POLICY CREATION DATE: June 20, 2012	REVIEW/REVISION DATE:	SUPERCEDES:

POLICY

To ensure security related procedures are followed by staff members during off-duty hours, and other procedures related to maintaining security.

PROCEDURES

All off-duty staff members entering the secured facility for any reason must immediately report to the YSS/OIC, to state their reasons for their off-duty visit, which is subject to approval by the YSS/OIC and will be indicated in the Intake Logbook for documentation purposes.

YSS/OIC have the responsibility to direct the removal of unauthorized staff members from the facility. If such an incident occurs, the YSS/OIC shall write an incident report and forward a copy to the off-duty staff's immediate supervisor.

Identification Badge

All personnel entering the secured facility must have in their possession a valid identification badge or card issued by the director.

CHAPTER: 7 Records Retention, Destruction and Archiving	SUBJECT: DYA General Records Schedule	POLICY NO.: 7.1
RELATED POLICIES:	RELATED FORMS:	OTHER REFERENCES: P.L. 6-64, §6707
POLICY CREATION DATE: October 26, 2010	REVIEW/REVISION DATE: 9/26/2017; 7/24/18	SUPERCEDES:

POLICY

YD is responsible for protecting, storing and managing its clientele files and practice records retention, destruction and archiving in accordance with local and federal mandates.

PROCEDURES

All documents have designated retention periods. Records must be protected, stored and maintained and may not be destroyed until the retention period has expired. Refer to Appendix M.

Staff's need for access to other departmental records shall be in accordance with respective division's policy and procedure (i.e. VRSS, DSS).