Commission on Accreditation for Corrections

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Nebraska Department of Health and Human Services

Youth Rehabilitation and Treatment Center, Kearney, Nebraska

June 3-5, 2026

American Correctional Association

Visiting Committee Report – Juvenile Correctional Facility 4th Edition

Facility Name: Nebraska Department of Health and Human Services
Agency Name: Youth Rehabilitation and Treatment Center
Location: Kearney, Nebraska
Audit Dates: June 3-5, 2026
Audit Type: Reaccreditation
Facility Administrator: Rich Williams (Interim Facility Administrator)
Rated Capacity: 142
Actual Population: 65 As of June 4, 2026
Average Daily Population: 89
Average length of Stay: 9 months or 327 days
Security/Custody Level: Medium
Age Range of Offenders: 14-18
Gender: Male
Staff Members: 85 security; 3 medical; 6 administrative
Vacancy Rate: 26% security; 15% medical; 28% administrative
Auditor(s):
- Chairperson/Healthcare: Ernest Umunna, EP 4-JCF-4A-01 to 4E-07, 6A-01 to 6B-14
- Team Member: Dan Hix, EP 4-JCF-1A-01 to 3E-01
- Team Member: Paul Cole, EP 4-JCF-5A-01 to5I-05, 6C-01 to 6G-14

1. Executive Summary

This audit was a reaccreditation audit of the Nebraska Department of Health and Human Services, Youth Rehabilitation and Treatment Center-Kearney, NE. The facility demonstrated strong compliance with ACA standards, achieving 100% compliance on all 40 applicable mandatory expected practices and 100% compliance on 333 non-mandatory expected practices. Notices of the ACA audit were posted throughout the facility and have a mailing date of 4/21/2026, and facility posted date of 4/29/2026, to allow the youths and their families to respond. The facility was clean, well-maintained, and operated with professionalism. Commendable practices were noted in sanitation, medical care, and detainee access to legal services. One expected practice (EP) related to safety, four relating to security, four relating to justice and order, ten related to care, one related to programs and services and two related to administration and management were found not applicable. The audit team noted that staff across all departments demonstrated a strong understanding of ACA expected practices and a commitment to continuous improvement. Interviews with youths and staff consistently reflected a safe, respectful, and well-managed environment. Facility leadership was engaged and responsive throughout the audit process, providing timely documentation and access to all requested areas. The facility's emergency preparedness protocols, training programs, and quality assurance systems were particularly well-developed and effectively implemented. Overall, the audit team found the facility to be operating at a high level of professionalism and in alignment with best practices in correctional management.

The following changes have occurred at the Youth Rehabilitation and Treatment Center-Kearney since June 5-7, 2023, external ACA audit:

- Implementation of Cognitive Behavioral Therapeutic Program
- New Risk Assessment Protocol Intake and every 90 Days after.

- Expansion of the mental health team to seven full-time employees.
- Clinician and the Addition to a Clinical Psychologist.
- Engagement tracking to monitor youth program engagement.
- Implementation of electronic medication administration record.
- Demolition of old Morton living unit and the construction of new Morton living unit, a forty-eight single bed living unit with expected completion date of summer 2026.
- Leadership change within YRTC-Kearney naming Rich Williams as the Interim Facility Administrator in March of 2026.

2. Facility Description

The Nebraska Department of Health and Human Services (DHHS) operates the Youth Rehabilitation and Treatment Center-Kearney (YRTC-Kearney). The facility is located at 2802 30th Avenue, Kearney, Nebraska. Kearney is in south central Nebraska approximately 130 miles west of Lincoln, Nebraska. Originally opened in 1879, YRTC–Kearney served for many years as the state's only facility for delinquent males. On January 1, 1997, YRTC-Kearney ended a 23-year affiliation with the Nebraska Department of Correctional Services and became one of ten, 24-hour facilities under the Department of Health and Human Services. YRTC-Kearney is part of DHHS under the Division of Children and Family Services. In August 2019, the center admitted its first female youth. Those youth were later transferred to the YRTC in Hastings in May 2021, returning YRTC–Kearney to an all-male population. The population of youth are classified as medium security, the physical facility is an open campus with a 12-foot perimeter fencing added for additional security in January 2019. Additional extensions to the front perimeter fence were completed in July 2020.

The campus covers 30 acres and includes the Dodge Administration building, Washington, Lincoln, Bryant, Creighton, Dickson living units, West Kearney High School, the dining hall, chapel, boiler plant, maintenance building, outdoor recreational areas, and indoor gymnasium. Most of the buildings are connected by a tunnel system that houses utility services and vented steam heat pipes.

The tunnels also serve as tornado evacuation shelters for staff and youth. The youth's length of stay in the Dickson Behavioral Stabilization Unit living unit is typically a two-week intake process that must be completed before being released to a living unit or the general population. The Bryant living unit is an open general population unit that houses youth that have vulnerability concerns. Creighton, Washington, and Lincoln living units house youth in an open unit setting with general population youth. The old Morton living unit was demolished and making way to the new Morton living unit, yet to be occupied. The rated capacity for Lincoln/Washington and Bryant/Creighton is 30 youth each. The Dickson living unit is also referred to as the Intake and Behavior Stabilization Unit, which houses youth that are non-compliant and have exhibited assaultive behavior. The rated capacity of Dickson Living Unit is 22. The Dickson Living Unit has three wings: the West wing is an Intake wing with 10 single rooms, the North wing has 12 single rooms, and South wing considered the confinement area and has four single rooms but are not used to calculate the rated capacity of the unit. The Dickson Living Unit is the only unit with an outdoor recreation court with exercise equipment and equipped with plastic razor wires. The rooms at the Dickson are all equipped with toilets, sinks, and writing surfaces, and has shower on the hallways.

The mission of the Nebraska Department of Health and Human Services (DHHS) is simply "Helping people live better lives".

"The Mission of the Youth Rehabilitation and Treatment Center at Kearney (YRTC-K) is to help youth live better lives through effective services, giving youth the chance to become law-abiding, productive citizens."

3. Standards Compliance Overview

Functional Area	Total Standards	Not Applicable	In Compliance	Non-Compliant
Safety	30	1	29	0
Security	33	4	29	0
Justice and Order	64	4	60	0
Care	102	10	92	0
Programs and Services	54	1	53	0
Administration and Management	90	2	88	0

	Total Standards	Not Applicable	In Compliance	Non-Compliant
	373	22	351	0
Mandatory	40	4	36	0
Non-Mandatory	333	18	315	0
Mandatory Compliance		100%		
Non-Mandatory Compliance		100%		

Part 1: Safety

1A. Safety in Physical Environment

All buildings of the center meet all applicable zoning and building codes. The designed capacity is for 142 youth; however, the housing units are designed for a maximum of 47 youth per unit. The actual count during the audit was 65 youths. The design of the housing units facilitates contact with staff and youths. No adults are allowed to be housed in this facility. The facility is a standalone facility and is not a part of another facility. Lighting measurements range from 24.1 foot candles to 75.6 foot candles in the housing units. The air volume exceeds 21.5 CFM per youth of filtered, conditioned air. The facility is equipped with air-conditioning and heating systems except for the gymnasium and vocational buildings. The facility was clean and sanitary. The facility recycles cardboard, pallets, paper, metal cans, and plastics. Solid waste

The facility staff conduct health and sanitation inspections weekly, these inspections are reviewed and any corrective action is taken to ensure compliance. The maintenance department is not under the supervision of the facility; it is part of the Administrative Services Division of the Health and Human Services Division. The facility has an excellent rapport with the maintenance unit which has a building on the campus. The maintenance unit is very responsive to any request made that is within the purview of the unit. There is a continually active on-going maintenance program at the facility.

1B. Fire Safety and Emergencies

Facility has certificate of occupancy from state agency. The facility is well maintained and does not show its age. The facility conforms to applicable federal, state, and local building codes with the last annual fire inspection on January 04, 2025, by the Nebraska State Fire Marshal, and scheduled for inspection on June 1, 2026. No deficiencies were found in prior inspections. The fire alarm system is fully operational and is in normal status. This monitors the fire detection system and is an automatic detection system. The sprinkler system is inspected quarterly by Rapid Fire Protection systems. Midwest Alarm Services inspects and maintains the fire alarm system. The kitchen vent hood is serviced by Protex Central annually. Protex Central also performs fire extinguisher inspections and services any as needed. Pye Barker conducts the hydraulic flow test on the sprinkler riser. All living units have fire sprinklers

The facility staff are trained in and knowledgeable about fire and emergency evacuation plans and procedures, including but not limited to ensuring adequate emergency services and fire response, procedures for reporting and notification of designated facility staff and appropriate local emergency responders during an emergency or fire. Staff are trained in the immediate release of youths from locked areas and a backup release system. Staff follow instructions for orderly and prompt evacuation, including primary and secondary routes for each building. The evacuation plans are posted at numerous places in each building and exit signs with directional arrows that are easily seen and read. Special instructions for disabled, incapacitated, and high security youths. Each housing unit conducts fire and emergency drills monthly, on all shifts.

Portable and wastewater treatment, solid waste disposal is provided on site by City of Kearney. Biohazard waste disposal is through Medi-Waste Disposal, LLC. Food service inspection is through Nebraska Department of Environmental Energy. Pest and vermin control is through Ecolab. Equipment, supplies, and materials for health services are maintained and inventoried accordingly. The audit team verified manifests on hand and found them current.

All toxic and caustic materials are maintained in locked cabinets with the SDS sheets and inventory available. No discrepancies were noted when these were checked during the audit. Staff and trained in the proper use and storage of all toxic and caustic materials. All materials are used in a diluted form; no youth have access to the concentrated chemicals.

1C. Housing and Adequate Space

There is one building that has single cell housing, the Dickson Building. All other housing is multiple occupancy living units. Each living unit has a Case Manager's office and a night watch staff office. The unencumbered space ranges from 52.7 to 77.2 square feet per youth. The multiple living units have beds, chairs, and dayroom space. There is a single bathroom adjacent to the sleeping area with a sink and commode. The bathroom is on the 1st floor and has showers, sinks and toilets. The hot water is thermostatically controlled at 120 degrees. The bathroom design is for 7 showers for 30 youths, 9 sinks for thirty youths and 6 commodes for 30 youths. The indoor recreation space is available, with 102.8 square feet per youth available. There is also outdoor recreation space for group activities such as kickball played on a ballfield, and outdoor basketball courts available as well. There is a gymnasium with weights, an indoor basketball court and a swimming pool (under renovation).

There is a dedicated space for visiting with family and friends, it is in the same building and room as the canteen/commissary in the Creighton/Bryant Living Unit. The youth is allowed to purchase items from the commissary for the visitor with funds on his account. Visitors enter through the front door of the facility and lock personal items in lockers provided. Food service has a dedicated building for storage, preparation, and serving meals to the population. Meals can also be served in the housing units if necessary. Each building has a janitorial closet with a mop sink and storage for any chemicals. The mops can be hung to air dry. The Warehouse Department is responsible for storage and issuance of clothing. Personal clothing is inventoried and stored in a secure location in the Dodge Administration building. The Warehouse Department issues the allowed uniforms to the youth. The laundry also has staff uniforms and issues these items to staff. Storage of clothing is done in warehouse.

The mechanical rooms are not accessible by the youths; only authorized staff can access these rooms. The administrative office building has sufficient space for staff and storage of supplies. The school is an accredited school with the Nebraska State Education Department. The school primarily serves grades 9-12. Upon completion of required studies, a diploma can be obtained by the youth. All buildings have reasonable handicap access. The primary parking lot is sufficient for all staff and visitors vehicles.

Part 2: Security

2A. Security Practices and Equipment

The facility security manual is available to all staff on the intra-net system which is user ID and password protected. The control center is in the administrative building, and all shift and post assignments are made there. The facility has a unique personal storage system for keys, wallets, and cell phones, which are not allowed while on the grounds, it is a wall of small lockers with locking doors on the front and a transparent glass on the back which faces into the control center. Perimeter security is a 10 foot cyclone fence with anti-climb mesh as the top. The Dickson Living Unit is the only unit with an outdoor recreation court equipped with plastic razor wires. In total there are 8 Gates. 3 of which are smaller personal entrances, non-motorized. 2 other small entrance gates that are motorized, 2 Large Vehicle Gates that are motorized, and 1 Large Vehicle gate that is not motorized. Access to all gates is limited to authorized staff only. *The audit team noted and discussed with facility management regarding the overgrown trees and shrubberies in the yard and tree branches hanging on buildings and fences. These conditions pose security and environmental concerns.*

Both male and female staff supervise the youths. Female staff announce when entering Female Staff on the Floor to alert any youth of their presence. Youths are prohibited by policy from supervising other youths. The security staff maintain a permanent log of activities and events occurring during their shift. The central control also maintains a permanent log. In addition to the staff assigned to the housing units, security staff also patrol the grounds and enter each housing unit to inspect and ensure a quiet environment at night. There are motion sensors to detect youth movement in stairwells. They also conduct searches during their security tours in addition to the inspections of safety and security devices. The central control is where the security equipment is stored, it consists of hand restraints, leg restraints, soft restraints, and travel bags for any transport. The facility also has 261 video cameras throughout the facility. The recordings are retained for 4-6 months, dependent on foot traffic. Restraints are only used as a last resort or to prevent self-harm by a youth. When a youth is transported, restraints are applied to prevent unauthorized activity by the youth. Restraints are never applied as punishment nor are four/five point restraints utilized. There are no four/five restraints at the facility.

Staff prepare and submit incident reports on unusual events or changes in the unit counts. Contraband is controlled and stored in a safe in the central control office when found. If evidence is found, it is gathered and stored in the central control safe for safe keeping. A unique identifier is assigned to each item placed in the safe. Strip searches are conducted if the situation merits, all strip searches are conducted by male staff.

All keys are maintained in the central control key box. All keys are uniquely numbered, the key inventory identifies what keys are on each key ring, which are sealed shut to prevent addition or removal of keys. Keys are signed out/in from the central control key box. All facility vehicle keys are also maintained in central control and issued to authorized drivers only. Access to each building is using a key fob. All tools are inventoried at each location and tools are used. The sign out/in log was reviewed, and all are accounted for. Any service personnel on the facility performing required duties are supervised by a security staff member while on the grounds. There are no chemical agents in use or stored at the facility. Firearms are prohibited on the grounds; there are firearm storage boxes for any law enforcement staff when entering the facility.

Part 3: Justice and Order

3A. Accountability

All youths have access to counsel and courts, the library contains law books the youths can use, and attorneys can also visit in a confidential meeting area. Any phone calls to attorneys are not monitored and do not count as time on the telephone for the youth. The youths are not subjected to sexual harassment; the youth receive a handbook that informs them what to do and who can be contacted if it occurs. There is also a separate parent handbook. Staff are also trained in prevention of sexual harassment annually.

Youths are not discriminated against for any reason. This is also addressed in the youth handbook. All youths have equal access to all program and education offerings and to the staff. Sleeping rooms for the Dickson Building are individual rooms, all other housing units have open bay sleeping areas with beds, sheets, a pillow, and blankets. All are laundered weekly. The grievance process is covered during the orientation process and is also in the handbook. The grievance process has at least one level of appeal. The process for incoming mail is received in the administration building, and non-legal mail is delivered to the youth during the 2-10 shift or 10-6 shift depending on when it arrives

from the post office. Legal mail is not read; it is opened in the presence of the youth and scanned to ensure it is legitimate legal mail correspondence. Youth have access to the media by contacting the local media by letter or telephone call. Each youth is allowed 60 minutes of telephone time per month, excluding legal and attorney calls. The youth is assigned a "PIN" number to be entered on the telephone system to make a call. The youth submit names and numbers he will want to contact and can only access those numbers.

Visitation is allowed except with family in the visiting room, which is in the commissary located in the Creighton/Bryant Living Unit Building.. The youth is allowed to purchase items from his account for his visitors. Families can bring prepackaged restaurant meals, no home food. Visitation areas have vending machines, and indoor and outdoor kids areas. YRTC-K currently offers three ways to visit. Webex visits, on campus visits and off campus visits, if approved. Youth are only allowed one visit per week, and the visiting week runs Sunday through Saturday. All visitors must be pre-approved and on the visitation form to be able to participate in a visit.

Youth are committed to the facility by courts for criminal offenses or probation violations. A copy of the commitment document is placed in the files and is reviewed for pertinent information pertaining to the time the youth is committed to. Parole violation reviews are also a way for the youth to be placed at the facility. Youth is released upon completion of the required time and program completions that are verified prior to the actual release of youth.

3B. Juvenile Discipline

Youth receive a handbook upon admission and orientation. The handbook also addresses the disciplinary process. The disciplinary process is progressive in nature with minor violations being addressed informally. Formal disciplinary actions are written with the youth receiving a copy of the charge, provided time to gather witnesses (if any) and to present evidence during the hearing, held by a non-involved staff member. Assistance is provided to the youth if needed. The hearing is held in a timely manner after all necessary investigations and paperwork is complete and the youth receives a copy. If found guilty, there is an appeal process available to the youth. Room restrictions at this facility are in the Dickson Building which has single room housing, the staff at this location conduct visual checks on a staggered 10 minute time. If on room restriction, the residents are visited at least once per day by administration staff, clinical staff, social workers, religious services, and medical services. All other sleeping rooms are open bay type. The handbook also contains information on incentives for good behavior and certain accomplishments.

3C. Special Management

This is a condition of confinement, not a building. Definition: "Youths who pose a threat are separated from general population as defined by the agency and placed in a cell in a special management unit/cell for periods of time less than 22 hours per day. (Special Management may include administrative status, protective custody, or disciplinary detention.)"

All youths meet with case workers, and an Individual Program Plan (IPP) is developed based on education and program needs. This plan is reviewed regularly by the case workers with the youth and adjusted as needed. Youth always sign the IPP and any changes made to it.

Facility operates four single-bed confinement rooms in Dickson Unit-South living unit. Confinement is used for the assessment of youths who pose an unacceptable risk to the safety, security, and orderly operations of the facility, have a possible personal safety need that needs to be investigated, or who

pose a threat to others and require separation from the general population. The goal of this unit is to expeditiously assess an individual's needs and determine if a structured program is recommended to address their needs. Fire drills in these units are simulated. Emergency release from cells occurs manually and electronically.

Youths assigned to these units receive some of the same privileges as the general population. Security staff sign in/out security equipment and keys from the unit. Each youth assigned has a record of segregation confinement forms for documenting unit activities in and out of cell. The cells have writing surfaces and toilets and have access to natural light. Showers are located on the outside and not in cells. Youths are afforded to shower daily. Youths are provided with recreational activities. The Dickson Living Unit is the only unit with an outdoor recreation court with exercise equipment and fence equipped with plastic razor wires. Logs reviewed showed that youths are provided with two or more hours of out of cell activities. Routine laundry service is provided for the youths daily. Youth consume their meal in their room. Cell doors are equipped with food trays.

Additionally, youths housed in the confinement have access to library material and programming information and services. The average length of stay in these Units depends on confinement level. At the time of this review on June 4, 2026, there were three youths on confinement (one on 1:1 medical observation, and two on behavior issues).

A member of the audit team was able to verify that appropriate training was conducted for officers assigned to the confinement area during the audit period. Rounds are completed and documented at least every 30 minutes on an irregular schedule but no more than 40 minutes apart, except for one-on-one which is every 15 minutes. A review of documentation indicated that required rounds within the confinement had been conducted consistently with policy. Daily visits by mental health, medical, administration, and programming staff were documented.

Based upon the amount of out of cell time that is afforded to the youths, interviews of the youths, review of activity logs, and analysis of the outcome measures. It was determined that the facility operates Special Management.

3D. Child Abuse and Neglect

The youths are protected from child abuse and neglect while at the facility. The youth handbook addresses what the reporting options are and who it can be reported to, the same is true for sexual abuse and assault. All youths are screened for aggressive behavior and appropriate actions taken if reported. Any report of sexual assault is investigated and could result in criminal charges if found to be substantiated. The assessments and screenings also address high-risk youths and what treatment options to utilize. The assessments and staff incident reports also address victimization and how to address it. All staff misconduct is investigated fully, if substantiated, criminal charges can be the result. The way the youth can report staff misconduct is addressed in the handbook. All staff are trained annually in preventing sexual abuse and assault, the training addresses the criminal charges if warranted. All case records associated with claims of sexual abuse, including incident reports, investigation reports, case disposition, medical and counseling evaluations and findings and recommendations are retained in accordance with an established schedule, 10 years in Nebraska.

3E. Juvenile Responsibility

There is no victim services or restitution as the facility does not have access to the victim information.

Part 4: Care

4A. Food Service

The food service department at the facility is operated by YRTC employees. Food service is managed by one Food Service Director, four Food Service Workers, and supported by three (3) food service youth workers. Youths receive training regarding food service equipment and operations from the food service staff and are medically screened before assigned to the kitchen job and checked daily by the Food Service Supervisors before job assignments. Youth kitchen workers are paid $2.50 per hour. A single menu is used for staff and youths, and any substitutions in the meals served are of equal nutritional value. The Food Service Department conducts a Youth Food Preference survey once a year, this information is used for menu planning. The food service program participates in the USDA Child Nutrition Program and complies with the Healthy, Hunger-Free Kids Act of 2010 the meal pattern requirements and nutrition standards for the National School Lunch and Breakfast Programs requiring schools to increase the availability of fruits, vegetables, whole grains, and fat-free and low-fat fluid milk in meals.

Food Service, on average, provides approximately 267 meals a day. This number is based on the cook's worksheets of meals served. The mealtimes are as follows: Breakfast 0700 to 0800, Lunch 1130 to 1245, and Dinner 1730 to 1830. The average cost per youth regular meal is $5.64 or $16.92 a day. There are two dining halls: the north and the south.

The facility follows a five-weeks rotating menu and is developed by an approved registered consultant dietician. Meals are based on two hot and one cold. The master menus and standardized recipes are used to ensure consistent and nutritional standards are met. The diet handbook was on-hand and available for review. There are ten (10) therapeutic diets at time of the audit.

Upon entering the kitchen, all visitors are required to put on hair and beard nets. There were staff and youth restrooms located in the kitchen and handwashing signs were posted.

Temperatures in freezer, coolers, dry storage areas, reach in coolers, and reach in freezers were found to be within the appropriate ranges, and temperature logs were being maintained. The kitchen maintains 72-hour sample tray in case of food poisoning for the health department. The team found the items in the storage areas stacked too high. These findings were corrected immediately. Food service annual inspection is conducted by the Nebraska Department of Environmental and Energy on November 11, 2025, and corrective actions on deficiencies submitted on November 19, 2025. Pest and vermin control is through Ecolab. Kitchen hood and fire suppression systems including pull station inspections are through Protex Central annually. Kitchen oil and grease waste disposal is through contracted vendor. The audit team verified manifests on hand and found them current. The loading dock area is clean.

The dishwasher is operational, and the wash and rinse temperatures were within the appropriate range. The three compartment sinks are properly labelled "Wash" "Rinse" and "Sanitized," and chemical sanitizer concentration met the manufacturer recommended strength. Foods items were dated and rotated and did not exceed expiration dates. Kitchen sharps and tools were properly shadow-boarded and logs matched counts. Food Service chemicals are secure; inventories were checked, and the system is professionally managed. Safety Data Sheets (SDS) are present where all chemicals are stored, and personal protective equipment is available for use. There is an eye washing station.

All other areas of the kitchens were found to be clean, neat, and orderly. Wet floor signs were being utilized. All tools and chemicals were in a secure area. The chit system was being utilized when checking out tools. Tools and kitchen utensils were properly secured and stored. Chemicals used for cleaning and for the dishwasher were controlled, inventoried and in order.

The audit team on the second day of the audit consumed a regular lunch meal consisting of Tator Tot Casserole, Cheesy Broccoli, Whole Grain Dinner Roll, Fruit Cocktail, Fresh Fruit of Choice, and Milk of choice. The meal was tasty, flavorful, filling and presented well on the tray, portion sizes were in accordance with approved menu and the item substituted was an acceptable substitution. Cold/hot holding temperatures are appropriate.

4B. Hygiene

YRTC-K provides following clothing items:

- 4 pairs of jeans
- 2 pairs of jean shorts (summer season)
- 4 t-shirts
- 2 polo shirts
- 1 belt
- 2 pair of tennis shoes
- 4 pair black recreation shorts
- 2 sweatshirts
- 7 pairs of underwear
- 7 pairs of socks
- Towels are issued in the living unit daily.
- 1 coat (seasonal)
- 1 stocking hat (seasonal)

Youths are responsible for purchasing new clothing for lost or destroyed items.

Youth may have one pair of personal tennis shoes if they are primarily white with white laces or primarily black with black laces, with minimal accent colors. K-Swiss, British Knights, and Nike, Cortez shoes are not allowed. No boots of any kind are allowed. Youth are only allowed one pair of shoes, plus the facility issued ones. Youth may exchange facility issued tennis shoes for personal shoes. Youth are provided with a toothbrush, toothpaste, shampoo, soap, comb, and deodorant during the Intake process. No personal hygiene items that have alcohol as an ingredient allowed. Youth have the right to have the length and style they choose and subject to security and hygiene rules. No hair extensions, weaves or wigs allowed. At the discretion of Administration, permanents, color rinses, and bleaches will be allowed through the facility barber/cosmetologist. Youth fingernails will not be longer than your fingertips and no artificial fingernails.

Youths are provided with protective clothing and security garments when necessary. There are provisions for the storage of personal clothing and property at the Dodge Administration building. Youth are provided with clean bedding and Linen, area to store linen, showers, and bathing.

There is monthly YRTC-K allowance of $15 deposited in youth's account by the YRTC-K Business Office. The allowance is for purchase of personal hygiene items at the facility's canteen. Parents or

guardians are allowed to bring off campus hygiene items, shoes, or personal Items, but must be preapproved and inspected.

4C. Medical Services

The review of health care at the YRTC-K includes direct observation and review of policies and written procedures, approved clinical protocols, staff licenses and certifications, and review of Youth's medical records as well as interviews with medical staff and youths.

Health care providers are a combination of State employees and contract health professionals working full time to provide comprehensive health services. Services include medical, dental, and mental health needs. The facility accepts youths from multiple districts; both inter and intra-system transfers. Some of the youths have histories of high-risk behaviors, lack of medical care or mental health treatment, and are more likely to have chronic illnesses and infectious diseases. There are peer review evaluations, multidisciplinary and access to care meetings and weekly special management unit (SMU) committee meetings. Other meetings include monthly house meetings, monthly mental health meetings, quarterly health services administrator's meetings, and quarterly quality assurance /suicide prevention and special needs meetings.

There is a good rapport between medical, dental, mental health, security, and other departments. During the audit, youths were complimentary of the medical department and health care professionals.

Youths upon arrival, receive and acknowledge YRTC-K youth handbooks in English and Spanish, and a language line or interpreter service is available for non-English speaking youths. The parents and guardians are also provided with parent handbooks. The handbook contains information regarding medical services, sick call process, medication administration, grievance, chronic medical diagnosis, illness or injury, dental and mental health, over the counter (OTC) medications, and hygiene rules, sex abuse, and assault. Youths are provided with an initial health and mental health screening upon arrival and comprehensive medical, dental, and mental health examination, within 14 days. Reviews of medical records showed that initial health and mental health screening were completed within one to two days, including weekends.

The following full-time staff support the YRTC-K medical clinic: one Registered Nurse Supervisor, and three (3) Registered Nurses. The medical director, dentist, and mental health professionals were provided with routine peer review programs every two years to ensure credentialing and privileging processes as an integral part of ensuring the competence of the providers for the youths they treat. 100% of medical staff records were reviewed and showed all nurses have current Basic Life Support (BLS), cardiopulmonary resuscitation (CPR), and up-to-date licenses.

YRTC-K has a centralized medical clinic consisting of one examination room and serves as a laboratory and office. A privacy curtain would be helpful. In addition, there is a sick call room in the Dickson (West) Intake living unit. Medical clinic operates three 8-hour shifts from 8:00 a.m. to 4:30 p.m., Monday to Friday, and offers nursing and provider on-call schedules. The shift schedules allow for briefings, and sharp and tool counts. There is a waiting area with access to water, bathrooms, educational materials, and health pamphlets. Medical area is clean with adequate sanitation and housekeeping?

YRTC-K is American with Disability Act (ADA) compliant and has a facility ADA Coordinator. There are walkers, crutches, and wheelchairs to accommodate youths with temporary disabilities. Physical therapy services are contracted offsite.

A communicable disease management plan includes prevention, diagnosis, treatment, and isolation; there is an infectious control disease nurse. Youths after twelve months are provided with TB tests as well as an initial screening, if appropriate. The average monthly youths provided with TB tests are five (5). The facility has no negative-pressure rooms. Youth requiring such services are housed in one of the four single cells in Dickson-Northside living unit or transferred to Kearney Regional Medical Center or CHI Health Good Samaritan, Kearney, Nebraska. These hospitals also provide infirmary services.

The Kearney Regional Medical Center, Kearney, Nebraska is the primary health care provider for emergency services. Other utilized hospitals include the or CHI Health Good Samaritan, Kearney, Nebraska. Based on documentation reviewed and discussion with medical staff at the time of the audit, there were no youths at the hospitals.

The Kearney Volunteer Fire Department, Station #2 ((0.6 miles/2 minutes) and the Kearney Regional Medical Center EMS (3.2 miles/9 minutes) are used for medical emergencies. Facility staff perform non-emergent medical transportation to either a hospital or community provider for offsite consultations. Staff are also trained on medical emergency response protocols. There are Narcan inhaler in various areas of the facility. YRTC medical has a dedicated medical gulf cart.

YRTC-K has 13 Automated External Defibrillators (AEDs), zero electrocardiogram (EKG or ECG) machine, three (3) emergency bags (inventoried and sealed), and one (1) emergency stretcher with back board, straps, and neck support. There are available first aid and blood borne pathogen kits on hand.

Sick calls are provided five (5) days a week in general population (GP) and the special management unit (SMU). Youths submit sick calls using the medical sick call boxes in the pods and are checked daily. The sick call process was observed, and 20 sick call requests were reviewed. All 20 of the sick call requests were acted upon within two days. Youths needing immediate assistance are seen within one day. The average monthly sick calls are 100 and include multiple encounters. The average monthly youths on chronic care are six (6). MyAvatar is the electronic medical records system used in the department. The facility does not charge medical co-pays. The quality and level of care among youths is equitable, no youth is denied health care services. YRTC-Kearney medical does not utilize telemedicine.

Medical grievance is through grievance boxes in the pods and reviewed by the Health Services Administrator within 1 to 2 days. There is a facility grievance coordinator/compliance staff. 12 random sample of youth grievance reports were reviewed for the audit period on health care services, and none was found in favor of the youth.

Medical diets are coordinated with food service staff. During the audit, there were 10 medical diets, one insulin and zero non-insulin dependent diabetics. Insulin dependent diabetics receive nightly snacks.

Specialty clinics or outside consultations are approved by the Medical Doctor and referred to within seven (7) to 14 days depending on specialty. Optometry and ophthalmology services are contracted offsite. They also provide eyeglasses.

Medications are secured behind double locks. A certified medication aide administers medications two times per day, and as needed, seven days a week in GP and SMU in the units. Medication administration for GP is conducted in the units and SMU conducted cell to cell. Each unit has a medication cart. Security staff are trained to administer medications. No shows or medication refusals are documented and referred after three times. Reviews of medication records and medical outcome measure reports showed the average monthly youths on controlled medications are 22 and prescription medications are 100. The Health Services Administrator audits the Medication Administration Record (MAR)-MyAvatar for missed doses. Prior to giving medications, the youths identification is confirmed, and mouth cavities checked after administration. The review and observation of medication administration found the process timely and organized. Facility policy allows youths to possess KOP medications such as rescue inhalers and topical ointments. Staff are aware of the seven day compliance check and have a system established to review medications within 30 days. A system of KOP medication compliance checks every seven days was established. There is a separate diabetic line two times a day with sliding scales for GP and SMU youths unit. Youth are permitted to self-administer insulin with direct supervision.

Medical has one secure medication room. Medications are ordered through Diamond Pharmacy Services, Inc. and delivered through Federal Express (FedEx). The local Walgreens is the secondary pharmacy. Stock and patient specific medications and bulk sharps are adequately maintained. YRTC-K medical staff regularly audit the dispensary. Review and random inventory count on sharp and controlled medications is accurate. The medication room has one refrigerator for the storage of medications and injectables, and Vaccines for Children (VFC) Program with temperature logs and inventory accurate. Basic medical supplies and materials are obtained through McKesson. The disposal and return of expired, unused, discontinued, and recalled, over-stocked medications including prescription (pills and liquids), and narcotics are using "Rx Destroyer" (a solution that dissolves medications enabling eco-friendly disposal). Medical has a distribution list of over the counter (OTC) medications, approved by the Health Authority and the Facility Administrator. Youths are issued 30 days of medications upon release and connected with the community resources for further assistance through the release process.

YRTC-K medical has a "draw only" laboratory. Specimens are collected onsite. Blood is spun and sent out for analysis to LabCorp as needed and reports are received through phone/fax/online within 24 to 48 hours. STAT labs (laboratory testing for a patient that requires immediate attention due to an emergency or critical condition, with results delivered very quickly, often within an hour, to help guide urgent medical decisions) are sent to Kearney Regional Medical Center, Kearney, Nebraska and reports are received through phone/fax/online within two (2) to four (4) hours. The average monthly Youth's lab tests are three (3). The current Clinical Laboratory Improvement Amendment (CLIA) certification is current.

MediWaste Disposal is contracted to pick up the biohazard and sharps waste for proper disposal as verified by manifests on hand. There is an approved certificate of disposal. A check of the specimen refrigerator in the lab showed that daily temperature logs have been established.

Routine radiological services are sent to Urgent Care, and results received phone/fax/online within 24-48 hours. Routine and emergency radiological services such as CT Scans, MRI, Ultrasounds are provided through Kearney Regional Medical Center, Kearney, Nebraska, and result received phone/fax/online within 24 to 48 hours for routine and two (2) to four (4) hours for emergency services.

Medical at the YRTC-K has an inhouse dental clinic and contracted through Prairie Meadows Dental. The following staff support the dental: one Dentist (one day per week, Thursdays from 9:00 a.m. to 3: 00 p.m.), one Dental Hygienist (one day per week, Thursdays from 9:00 a.m. to 3: 30 p.m.). Dental services include composite, extractions, crowns, mouth guards, braces removal and adjustments, cleaning, and oral hygiene education. Dental emergencies are addressed within 24 hours and there are nursing protocols for after hour emergencies. All medical staff are provided with one hour of dental on board on-the-Job Training (OJT). Youths access dental health services through the sick call process. The average monthly youth seen by dental is 30.

Dental has one (1) dental chair and one (1) bite-wing analog x-ray machine**.** The Dental hygienist has a dedicated chair. Crosstex biological monitoring indicators are autoclaved and processed monthly for spore testing to monitor the efficacy of sterilization. Reports were reviewed and indicated fully functioning sterilization of instruments to prevent cross contamination and/or postoperative infections. Dates of sterilizations are noted and monitored for compliance requirements. Dental supplies and equipment services are through the Henry Schein. Dental dosimetry: a radiation monitoring product (x-ray badges) utilized to monitor effectiveness and to make sure that work environment is free from the damaging effects of dental radiation is using the Luxel LANDAUER. X-ray fixer and developer disposal is using Chemgon (an in-office treatment product safely converts hazardous photo processing chemicals, including Fixer and Developer or Stabilizer and Activator, into a non-hazardous solid waste, safe for disposal in your regular trash). Annual x-ray equipment inspection is through State Department of Health. Inventory of dental instruments and sharps are accurate. The dental chair traps are cleaned weekly. There is good practice of amalgam collection and disposal to prevent contamination of local water sources. Dental compressor is equipped with an amalgam separator.

4D. Mental-Health Services

The following fulltime staff support the mental health department: one (1) Advanced Practice Registered Nurse (APRN), two (2) Adolescent Psychiatrists, seven (7) Behavioral Health Practitioners, one (1) Clinical Program Manager shared with YRTC-Lincoln and YRTC-Hastings, one (1) Clinical Psychologist shared with YRTC-Lincoln and YRTC-Hastings, and one (1) Behavioral Health Practitioner shared with YRTC-Lincoln and YRTC-Hastings. Mental Health operates a 12-hour shift from Monday to Friday There is a psychiatrist on call schedule. Logs for the past 60 days were reviewed, and rounds are being conducted in special management unit (SMU) weekly by mental health and daily by medical. The mental health staff were interviewed and demonstrated complete understanding and importance of policy. Follow-up evaluations and risk assessments are conducted face to face every 30 days and as needed. Telepsychiatry is available at YRTC-K with inform consent and confidentiality.

Youths may access mental health services via the sick call process or self-referred. Any staff members with concerns about a Youth's mental stability also can refer the youth for evaluation. During the audit, there were 85 youths on psychotropic medication (55 on anti-psychotic and 30 on anti-depressant medications). All suicide ideations are referred to mental health staff for monitoring or observation. There are four (4) observation rooms in Dickson Unit-South living unit. At the time of the audit, there was one youth housed in one of the observation rooms due to functional neurologic disorder (FND). According to the documentation presented by medical and observation by the medical auditor, this patient is constant observation by security and documented as required. The patient's folder was reviewed and is being seen by medical and mental health. The rooms are handicapped accessible and have access to natural light. Interviews with medical staff and reviews of mortality documentation reveal there have been no deaths since the last audit. There are

procedures in place for appropriate notifications and psychological autopsies in case of youth's death. There are multidisciplinary team meetings that include quarterly quality assurance and suicide prevention. There are observation logs available to document details regarding youth mode, attitude, and observable behavior in case of youths on constant observations. There are available suicides or security garments (smocks and blankets). The average monthly youth seen by mental health is 45. Youths requiring inpatient crisis stabilization services are transferred to the CHI Health Richard Young Behavioral Health, Kearney, NE. or Whitehall Psychiatric Residential Treatment Facility, Lincoln, NE., or Youth Rehabilitation and Treatment Center - Lincoln (YRTC-Lincoln), NE.

4E. Substance Abuse and Chemical Dependency Services

The Youth Rehabilitation and Treatment Centre in Kearney offers evidence based behavioral and skill building programming. Individual therapy is offered for youth with behavioral and mental health needs, including substance abuse needs. Case managers and therapists work together to develop individual case plans for each youth. Treatment programming encourages youth to look at the change process and to gain skills to address their thinking errors and develop skills to make positive decisions. YRTC-Kearney is a member of the Performance-Based Standards (PbS) Project sponsored by the Council for Juvenile Correctional Administrators.

Part 5: Programs and Services

5A. Reception and Orientation

Newly committed arriving youths are processed by first ensuring the court order has been verified. Upon arrival at YRTC-Kearney the youth is housed in the Dickson-West Living Unit, which is known as the Stabilization Unit, where the intake process begins. Specially trained Dickson Unit Frontline Staff assist the youth with any questions they have during this orientation period. Individual property is collected during the intake process, inventoried, cleaned and stored until the youth releases. A Youth Handbook is provided within 24 hours of arrival. The handbook is an informational tool providing an outline of directives and rules related to daily operations of the facility. In addition, this book provides for the understanding of their rights and expectations as newly committed youths. Specially trained staff assigned to the Dickson Unit review the content of this book with the youth chapter by chapter. All questions are answered; the youth confirm via signature that they have received the handbook and that its contents have been reviewed by staff. Medical and Mental Health assessments are conducted immediately upon arrival, where the identification of risks and needs are developed. Case Management becomes involved as the process of the youth strategically being assigned living quarters begins.

5B. Classification

The Classification process works simultaneously with Reception and Orientation, as it too begins immediately upon the arrival of the youth. A Classification Plan is established utilizing several factors to include detailed assessments centered around the Risk and Need of the newly arriving youth, such as the Risk of Suicide, Risk and History of Self Injury, Risk of Violence, and Risk for Sexual Perpetration and Victimization is also considered. Areas of Need include what level of security is necessary to ensure safety, The need for physical and mental assistance for those who have physical disabilities and mental health needs or have a low level of maturity. Administered by Medical, Mental Health, Case Management, and the Facility Administrator where an outline of these assessments is discussed in round table format to develop the proper handling of the youth in terms of specific housing assignment, security and educational level, and mental capacity. Once complete a Case

Manager is assigned and a Plan of Care is established, to include the introduction of the "Steps to Change" work book which is designed to assist the youth with completing the YRTC-Kearney Treatment Program, including the four-stage of achievement consisting of the following:

Stage 1-The Learning and Expectations stage. The youth is introduced to the concentration of responsibility where he is expected to attend daily meetings that establish various training to include Aggressive Replacement Training (ART) and Moral Reconation Therapy (MRT). The focus is designed to develop inner strength through peer association and team building exercises.

Stage 2-The youth begin to understand the basic expectations of their new environment. They will be provided with a clear way of thinking that enhances a more constructive behavior approach. A basic dress code is enforced, and effective communication is practiced with the utilizing of appropriate language and the avoidance of confrontation with staff and their peers. In addition, the youth will become aware of their actions towards others, while providing positive feedback to their peers.

Stage 3-Basic expectations are enhanced and built upon. Everything learned in the previous stages is utilized daily. Leadership qualities developed and the provision of assistance to fellow youth is developed. Concentration is put on family relations and past experiences that affected them emotionally. During this stage pass decision making is examined and a more constructed way of positive thinking is developed. This is achieved through re-establishing connections with the community and the building of a strong support system by accepting their actions from the past allowing the youth to look toward life in the community.

Stage 4-Putting every learned to work by effectively managing their physical, mental, and emotional self. Follow positive thoughts and work to better handle difficult situations that may arise in their life. Encouraged to use voice in the housing unit by assisting others, with an emphasis being placed on Time Management. Upon completion the process of release will commence.

5C. Social Services

The Social Service Department is operated by the State of Nebraska Department of Health and Human Services. This Department works in conjunction with the federally funded Children and Family Futures (CFF) organization, which provides positive support for children who may suffer from substance abuse or trauma, by assisting the transition from child welfare, through the courts process and to the treatment centers.

Once committed the Mental Health Department takes over providing several mental health services. The Mental Health Department is made up of a treatment team consisting of 7 Mental Health Professionals, 1 Clinical Program Manager and 1 Clinical Psychologist, with a main goal of providing an emotionally safe environment while delivering necessary treatment to those in need of psychiatric, emotional, and behavioral care. As such, the youth are introduced to Case Management, Re-Entry, and assigned a Mental Health Therapist where general observations are made with relation to past behaviors. These behaviors are addressed and coping skills are introduced and treatment plans are developed.

Range of Resources include:

- Mental Health Treatment
- Substance Abuse

- Psychology Evaluations and Testing as needed.
- Case Consults and Behavioral Plans
- Individual and Family Counseling and Training
- Crisis Intervention and Management

Behavior Programs include:

- Adolescent Community Reinforcement Approach (ACRA)
- Aggressive Replacement Training (ART)
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Moral Recognition Therapy (MRT)
- Power Source

All resources are delivered in group and/or individual one-on-one format. This approach is dictated by population numbers and staffing levels. These programs have been shown to reduce recidivism in adolescent populations and have been well received by the youths at YRTC Kearney. The Programs do have specific durations that satisfy course content.

5D. Education

The Education Department provides instruction as part of the West Kearney High School (WKHS) where they offer several educational and vocational opportunities to the youth population. The school is part of the State of Nebraska Department of Education's Rule 10 which dictates the mandatory regulations and procedures for accreditation. The school operates 5 - 9 week sessions. With classes being conducted like that of ordinary schools, with a typical day of instructions being delivered during the hours of 8:30 - 2:30, Monday - Friday with weekends and holidays off. It is the expectation for all youths to attend and participate in course content and discussion. Attendance is taken at the beginning and end of each class and logged into Power School, a Statewide computerized network that manages student data, and connects students, teachers, and parents on topics to include course completions and administrative data. All credits earned will be applied as part of state regulated 1080 credit requirements to earn a diploma from WKHS at no cost to the youth. Youth that are committed to a YRTC and have completed high school from an accredited program, including WKHS are eligible to apply for the "Door to College Scholarship Act." There are four(4) youths that are recipients of Susan T. Buffett Scholarship for Nebraska residents and graduating high school seniors who plan to attend a Nebraska public college . It provides significant financial aid for tuition, room, board, and books.

Core Classes being offered include Math, English, and History, with elective classes including, Art, Business Information and technology, Career Education Family Life Skills Health Education, Psychology and Physical Education. In addition, a Building Trades and Woodworking and a Forklift Simulation class are offered where the student learns firsthand technique while earning an OSHA certificate of completion.

Government Education Tests (GED) are also offered to those students who fall behind in their instructions. There are requirements that must be met to be eligible to include being 18 years of age and score above the 9th grade level on both math and reading Measure of Academic Progress assessments, (MAP). The School Principal, Counselor and GED Teacher will determine eligibility. The

four GED Subjects include Mathematics Reasoning, Reasoning through Language Arts, Science, and Social Studies. A score of 145 or better must be achieved on each subject test to earn the GED diploma.

There are 3 Special Education Teachers on staff who collaborate closely with school counselors in assisting youth who need additional assistance in satisfying the requirements for diploma. The Education Counselor is responsible for tracking student credits, developing graduation plans, and guiding youth through the completion of graduation requirements.

The course curriculum is developed by the 4 teachers on staff under the direction of the education principal who must align with State of Nebraska standards by following guidelines for course content. All developed curriculums must be approved by the State Department of Education. In addition, all teachers must hold a State of Nebraska Teaching Certificate with appropriate endorsements for their teaching assignments. This certification is mandatory for all education teaching within a state-accredited school.

All annual reviews are conducted at Family Team Meetings, which include Student, Parent, Case Manager, and Teacher. These reviews are conducted on a frequent basis depending on the student and at minimum annually.

5E. Library Services

The YRTC-Kearney Library includes over 7000 books, on display in organized fashion. There is a designated section containing legal material to include Criminal Law and Criminal Procedure, Juvenile Detention Centers, and Criminal Prosecutions. The Library operates a partnership with the local city of Kearney Public Library who will provide titles searched for that are not in house.

The library is equipped with several computers on site that were utilized as part of education classes. For the Youth to gain access to one of these computers a Responsible Use Policy form must be signed by both the librarian and / or teacher and the student. Accessing these computers allowed the youth to look up titles through the Nebraska-Access Network, which is a digital portal provided by the Nebraska Library Commission, which provides access to research databases, consumer health and legal sources, historical archives, and genealogy records. In addition to online Music software.

There were several age appropriate magazines, puzzles, and games available for use. Youth also have access to a state-of-the-art 3D printer which allows for a unique way to develop projects and printing processes in 3 dimensional format.

5F. Religious Programs

The YRTC-Kearney included a large, bright, well-appointed Chapel with a seating capacity of 200, equipped with a sound system to provide music in support of the services. Supervised by a Religious Coordinator, who oversees the department, conducts services weekly and visits each housing unit regularly. The youth residents can participate in practices of their religious faith weekly. Non-denominational Services are conducted on Sundays. Bible study is also held on a weekly basis with the use of volunteers helping and spiritual services. Participation includes 15-20 youths at any given service.

Religious Preference includes:

- Protestant

- Catholic
- Baptist

The Religious Coordinator has working relations with local pastors who visit the facility frequently and participate in church services to include special holiday services such as Christmas, Easter, Passover, and Ramadan programming, where 18 youth took part in the holiday observance with nine (9) youth actively observing the religious practice for the duration of the holiday. Special religious meals are offered upon request and monitored to ensure actual belief. The acceptance of donations has been recorded to include many local organizations providing Holiday Cookies, Translation Bibles, Prayer Rugs, and Qurans.

5G. Recreation

The Recreation Department operates under the direction of a Recreation Supervisor and three (3) additional recreation personnel. There is a large gymnasium with a full-sized basketball court, an in-ground pool which was not in service during the visit, and a very well stacked weight room. There is a complete weekly and weekend schedule to accommodate all housing units. The facility is equipped with both indoor and outdoor recreation space with several manicured outdoor fields. Ample board games, arts, crafts, and puzzles are available in the individual unit day rooms to pass the time in constructive fashion. Team Building activities are also coordinated by the recreation department providing various tournaments to include kickball and volleyball. A Summer Fun Day was also coordinated consisting of a whiffle ball game where water balloons were used as balls. A fun event that provides for many smiles among the youth population.

There are several organized events taking place from Pickle Ball, Basketball, Weight Lifting, Swimming, Soccer, Softball, and Flag Football. The department provides for individual and group participation. In addition, the grounds of the facility allow for Disc Golf to be played where golf baskets were strategically placed around the compound of the facility. The recreation department also encourages the youth residents to take part in the President's Physical Fitness Test. This National Youth Assessment measures Core and Abdominal Strength, Cardio, and Upper Body Strength. consisting of timed Pull-ups, Sit-ups, Push-ups, 50 yard sprint, and softball throw. High Performing Youths are eligible to earn the Presidential Physical Fitness Award.

Community Service Activities consist of helping at the local High Schools where the youth provide clean up details following well attended sporting events. In addition, assistance has been provided at the local Knights of Columbus where tables and chairs are set up for local functions. Assistance is provided at the Salvation Army where the youths unbox clothes for items that are donated and prepare for sale.

5H. Juvenile Work Programs and Compensation

Policy and procedures are in place to support working youth within the YRTC-Kearney Facility. At an hourly pay of $2.50, and an automatic $15.00 stipend pay is provided to assist the youth with the purchasing of hygiene products and snacks. Youth can work up to 4 hours a day. Work consists of serving as an orderly in various departments to include Food Service. In addition, there is incentive pay or extra duty where the youth can work additional hours on general clean up tasks to include mowing the grass in the courtyard, picking up sticks and papers in the direct vicinity of their house unit.

Pay is calculated at the end of each month and with the pay being directly put on the youth books by the 10th for the following month. Reasonable Accommodations practices are put in place for those youth who have disabilities so they too can earn a wage.

Prevailing wages are paid according to policy and child labor laws when the opportunity presents itself in the community. This facility does not employ their youth residents on community projects involving minimum wage requirements.

5I. Release Programming

The focus of the Re-entry Services Department is geared towards ensuring the transition for the releasing youth is clear, complete, and well-coordinated. This is achieved by providing the tools necessary to regain positive relations with family and friends while developing into productive members of the community upon release.

The Re-Entry Department works with the youth from day one of their time at YRTC-Kearney, by strengthening family relations and establishing a stable home environment by ensuring communication continues between child and parent. The development of an individualized Re-entry Plan is created where the road map of success is identified and progress followed while addressing any challenges along the way. This approach identifies the level of care that is needed once released, this is embraced during Family Team Meetings which take place Monthly. Those in attendance are considered the support group of the releasing youth and include the Case Manager, Mental Health Therapist, Probation Officer, Youth Attorney, the youth resident, and his Parents. Topics discussed include progress updates on program completion and efforts made by the youth in improving their inner self by transforming past egressions into a positive approach, Interacting with peers in a meaningful productive way, and the review of education course work status to include credits earned. The need / use of electric monitoring upon release is also discussed. As part of these meetings the family is introduced to assistance programs to include:

- Multisystemic Therapy (MSP) which consists of in-home treatment geared towards keeping the youth safely at home and out of Juvenile Treatment Centers. This is achieved by addressing behavior at home, school and in the community. This program assists the family to set and enforce rules of the household. It also helps parents to build a backbone to better manage their child. The assistance provided is enhanced by 24/7 availability to help manage crises should they occur.

- Community Youth Coaching - (CYC) This highly regarded youth and family driven intervention is another support base helping ensure a stable home for youth. The coach serves as a positive role model and is available to assist the youth with critical problem solving and behavioral coping strategies. In addition the coach helps with job applications and resume building. Helps the youth with getting job interviews and techniques to ensure successful interviews. The coach helps the youth along as they navigate life in the community. The coach stays in touch with the youth like that of Big Brother.

YRTC-K does not allow for Graduated and Temporary release, but there are 3 ways for the Youth to visit with their family and spend time in the community. All visits must be approved and no more than one visit can take place in any given week. All visitors must be included and, on the previously approved visitors List. Types of visits include":

- WebEx Visits using facility computers.

- On Campus Visits
- Off Campus visits.

Special Visits for Family Emergencies, Funeral, Wedding are permitted under the approval of the Facility Administrator. The youth's individual Security level, Behavior history and Progress Reports play a part in this approval process.

When Release is evident the Youth may request a Day Leave, when typically within 60 days of release. This process allows for the youth to establish the necessities at their home before release day arrives. This Day visit must also include certain parameters and must be approved by the Facility Administrator.

Special Trips into the community is a staff guided activity where the youth may attend sporting events at the local High School and University. This incentive based activity is supported by Re-Entry as it promotes responsibility as following the visit a letter must be written by the youth to their treatment teams describing their experience of being in the community, outlining any road blocks they may have experienced and how they overcome them.

Release to the community consists of Re-Entry working with the youths Probation Officer who provides a detailed Individual Treatment Plan to the court for review 30 days before release. The judge will review and approve the case. Topics reviewed include evidence of a stable home environment, School history, and family need. The court may approve the release with conditions to include maintaining school attendance, random drug testing and counseling the family must follow. The Probation Officer will conduct regular home, school, and work visits to monitor compliance and behavior. This plan is developed by the Probation Officer and reviewed by the Re-Entry Coordinator. Success for the youth is gained through participation in the Case Management Plan of Care, Monthly Family Meetings, interacting with peers, and staff support processes. The Court will gather this history and ultimately the judge will review and determine release.

Part 6: Administration and Management

6A. Administration and Management Practices

YRTC-K has a defined mission statement and philosophy, goals, current objectives, and organizational chart and is managed by a single administrator. The organizational chart is reviewed and updated regularly. There is a defined job description delineating the positions. There are written policies and procedures that describe all facets of facility operation, maintenance and administration, and documentation shows that employees participate in the formulation of policies, procedures, and programs. YRTC-K custody and treatment for commitments of adolescent males from juvenile courts; youth reintegration treatment curriculum chemical dependency, education, sexual trauma, pre-vocational assessment, limited vocational training. There are quarterly improvement meetings. Facility measurable goals and objectives are developed and reviewed at least annually.

6B. Financial Practices

The fiscal operation of the facility is supervised by a Business Manager and supported by an Accountant and an Accounting Specialist. The facility follows an annual operating budget year from July 1 to June 30, to support administration, facility maintenance, safety and security, environmental services, food service, medical care, recreation, religious, academic, and vocational, social services,

and other facility related services. There is an internal audit system providing timely and periodic assessment of various departments to meet state compliance. Regular reports, including an annual report, are generated and submitted to the parent agency. An independent agency audits facility's fiscal operations including decentralized cash accounts.

The Superintendent is responsible for reviewing and overseeing the institutional budget. Facility Superintendent participates in budget preparation and submits a "budget wish list" by February or March of each year to the state. Budget wish list includes capital projects, institutional repairs and maintenance, long-range objectives, programs, and staffing. The goal is to ensure the efficient management and distribution of financial resources to maintain institutional security, repairs and maintenance, programs, and provide essential services benefiting youth population to meet facility's rehabilitative mission. In addition, facility utilizes youth work programs to provide significant cost avoidance to the agency. There is a monthly staff meeting establishing budget maintenance and spending plans. There is a quarterly budget analysis reports are prepared and forwarded to the state.

The Business Manager oversees all aspects of accounting procedures, decentralized cash account management, purchasing, purchasing cards, gas cards, budget reconciliation, and youth funds. There are applicable policies and procedures that govern fiscal and budget management to ensure legal and ethical standards and effective cost control measures. A member of the audit team interviewed the Business Manager; financial documentation reviewed during the audit indicated sound accounting practices. Monthly budget analysis report reviewed at the time of audit showed status of appropriations and expenditures to prevent budget shortfalls and respond to emerging needs. Internal and annual external audits are conducted to prevent fraud, waste, and misuse of funds. In addition, ongoing cost monitoring is used to identify inefficiencies and implement corrective measures, supporting responsible stewardship of public resources.

Facility has a safe deposit box for youth valuable. All monies collected and disbursed are distributed through a non-interest bearing account maintained and monitored at facility level. Youths have access to their account balances. Youths are issued institutional checks upon release.

Staff, contractors, and volunteers who work with youths are informed of the facility's policies on confidentiality of information and acknowledged in writing for compliance.

6C. Personnel Selection, Retention, and Promotion

The facility has a Human Resource Manager and is assisted by two shared Human Resource Managers. There is an outside recruiter and he conducts job fairs. A personnel manual is available for employees in written and electronic form. Staffing requirements, including a formula to determine staff needs as well as caseload formulation, are regularly reviewed. Equal opportunity, reasonable accommodations, and sexual harassment prohibition is well defined and in practice. Personnel are selected, retained, and promoted based on merit and qualifications. Probationary terms do not extend beyond one year. Applicants, volunteers, and contractors are subject to a background check. At least an annual performance evaluation is completed on each employee. Compensation and benefits are comparable to similar occupational groups. The personnel record is confidential, and access is limited by policy. Medical information is stored separately. A pre-assignment physical is conducted on each applicant. Employees receive the required 40-hour orientation, additional training hours as required. A qualified individual coordinates the training program and develops an annual training plan.

6D. Staff Treatment

Staff are given Annual Performance evaluations that must be discussed with the employee New Staff will be given three (3) probationary reports at 60, 120, 180 days and must include supervisory in person discussion.

A Drug Free Workplace Policy exists which prohibits unlawful use, manufacture, possession, and distribution of controlled substances in the workplace. To ensure compliance the YRTC - Kearney does have procedures in place for pre- employment drug testing.

YRTC-Kearney will provide reasonable accommodation for those employees that require assistance due to disability, physical or mental impairment.

The State of Nebraska follows Affirmative Action, Equal Opportunity Policies

An Employee Assistance Program is provided by "All One Health" and includes 24/7/365 access where the program is designed to assist with overcoming challenges that may come up in life. Areas of attendance being offered include:

- Mental Health Sessions
- Life Coaching
- Financial Consultation
- Legal Referrals
- Work-Life Resources and Referrals
- Personal Assistance when traveling '
- Medical Advocacy

Suicide & Crisis Services are offered to all staff through "988 Suicide & Crisis Lifeline" where a Mental Health Professional is on call to assist in time of need. A Mental Health Wellness product offered to all staff by "Calm Health Services," which specializes in Anxiety and Depression services.

6E. Training and Staff Development

The YRTC-Kearney Training Department includes one staff member who serves as the Training Coordinator for the facility. The main goal of the training department is to prepare staff with the tools necessary to conduct their job in a manner that supports Professionalism, Safety and Efficiency. Required Training includes:

- Facility Policies and Emergency Procedures
- Security Operations and Control
- First Responder Techniques
- Suicide Prevention
- Behavior Management and De-escalation
- Child Abuse and Neglect
- Prison Rape Elimination Act

A Training Plan is devised under the supervision of the Training Coordinator, and lesson plans developed with the assistance of an Advisory Team made up of staff that meet at minimum on a quarterly basis. The Advisor Team assists with organization, earning strategies, and the review of

Needs Assessments, Previous Training Evaluations, and newly implemented Training requirements. The Advisor Team consists of the following staff:

- Unit Manager
- Mental Health Professional
- Case Manager
- Recreation Supervisor
- Facility Administrator
- Secretary / Office Technician

The Training Department consists of shared space in the Facility Chapel. With a designated area equipped with 6 tables and 24 chairs, computers, and an overhead screen to assist with group instructions. Chapel Pews are available for large group training such as the annual "Active Killer (Shooter) Training" where The Nebraska State Patrol, with the assistance of the Mental Health Department provide techniques involved in reacting to this type of immediate threat.

The department includes a training library where staff can obtain supporting documentation of various training courses. The Training Coordinator provides several components for training electronically, where lesson plans are emailed and training obtained on different applications such as YouTube, One on One Remedial in an office setting, and Refresher Training to those in need.

The Nebraska Office of Health And Human Services-Juvenile Services Department also offers Specialized Training for Supervisors.

Continuous Education is coordinated by the Mental Health Departments and is administered for all Licensed Professionals. Certificate of Completions is added to training records and cost is absorbed from the Training Budget.

New Juvenile Care Officer Training includes CPR, which is refreshed every two years. The introduction to Youth Rehabilitation and Treatment Center - Kearney Policy and Procedures, Juvenile Rules, Regulations and Rights, and Specific Program Training.

Annual Training is an ongoing process and consists of PREA Training and Handle with Care Training, which includes Physical Intervention, and de-escalations Techniques. These training courses are offered in some cases to staff monthly.

Pre-Service Training must receive a total of 120 hours of training for new recruits, including the following:

- Introduction to Juvenile Justice System
- Supervision of Juveniles
- New Employee Manipulation
- Hostage Crisis
- Suicide Prevention
- Search and Seizures
- Rules of Evidence
- Control of Flammables, Toxic and Caustics Material
- Radio Procedures
- Report Writing

- Searches
- Communicable Disease Prevention
- Adolescent Development
- Interpersonal Relations
- Boundaries

6F. Information Practices, Records, and Data

Facility adheres to state and federal guidelines in the conduct of research and dissemination of research findings. There are written data security policy, procedure, and practice that governs the collection, storage, retrieval, access, use, and transmission of sensitive or confidential information. These policies and procedures are available to staff in paper format and through facility's secure-password control intranet system., and are reviewed at least annually , and updated as needed.

Youth records are initiated at intake and classification and include essential booking information, risk, needs assessments, and medical and mental health screenings. Other custody records maintained at the facility include court-generated background information, cash and property receipts, reports of disciplinary actions, grievances, incidents, or crimes committed, dispositions of court hearings, records of program participation, work assignments, and classification records. This information is used to determine appropriate housing, supervision levels, and program placement. These practices support youth rehabilitation, institutional safety, and organizational accountability. These information is maintained in electronic format with secure-password control intranet system to protect them from unauthorized access. It ensures that youth records are accurately created, securely maintained, appropriately accessed, and properly disposed of in compliance with established standards. Youths sign a release of information consent form that comply with applicable federal and state regulations prior to the release of information.

Facility plans and specifications, and physical plant reviewed during the audit showed that there adequate space provided for administrative, security, professional, and clerical staff. This space includes conference rooms, storage room for records, public lobby, and toilet facilities.

6G. Community Relations

Media access is well defined in the agency policy and provides for access and dissemination of pertinent information.

Citizen volunteers are crucial for rehabilitating youths and supporting successful reentry, providing services like mentoring, education, and religious guidance that reduce recidivism. Volunteers, acting as mentors and role models, enhance institution morale and offer vital links to the community. YRTC-K has an active volunteer program that includes a Community Advisory Board. The Board and volunteers provide an important link between the youth and the Kearney community. Youths interact with volunteers in areas such as religious and educational activities. The facility maintains written policies and procedures that clearly define responsibility for the coordination and oversight of volunteer involvement. All volunteers are provided with orientation and training. The audit team verified documentation and found them current.

All volunteers are selected based on a uniform screening process that is consistent with the security and good order of the facility. Volunteers are issued ID badges upon entry into the facility. All

volunteers are required to present a proper photo Identification and register at the entry point. Volunteers offering professional services such as medical care, religious, and educational services are encouraged to show credentials and/or certificates, and in most cases have an established and verifiable agreement with the facility. All volunteers are required to go through mandatory background checks and orientation. At the time of this audit, there are no volunteers used in the delivery of medical care. Facility has completed volunteer services schedule which is incorporated in youth orientation handbook and posted in the units. Volunteers are encouraged to provide input regarding the programs and services. There is a weekly eight-week horse therapy program with the Lion Heart for stage 3 youths.

4: Examination of Records

A. Shifts

Direct Care Worker Shifts (3-8hr. shifts), Day Shift: 6:00 a.m. to 2:00 p.m., Evening Shift: 2:00 p.m. to 10:00 p.m., and night shift: 10:00 p.m. to 6:00 a.m.

a. Day and Evening Shifts

The audit team was present at the facility during the day and evening shifts from 7:38 a.m. to 5:30 p.m. on the first day of the audit, and from 7:48 a.m. to 5:00 p.m. on the second day. The briefings were mutual and participatory. The audit team briefly introduced themselves and discussed the purpose of the audit and matters pertaining to the audit. The audit team observed shift changes, programs, and pill passes while the rest of the staff were busy taking care of the youths and were pleasant and professional. In addition, the audit team met and spoke with many of the staff, including admin staff. The facility was calm and orderly, and there were no signs of tension.

b. Night Shift

The audit team was present at the facility during the night shift on the second day at 9:30 p.m. This shift's primary responsibility is to conduct security checks on the youth throughout the sleeping hours and supervise sanitation and laundry services.

There were no outside security lights that were out. The facility was calm. The staff observed were alert, appeared well trained for the duties they were assigned, and were professional and courteous.

B. Status of previous non-compliant expected practice with an approved plan of action.

Expected Practices #4-JCF-3C-03 Appeal Request approved, changed to compliant.
Expected Practices #4-JCF-6C-10 Appeal Request approved, changed to compliant.
Expected Practices #4-JCF-3B-06 Appeal Request approved, changed to compliant.

5: Interviews

A. Youth Interviews

The audit team interviewed all 65 youths (individually and in groups). They gave the visiting committee team thumbs-up for medical, educational, library, recreation, food service, security, and program services, and were able to verbalize the programs. They all maintained personal journals and were proud to show them to the audit team.

They all said that they really like school. They have ready access to sick call process and were aware of the grievance process. Youth's morale was good, and they were cooperative, respectful and were aware of the audit, and participated in the preparation for the audit. The audit team did not experience any kind of tension. Youths felt that staff are helpful and concerned about their safety and wellbeing. Youths felt that the facility is managed in a professional manner. They are aware of fire drill processes and procedures. Their basic needs were being met, and they felt that they were making positive progress towards eventual and successful release. No youth requested a private interview with the audit team.

B. Staff Interviews

The audit team interviewed over 23 staff members on all shifts. They felt safe, received annual reviews, and reviewed post orders when stationed on post. They appeared eager to highlight their assigned area.

The audit team observed structured security shift change briefings. Staff were polite, cooperative, and conducted themselves in a professional manner. There was a normal working relationship between medical, program and security, and communication flowed freely. In addition, morale was good. Staff indicated that their training was excellent and is applicable to their positions and job needs. No complaints were made to the audit team and no staff asked for a private interview. It was clear that staff took ownership of their specific areas and were proud of the facility.

Staff were complimentary concerning the administration. No staff reported that they do not feel safe at the facility.

6. Exit Discussion

The exit interview was held at 10:37 a.m. in the Chapel with the Interim Facility Administrator Rich Williams, and 20 staff are in attendance.

The following people were also in attendance:

Steve Corsi, Nebraska DHHS Chief Executive Officer (CEO) via video.
Mark LaBouchardiere, OJS Administrator.

The chairperson provided the findings of the audit team and explained the procedures that would follow the audit. Members of the audit team discussed the compliance levels of the mandatory and non-mandatory expected practices and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team on the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

7. Non-Compliant Expected Practices

None

8. Non-Applicable Expected Practices

EXPECTED PRACTICE 4-JCF-2A-18 REVISED JANUARY 2015 (MANDATORY)

FOUR-/FIVE-POINT RESTRAINTS ARE USED ONLY IN EXTREME INSTANCES AND ONLY WHEN OTHER TYPES OF RESTRAINTS HAVE PROVEN INEFFECTIVE OR THE SAFETY OF THE JUVENILE IS IN JEOPARDY. ADVANCE APPROVAL IS SECURED FROM THE FACILITY ADMINISTRATOR/DESIGNEE BEFORE A JUVENILE IS PLACED IN A FOUR-/FIVE-POINT RESTRAINT. SUBSEQUENTLY, THE HEALTH AUTHORITY OR DESIGNEE MUST BE NOTIFIED TO ASSESS THE JUVENILE'S MEDICAL AND MENTAL HEALTH CONDITION, AND TO ADVISE WHETHER, ON THE BASIS OF SERIOUS DANGER TO SELF OR OTHERS, THE JUVENILE SHOULD BE IN A MEDICAL/MENTAL HEALTH UNIT FOR EMERGENCY INVOLUNTARY TREATMENT WITH SEDATION AND/OR OTHER MEDICAL MANAGEMENT, AS APPROPRIATE. IF THE JUVENILE IS NOT TRANSFERRED TO A MEDICAL/MENTAL HEALTH UNIT AND IS RESTRAINED IN A FOUR-/FIVE-POSITION, THE FOLLOWING MINIMUM PROCEDURES ARE FOLLOWED:

- DIRECT VISUAL OBSERVATION BY STAFF IS CONTINUOUS PRIOR TO OBTAINING APPROVAL FROM HEALTH AUTHORITY OR DESIGNEE.
- SUBSEQUENT VISUAL OBSERVATION IS MADE AT LEAST 15 MINUTES.
- RESTRAINT PROCEDURES ARE IN ACCORDANCE WITH GUIDELINES APPROVED BY THE DESIGNATED HEALTH AUTHORITY.
- ALL DECISIONS AND ACTIONS ARE DOCUMENTED.

FINDINGS:

Youth Rehabilitation and Treatment Facility – Kearney does not allow the use of four/five Point restraints.

EXPECTED PRACTICE 4-JCF-2A-27 (MANDATORY)

THE LEVEL OF AUTHORITY, ACCESS, AND CONDITIONS REQUIRED FOR THE AVAILABILITY, CONTROL, AND USE OF CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE MUST BE SPECIFIED. CHEMICAL AGENTS ARE USED ONLY WITH THE AUTHORIZATION OF THE FACILITY ADMINISTRATOR, MEDICAL DIRECTOR, OR DESIGNEE.

1. CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE ARE INVENTORIED AT LEAST MONTHLY TO DETERMINE THEIR CONDITION AND EXPIRATION DATES.
2. PERSONNEL USING CHEMICAL AGENTS TO CONTROL JUVENILES SUBMIT WRITTEN REPORTS TO THE FACILITY ADMINISTRATOR OR DESIGNEE NO LATER THAN THE CONCLUSION OF THE TOUR OF DUTY.
3. ALL PERSONS CONTAMINATED IN AN INCIDENT INVOLVING THE USE OF A CHEMICAL AGENT MUST RECEIVE AN IMMEDIATE MEDICAL EXAMINATION AND TREATMENT.

FINDINGS:

Youth Rehabilitation and Treatment Center – Kearney does not utilize any chemical agents.

EXPECTED PRACTICE 4-JCF-4C-19 (MANDATORY)

IF FEMALE JUVENILES ARE HOUSED, ACCESS TO OBSTETRICAL, GYNECOLOGICAL, FAMILY PLANNING, HEALTH EDUCATION, AND PREGNANCY MANAGEMENT SERVICES ARE PROVIDED. PROVISIONS OF PREGNANCY MANAGEMENT INCLUDE THE FOLLOWING:

1. PREGNANCY TESTING
2. ROUTINE AND HIGH-RISK PRENATAL CARE
3. MANAGEMENT OF CHEMICALLY ADDICTED PREGNANT JUVENILES
4. COMPREHENSIVE COUNSELING
5. POSTPARTUM FOLLOW-UP CARE.

FINDINGS:
The facility only houses male juvenile youths.

EXPECTED PRACTICE 4-JCF-4C-47 (MANDATORY)

GUIDELINES REGARDING THE USE OF RESTRAINTS ON JUVENILES FOR MEDICAL AND MENTAL HEALTH PURPOSES AT A MINIMUM SHALL INCLUDE:

1. CONDITIONS UNDER WHICH RESTRAINTS MAY BE APPLIED
2. TYPES OF RESTRAINTS TO BE APPLIED
3. IDENTIFICATION OF A QUALIFIED MEDICAL OR MENTAL HEALTH PROFESSIONAL AND HEALTH CARE PRACTITIONER WHO MAY AUTHORIZE THE USE OF RESTRAINTS AFTER REACHING THE CONCLUSION THAT LESS INTRUSIVE MEASURES ARE NOT SUCCESSFUL
4. MONITORING PROCEDURES
5. LENGTH OF TIME RESTRAINTS ARE TO BE APPLIED
6. LESS-RESTRICTIVE-TREATMENT-PLAN ALTERNATIVES ARE DEVELOPED AND IMPLEMENTED AS SOON AS POSSIBLE
7. FTER-INCIDENT REVIEW

FINDINGS:

Youth Rehabilitation and Treatment Center – Kearney does not use restraints for medical or mental health purposes.

EXPECTED PRACTICE 4-JCF-1A-04

IF THE JUVENILE FACILITY IS ON THE GROUNDS OF ANY OTHER TYPE OF CORRECTIONAL FACILITY, IT IS A SEPARATED, SELF-CONTAINED UNIT.

FINDINGS:
YRTC-Kearney is not on the grounds of any other type of correctional facility.

EXPECTED PRACTICE 4-JCF-2A-08

WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER IS ON DUTY AT ALL TIMES.

FINDINGS:
Only juvenile male youths are housed at the YRTC-Kearney.

EXPECTED PRACTICE 4-JCF-2A-18-1

WRITTEN POLICY, PROCEDURE AND PRACTICE, IN GENERAL, PROHIBIT THE USE OF RESTRAINTS ON FEMALE JUVENILES DURING ACTIVE LABOR AND THE DELIVERY OF A CHILD. ANY DEVIATION FROM THE PROHIBITION REQUIRES APPROVAL BY, AND GUIDANCE ON, METHODOLOGY FROM THE MEDICAL AUTHORITY AND IS BASED ON DOCUMENTED SERIOUS SECURITY RISK. THE MEDICAL AUTHORITY PROVIDES GUIDANCE ON THE USE OF RESTRAINTS ON PREGNANT JUVENILES PRIOR TO ACTIVE LABOR AND DELIVERY.

FINDINGS:
Only juvenile male youths are housed at the YRTC-Kearney.

EXPECTED PRACTICE 4-JCF-3A-04

THERE IS EQUAL ACCESS TO PROGRAMS AND SERVICES FOR MALE AND FEMALE JUVENILES.

FINDINGS:
Only juvenile male youths are housed at the YRTC-Kearney.

EXPECTED PRACTICE 4-JCF-3A-05

MALE AND FEMALE JUVENILES DO NOT OCCUPY THE SAME SLEEPING ROOM.

FINDINGS:
Only juvenile male youths are housed at the YRTC-Kearney.

EXPECTED PRACTICE 4-JCF-3A-27

THE AGENCY RESPONSIBLE FOR THE COMMUNITY SUPERVISION OF THE JUVENILE IS AUTHORIZED TO PETITION THE PLACING/RELEASING AUTHORITY IF IT APPEARS THAT THE JUVENILE HAS WILLFULLY FAILED TO COMPLY WITH ANY PART OF THE DISPOSITION OR RELEASE ORDER. A COPY OF THIS PETITION IS PROVIDED TO THE JUVENILE, HIS/HER ATTORNEY, PARENT, AND/OR GUARDIAN.

FINDINGS:
YRTC-Kearney does not provide community supervision.

EXPECTED PRACTICE 4-JCF-3E-01

THE FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE JUVENILES TO TAKE RESPONSIBILITY FOR THEIR ACTIONS AND MAKE RESTITUTION TO THE VICTIMS OF THEIR CRIME(S) AND/OR TO THE COMMUNITY, WHEN REQUIRED. OPPORTUNITIES ARE BASED ON COMMUNITY INPUT AND ARE FASHIONED IN A WAY THAT SEEKS TO AMELIORATE THE HARM DONE.

FINDINGS:
YRTC-Kearney does not make restitution to the victims of their crime(s) and/or to the community.

EXPECTED PRACTICE 4-JCF-4C-52

WHEN QUALIFIED HEALTH CARE PROFESSIONALS ARE NOT ON DUTY, A HEALTH-TRAINED STAFF PERSON COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR.

FINDINGS:
YRTC-Kearney has qualified health care professionals who are not 24/7.

EXPECTED PRACTICE 4-JCF-4C-55

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTING, TRAINING, STAFF SUPERVISING, PROVIDING FACILITY ORIENTATION, AND DEFINING OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:
YRTC-Kearney does not utilize volunteers in the delivery of health care.

EXPECTED PRACTICE 4-JCF-4C-56

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

YRTC-Kearney does not utilize students, interns, or residents in the delivery of health care.

EXPECTED PRACTICE 4-JCF-4E-02

IN A FACILITY THAT OFFERS A TREATMENT PROGRAM FOR ALCOHOL AND OTHER DRUG-ABUSING JUVENILES, THE CLINICAL MANAGEMENT INCLUDES AT A MINIMUM THE FOLLOWING:

1. STANDARDIZED DIAGNOSTIC NEEDS ASSESSMENT ADMINISTERED TO DETERMINE THE EXTENT OF USE, ABUSE, AND DEPENDENCY
2. COLLABORATION IN THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN DEVELOPED BY A SUBSTANCE ABUSE PROFESSIONAL AND THE CLINICAL TEAM THAT MAY INCLUDE MEDICAL, MENTAL HEALTH, EDUCATION, SOCIAL SERVICE, RECREATION AND UNIT STAFF, AS DEEMED NECESSARY
3. INVOLVEMENT OF THE JUVENILE AND, WHEN POSSIBLE, HIS/HER FAMILY/GUARDIAN, IN TREATMENT, AFTERCARE, AND DISCHARGE PLANNING

FINDINGS:
YRTC-Kearney does not offer an alcohol and drug treatment program.

EXPECTED PRACTICE 4-JCF-4E-03

IN FACILITIES WHERE JUVENILES HAVE ACCESS TO A CHEMICAL-DEPENDENCY-TREATMENT PROGRAM, THERE IS A WRITTEN TREATMENT PHILOSOPHY CONSISTENT WITH CURRENT PROFESSIONAL STANDARDS OF PRACTICE FOR ALCOHOL AND OTHER DRUG TREATMENT WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM. THE PROGRAM HAS AN OPERATIONAL MANUAL THAT IS REVIEWED ANNUALLY AND INCLUDES THE FOLLOWING:

1. TYPE OF TREATMENT MODALITY/PROGRAM, IN OTHER WORDS, MEDICAL MODEL, COGNITIVE-BEHAVIORAL, THERAPEUTIC COMMUNITY, EDUCATIONAL INTERVENTION, AND SO FORTH
2. TREATMENT GOALS AND OBJECTIVES CONSISTENT WITH THE IDENTIFIED MODALITY
3. DESCRIPTION OF PROGRAM COMPONENTS
4. ADMISSION CRITERIA
5. STAFF QUALIFICATIONS
6. STAFFING LEVELS
7. PROGRAM SCHEDULE OF ACTIVITIES
8. QUALITY ASSURANCE ACTIVITIES

FINDINGS:
YRTC-Kearney does not offer a chemical-dependency-treatment program.

EXPECTED PRACTICE 4-JCF-4E-04

IN FACILITIES WHERE JUVENILES HAVE ACCESS TO A CHEMICAL-DEPENDENCY-

TREATMENT PROGRAM, THE PROGRAM PROVIDES FOR AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG-ABUSING JUVENILES THAT INCLUDES, AT A MINIMUM, THE FOLLOWING:

1. JUVENILE ASSESSMENT AND DIAGNOSIS
2. INDIVIDUALIZED TREATMENT GOALS AND OBJECTIVES
3. INDIVIDUALIZED TREATMENT PLAN
4. CULTURALLY AND/OR GENDER-SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
5. RELAPSE PREVENTION AND MANAGEMENT
6. PRERELEASE AND TRANSITIONAL SERVICE NEEDS COORDINATED BETWEEN COMMUNITY SUPERVISION AND FACILITY TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT
7. INTRODUCTION TO SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT

FINDINGS:
YRTC-Kearney does not offer a chemical-dependency-treatment program.

EXPECTED PRACTICE 4-JCF-4E-05

IN FACILITIES WHERE JUVENILES HAVE ACCESS TO A CHEMICAL-DEPENDENCY PROGRAM, THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER SUBSTANCE ABUSE AND CHEMICAL-DEPENDENCY TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY SHALL BE DOCUMENTED IN TREATMENT-PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDINGS:
YRTC-Kearney does not offer a chemical-dependency-treatment program.

EXPECTED PRACTICE 4-JCF-4E-06

IN FACILITIES WHERE JUVENILES HAVE ACCESS TO A CHEMICAL-DEPENDENCY PROGRAM, THE SUBSTANCE ABUSE AND CHEMICAL-DEPENDENCY-TREATMENT PROGRAM PROVIDES INCENTIVES FOR TARGETED TREATMENT ACHIEVEMENTS TO INCREASE AND MAINTAIN THE JUVENILE'S MOTIVATION FOR TREATMENT.

FINDINGS:
YRTC-Kearney does not offer a chemical-dependency-treatment program.

EXPECTED PRACTICE 4-JCF-5I-04

WHERE STATUTES PERMIT, JUVENILES SHOULD BE AFFORDED OPPORTUNITIES FOR GRADUATED RELEASE AND PARTICIPATION IN EMPLOYMENT AND EDUCATION PROGRAMS.

FINDINGS:
YRTC-Kearney does not offer graduated release and participation in employment and education programs.

EXPECTED PRACTICE 4-JCF-6A-03

IF SERVICES FOR ADULT AND JUVENILE OFFENDERS ARE PROVIDED BY THE SAME AGENCY, STATEMENTS OF PHILOSOPHY, POLICY, PROGRAM, AND PROCEDURE DISTINGUISH BETWEEN CRIMINAL CODES AND THE STATUTES THAT ESTABLISH, GIVE DIRECTION, AND GUIDE PROGRAMS FOR JUVENILES.

FINDINGS:
YRTC-Kearney is a male juvenile facility.

EXPECTED PRACTICE 4-JCF-6G-07

CONSISTENT WITH JURISDICTIONAL LAWS, REGISTERED CRIME VICTIM(S) ARE NOTIFIED OF A JUVENILE OFFENDER'S RELEASE PRIOR TO ANY PLANNED RELEASE FROM CONFINEMENT AND/OR ESCAPE FROM CUSTODY. FOLLOW-UP NOTIFICATION TO VICTIMS OCCURS WHEN ESCAPEES ARE RETURNED TO CUSTODY.

FINDINGS:
Victim services are overseen by State Office of Probation and not YRTC-Kearney.

Significant Incident Summary

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Community Residential Facilities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: YRTC-Kearney Reporting Period: June 2025 - May 2026

Incident Type	Months ⇨	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Total for Reporting Period
Escapes		0	0	0	0	1	1	0	0	0	1	0	0	3
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	1	1	0	0	0	0	0	0	0	0	2
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender / Offender	0	0	0	0	1	0	0	0	0	0	0	0	1
	Offender / Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	2	1	0	17	7	0	1	0	2	0	0	30

**May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.*

Incident type	2023-2024	2024-2025	2025-2026
Escapes	10	1	3
Disturbances	1	0	0
Sexual Violence	0	0	2
Assaults-Youth/Youth	6	0	1
Assaults-Youth/Staff	15	0	0
Other*	16	4	30

*Any significant negative event or distraction that adversely impacts normal operations.

2023-2024: According to documents provided, YRTC-Kearney had 48 critical incidents for the reporting year due to emergency room evaluations, because of staff assaults, use of force, youth assaults, and significant youth medical events, and was reported to ACA and State Patrol.

2024-2025: According to documents provided, YRTC-Kearney had 5 critical incidents for the reporting year. Two(2) out of the five (5) critical incidents were due to emergency room evaluations because of youth injuries and were reported to ACA and State Patrol.

2025-2026: According to documents provided, YRTC-Kearney had 36 critical incidents for the reporting year. Among these incidents, there were 29 allegations of sexual nature. The remaining incidents included a combination of elopements and assaults. Incidents were reported to ACA and State Patrol.

Documentation and discussion with facility management showed there were two (2) staff terminations due to the allegation of sexual assaults and one (1) pending investigations by the State Patrol during the audit period.

Outcome Measures

American Correctional Association
Operations Outcome Measures Worksheet

Name of Facility: Youth Rehabilitation and Treatment Center, Kearney, Nebraska

		Safety & Security Outcomes		
Performance Standard	Outcome Measure		Value	Calculated Outcome Measure
A		**YOUTH ON YOUTH INCIDENTS**		
		Outcome Measures		
	(1)	**Number of youth-on-youth assaults with a weapon (object of any description used to cause harm to another) in the past 12 months divided by the total number of youth-on-youth assaults in the past 12 months**		0.00%
	(2)	**The number of confirmed youth-on-youth sexual assaults in the past 12 months is divided by the total number of youth-on-youth assaults in the past 12 months.**		0.00%
	(3)	**Number of confirmed youth-on-youth assaults prosecuted resulting in a guilty verdict/conviction in the past 12 months divided by the total number of youth-on-youth assaults prosecuted in the past 12 months.**		0.00%
	(4)	**Number of youth-on-youth fights resulting in injury requiring medical treatment (bandage, ice, stitches, x-ray, emergency room, etc.) in the past 12 months divided by the total number of youth fights in the past 12 months.**		133.00%
		Data Collection		
		Number of youth-on-youth assaults in the past 12 months	134	

		Number of youth-on-youth assaults with a weapon (object of any description used to cause harm to another) in the past 12 months	0	
		Number of confirmed youth-on-youth sexual assaults in the past 12 months	0	
		Number of youth-on-youth cases prosecuted in the past 12 months	0	
		Number of guilty verdicts/convictions in cases prosecuted in the past 12 months	0	
		Number of reported incidents of youth-on-youth fights in the past 12 months	93	
		The number of youth-on-youth fights resulting in injury requiring medical treatment (bandage, ice, stitches, x-ray, emergency room, etc.) in the past 12 months	124	
B		**YOUTH ON STAFF INCIDENTS**		
		Outcome Measures		
	(1)	**Number of youth-on-staff assaults with a weapon in the past 12 months divided by the total number of youth-on-staff assaults in the past 12 months.**		1.49%
	(2)	**Number of confirmed youth-on-staff sexual assaults in the past 12 months divided by the total number of youth-on-staff assaults in the past 12 months.**		0.00%
	(3)	**Number of confirmed youth-on-staff assaults prosecuted resulting in a guilty verdict/conviction in the past 12 months divided by the total number of youth-on-staff assaults prosecuted in the past 12 months.**		0.00%
		Data Collection		
		Number of youth-on-staff assaults in the past 12 months	67	
		Number of youth-on-staff assaults with a weapon in the past 12 months	1	
		Number of confirmed youth-on-staff sexual assaults	0	
		Number of staff assaults prosecuted in the past 12 months	0	

		Number of youth-on-staff assault cases resulting in guilty verdicts/convictions in the past 12 months	0	
C		**STAFF ON YOUTH INCIDENTS**		
		Outcome Measures		
	(1)	**Number of staff-on-youth assaults with a weapon in the past 12 months divided by the total number of staff-on-youth assaults in the past 12 months.**		0.0%
	(2)	**Number of confirmed staff-on-youth sexual assaults in the past 12 months divided by the total number of staff-on-youth assaults in the past 12 months.**		100.00%
	(3)	**Number of confirmed staff-on-youth assaults prosecuted resulting in a guilty verdict/conviction in the past 12 months divided by the total number of staff-on-youth assaults prosecuted in the past 12 months.**		0.00%
		Data Collection		
		Number of staff-on-youth assaults in the past 12 months	0	
		Number of staff-on-youth assaults with a weapon in the past 12 months	0	
		Number of confirmed staff-on-youth sexual assaults	1	
		Number of staff-on-youth assaults prosecuted in the past 12 months	1	
		Number of staff-on-youth assault cases resulting in guilty verdicts/convictions in the past 12 months	0	
D		**USES OF FORCE**		
		Outcome Measures		
	(1)	**Number of uses of force incidents requiring hands-on intervention without mechanical restraints (non-escort, non-transport) in the past 12 months.**		61
	(2)	**Number of use of force incidents requiring the use of mechanical restraints (non-transport) in the past 12 months divided by the total number of use of force incidents in the past 12 months**		80.13%

	(3)	**Number of use of force incidents requiring the use of four – five-point restraints in the past 12 months divided by the total number of use of force incidents in the past 12 months.**		0.00%
	(4)	**The number of use-of-force incidents requiring the use of chemical agents in the past 12 months is divided by the total number of use-of-force incidents in the past 12 months.**		0.00%
	(5)	**The number of use-of-force incidents requiring the use of some other non-lethal security device (baton, shield, taser, etc.) in the past 12 months divided by the total number of use-of-force incidents in the past 12 months.**		0.33%
	(6)	**The number of use-of-force incidents resulting in injury to youth in the past 12 months divided by the total number of use-of-force incidents in the past 12 months.**		19.54%
	(7)	**The number of use-of-force incidents resulting in injury to staff in the past 12 months divided by the total number of use-of-force incidents in the past 12 months.**		22.48%
	(8)	**The number of use-of-force incidents determined to be excessive in the past 12 months divided by the total number of use-of-force incidents in the past 12 months.**		0.00%
		Data Collection		
		Number of use-of-force incidents in the past 12 months	307	
		Number of use-of-force incidents requiring hands-on intervention in the past 12 months	307	
		Number of use-of-force incidents requiring restraints in the past 12 months	246	
		Number of use-of-force incidents requiring four- or five-point restraints in the past 12 months	0	
		Number of use-of-force incidents requiring the use of chemical agents in the past 12 months	0	

		Number of use-of-force incidents requiring the use of some other non-lethal security device (baton, shield, taser, etc.) in the past 12 months	1	
		Number of use of force incidents resulting in injury to youth in the past 12 months	60	
		Number of use of force incidents resulting in injury to staff in the past 12 months	69	
		The number of use-of-force incidents determined to be excessive in the past 12 months	0	
E		**CRITICAL INCIDENTS**		
		Outcome Measure: Events of this type, as defined in this section, are unique, and their analysis needs to be individualized.		
	(1)	**Description of each incident of youth disturbance to include response, analysis, and resulting plans of action.**		
	(2)	**Description of each incident of employee work stoppage to include response, analysis, and resulting plans of action.**		
	(3)	**Description of each incident involving a hostage to include response, analysis, and resulting plans of action.**		
	(4)	**Description of each incident of man-made or natural disaster to include response, analysis, and resulting plans of action.**		
	(5)	**Description of each incident of escape from a secure facility or during secure transport to include response, analysis, and resulting plans of action.**		
	(6)	**Description of any employee deaths related to occupational injury, illness, homicide, suicide, or natural causes within the past 12 months, to include response, analysis, and resulting plans of action.**		
	(7)	**Description of any juvenile deaths related to accidental injury, illness, homicide, suicide, or natural causes for the past 12 months, to include response, analysis, and resulting plans of action.**		

		Data Collection		
		The dates and number of incidents of youth disturbance, i.e., 4 or more youth in an organized group engaging in violence toward other youth or staff, vandalism, and/or destruction of property in the past 12 months	0	
		The dates and number of incidents of employee work stoppage	0	
		The dates and number of incidents involving a hostage situation	0	
		The dates and number of incidents of man-made or natural disaster, i.e., significant weather emergency, loss of power exceeding 8 hours, environmental accident, excessive illness or infection of youth or staff impacting operations, terrorist action, etc.	0	
		Average daily population for the past 12 months	89	
		Number of attempted escapes from a secure facility in the past 12 months	6	
		Number of attempted escapes during secure transport in the past 12 months	0	
		Number of actual escapes from a secure facility in the past 12 months	3	
		Number of actual escapes during secure transport in the past 12 months	1	
		Number of walkways from a nonsecure facility in the past 12 months	1	
		Number of absences from furlough during the past 12 months	2	
		Number of absences from other planned events in nonsecure settings or during nonsecure transport in the past 12 months	0	
		Total number of employees allotted to the table of organization for this site	1989	
		Average daily juvenile population for the past 12 months	89	

		Number and cause of employee deaths for the past 12 months	0	
		Number and cause of juvenile deaths for the past 12 months	0	
F		**YOUTH GRIEVANCES**		
		Outcome Measures		
	(1)	**The total number of youth grievances found in favor of the youth related to access to legal counsel or courts in the past 12 months is divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(2)	**Total number of youth grievances found in favor of the youth related to communications (mail, telephone, and visitation) in the past 12 months divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(3)	**The total number of youth grievances found in favor of the youth related to discipline received in the past 12 months, divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(4)	**The total number of youth grievances found in favor of the youth related to food service in the past 12 months divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(5)	**The total number of youth grievances found in favor of the youth related to personal hygiene, personal grooming, or clothing, divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(6)	**Total number of youth grievances found in favor of the youth related to physical or verbal abuse by other juveniles in the past 12 months divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(7)	**The total number of youth grievances found in favor of the youth related to physical or verbal abuse by staff in the past 12 months is divided by the total number of youth grievances filed in the past 12 months.**		1.00%

	(8)	**Total number of youth grievances found in favor of the youth related to professional care (medical, dental, mental health) in the past 12 months divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(9)	**The total number of youth grievances found in favor of the youth related to programming (social services, education, library, recreation) in the past 12 months.**		0.00%
	(10)	**The total number of youth grievances found in favor of the youth related to access to religious services or programs in the past 12 months, divided by the total number of youth grievances filed in the past 12 months.**		0.00%
	(11)	**Total number of youth grievances found in favor of the youth related to sexual harassment or discrimination in the past 12 months divided by the total number of youth grievances filed in the past 12 months.**		1.00%
	(12)	**The total number of youth grievances found in favor of the youth in the past 12 months is divided by the total number of youth grievances filed in the past 12 months.**		4.00%
	(13)	**Total number of individual youth grievances in the past 12 months divided by the total number of youth grievances filed in the past 12 months.**		26.00%
	(14)	**Total number of individual youth grievances in the past 12 months divided by the average daily population for the past 12 months**		123.00%
		Data Collection		
		Total number of youth grievances filed in the past 12 months	418	
		Total number of youth grievances found in favor of the youth related to access to counsel and courts in the past 12 months	0	
		The total number of youth grievances found in favor of the youth related to communications (mail, telephone, visiting) in the past 12 months	0	

		Total number of youth grievances found in favor of the youth related to discipline received in the past 12 months	0	
		The total number of youth grievances found in favor of the youth related to food service in the past 12 months	0	
		Total number of youth grievances found in favor of the youth related to personal hygiene, personal grooming, or clothing in the past 12 months	0	
		Total number of youth grievances found in favor of the youth related to physical or verbal abuse from other juveniles in the past 12 months	0	
		Total number of youth grievances found in favor of the youth related to physical or verbal abuse from staff in the past 12 months	4	
		Total number of youth grievances found in favor of the youth related to professional care (medical, dental, mental health) in the past 12 months	0	
		The total number of youth grievances found in favor of the youth related to programming (social services, education, library, recreation) in the past 12 months	0	
		Total number of youth grievances found in favor of the youth related to access to religious services or programs in the past 12 months	0	
		Total number of youth grievances found in favor of the youth related to sexual harassment or discrimination in the past 12 months	6	
		Total number of all grievances found in favor of the youth	16	
		Average daily population for the past 12 months	89	
		Number of individual youth filing grievances in the past 12 months (counted once per youth per 12-month period, not per grievance and not per month)	109	
G		**STAFF GRIEVANCES**		
		Outcome *Measures*		
	(1)	**Total number of staff grievances found in favor of staff related to working conditions, physical**		0.00%

		environment, and safety in the past 12 months divided by the total number of staff grievances filed.		
	(2)	**The total number of staff grievances found in favor of staff related to work schedules, overtime, job duties, and pay in the past 12 months, divided by the total number of staff grievances filed.**		0.00%
	(3)	**Total number of all staff grievances found in favor of staff divided by the total number of staff grievances filed.**		0.00%
		Data Collection		
		Total number of staff grievances in the past 12 months	4	
		Total number of staff grievances related to working conditions, physical environment, and safety found in favor of staff in the past 12 months	0	
		Total number of staff grievances related to work schedules, overtime, job duties, and pay found in favor of staff in the past 12 months	0	
		Total number of all grievances found in favor of staff in the past 12 months	0	
H		**EMPLOYEE OCCUPATIONAL HEALTH & SAFETY**		
		Outcome Measures		
	(1)	**Total number of employee injuries due to youth assault at this site, resulting in lost work days in the past 12 months, divided by the total number of employees assigned to this site.**		141.00%
	(2)	**Total number of lost work days as a result of an employee injury due to youth assault in the past 12 months, divided by the total number of work days for the past 12 months assigned to this site.**		284.00%
	(3)	**The total number of employee injuries due to accidents at this site resulting in lost work days in the past 12 months, divided by the total number of employees assigned to this site.**		0.00%
	(4)	**Total number of lost work days as a result of an employee injury due to accidents in the past 12**		141.00%

		months, divided by the total number of work days for the past 12 months assigned to this site.		
	(5)	**The total number of employee illnesses at this site resulting in lost work days in the past 12 months divided by the total number of employees assigned to this site.**		47.31%
	(6)	**The total number of lost work days as a result of employee illness in the past 12 months is divided by the total number of work days for the past 12 months assigned to this site.**		478.00%
		Data Collection		
		Total number of employee injuries resulting in lost work days in the past 12 months	36	
		Total number of lost work days as a result of employee injury in the past 12 months	1979.23	
		Total number of employee illnesses resulting in lost work days in the past 12 months	941	
		Total number of lost work days as a result of employee illness in the past 12 months	1744.49	
		Total number of employees assigned to this site per the approved table of organization, minus approved/mandated vacancies required for budgetary attrition rate	1989	
		Total number of work days assigned to this site	365	
I		**JUVENILE ACCIDENTAL INJURY**		
		Outcome Measures		
	()	**Total number of juvenile injuries related to insect or animal bite in the past 12 months divided by the average daily population for the past 12 months.**		2.00%
	(2)	**Total number of juvenile injuries related to chemical exposure in the past 12 months divided by the average daily population for the past 12 months.**		1.00%
	(3)	**Total number of juvenile injuries related to planned recreational activity in the past 12 months divided**		55.00%

		by the average daily population for the past 12 months.		
	(4)	**Total number of juvenile injuries related to routine physical activity, slips, trips, or falls in the past 12 months divided by the average daily population for the past 12 months.**		5.00%
	(5)	**Total number of juvenile injuries related to machinery or equipment in the past 12 months divided by the average daily population.**		0.00%
		Data Collection		
		Average daily population for the past 12 months	89	
		Total number of juvenile injuries related to insect or animal bites in the past 12 months	2	
		Total number of juvenile injuries related to chemical exposure in the past 12 months	1	
		Total number of juvenile injuries related to planned recreational activity in the past 12 months	49	
		Total number of juvenile injuries related to routine physical activity, slips, trips, or falls	4	
		Total number of juvenile injuries related to machinery or equipment in the past 12 months	0	
J		**JUVENILE DISCIPLINARY HEARINGS**		
		Outcome Measures		
	(1)	**The total number of disciplinary-hearing decisions appealed by the juvenile in the past 12 months divided by the total number of disciplinary hearings for the past 12 months.**		4.70%
	(2)	**Total number of disciplinary-hearing appeals decided in favor of the juvenile in the past 12 months divided by the total number of disciplinary hearings appealed in the past 12 months.**		4.00%
	(3)	**Total number of disciplinary-hearing decisions that resulted in the transfer of the juvenile in the past 12 months, divided by the total number of disciplinary hearings in the past 12 months.**		0.00%

		Data Collection		
		Total number of disciplinary hearings for the past 12 months	577	
		Total number of disciplinary hearings appealed by the juvenile for the past 12 months	27	
		Total number of disciplinary hearing appeals found in favor of the juvenile in the past 12 months	1	
		Total number of disciplinary hearings that resulted in the transfer of the juvenile in the past 12 months	0	
K		**SECLUSION & ROOM CONFINEMENT**		
		Outcome Measures		
	(1)	**The total number of hours of seclusion of a juvenile for purposes of investigation for the past 12 months is divided by the total number of juveniles confined for purposes of investigation in the past 12 months.**		0.00%
	(2)	**Total number of hours of room confinement of a juvenile for purposes of investigation for the past 12 months divided by the total number of juveniles confined for purposes of investigation in the past 12 months.**		1817.00%
	(3)	**The total number of hours of seclusion disciplinary reasons for the past 12 months are divided by the total number of juveniles confined for disciplinary reasons in the past 12 months.**		0.00%
	(4)	**The total number of hours of room confinement for disciplinary reasons for the past 12 months is divided by the total number of juveniles confined for disciplinary reasons in the past 12 months.**		0.00%
	(5)	**Total number of hours of seclusion as part of a juvenile's special management plan for the past 12 months divided by the total number of juveniles confined as part of a special management plan.**		1309.00%
	(6)	**Total number of hours of room confinement as part of a juvenile's special management plan for the past 12 months divided by the total number of juveniles confined as part of a special management plan.**		3729.00%

	(7)	**The total number of hours for unit or facility lockdown for the past 12 months has been divided by the number of incidents requiring unit or facility lockdown in the past 12 months.**		0.00%
		Data Collection		
		Total number of hours of seclusion of a juvenile for the purpose of investigation for the past 12 months	0	
		Total number of hours of room confinement of a juvenile for purposes of investigation for the past 12 months	3071.37	
		Total number of hours of seclusion for disciplinary reasons for the past 12 months	0	
		Total number of hours of room confinement for disciplinary reasons for the past 12 months	0	
		Total number of hours of seclusion as part of a juvenile's special management plan	2539.99	
		Total number of hours of room confinement as part of a juvenile's special management plan	7233.85	
		Total number of hours for unit or facility lockdown for the past 12 months	0	
		Total number of juveniles confined for purposes of investigation in the past 12 months	169	
		Total number of juveniles confined for disciplinary reasons	0	
		EDUCATION AND WORK		
		Outcome Measures		
	(1)	**Number of juveniles who received high school diplomas or equivalent in the past 12 months divided by the average daily juvenile population in the past 12 months.**		50.00%
	(2)	**Average change in grade level of juveniles served, as measured by a standardized pre- and post-test achievement instrument, during the past 12 months.**		2.73%

	(3)	**The number of juveniles who successfully complete a vocational certification program divided by the number of juveniles enrolled in the program in the past 12 months.**		0.00%
	(4)	**Number of juveniles who, in the past 12 months, obtained and maintained work program employment divided by the number of juveniles who, in the past 12 months, were eligible for work programs.**		0.00%
		Data Collection		
		Number of high school graduates in the past 12 months	44	
		Average daily population in the past 12 months	89	
		Average education pre-test scores for the past 12 months	208.77	
		Average education post-test scores for the past 12 months	214.65	
		Number of vocational program certificates awarded in the past 12 months	0	
		Average number of students enrolled in school	85	
		Average number of juveniles employed in a work program in the past 12 months	0	
		Average number of juveniles eligible for work in the past 12 months	0	

		Medical Services Outcomes		
Performance Standard	Outcome Measure		Value	Calculated Outcome Measure
A		**Medical Services On Site**		
		Outcome Measures		
	(1)	**Number of juveniles seen by nursing during health calls in the past 12 months divided by the number of health call requests in the past 12 months.**		100.00%

	(2)	**Number of juveniles seen by the responsible physician or health care practitioner (N.P., P.A.) in the past 12 months divided by the number of juveniles referred to be seen by the responsible physician or health care practitioner in the past 12 months.**		100.00%
	(3)	**Number of juveniles seen by the dentist in the past 12 months divided by the number of juveniles referred to be seen by the dentist in the past 12months.**		100.00%
	(4)	**The number of juveniles seen by the psychiatrist in the past 12 months divided by the number of juveniles referred to be seen by the psychiatrist in the past 12 months.**		3325.00%
	(5)	**Number of female juveniles seen by OB/GYN in the past 12 months divided by the number of female juveniles referred to be seen by the OB/GYN in the past 12 months.**		0.00%
	(6)	**Number of intake health screenings (intersystem and intrasystem) completed at admission in the past 12 months divided by the number of admissions in the past 12 months.**		0.00%
	(7)	**Number of examinations (intersystem) completed by the responsible physician or health care practitioner (N.P., P.A.) within 14 days of admission date within the past 12 months, divided by the number of admissions to the facility within the past 12 months.**		0.00%
		Data Collection		
		Number of health call requests in the past 12 months	1457	
		Number of juveniles seen by nursing during health calls in the past 12 months	1457	
		Number of juveniles referred to be seen by the responsible physician or health care practitioner (N.P., P.A.) in the past 12 months	856	

		Number of juveniles seen by the responsible physician or health care practitioner (N.P., P.A.) in the past 12 months	856	
		Number of juveniles referred to be seen by the dentist in the past 12 months	438	
		Number of juveniles seen by the dentist in the past 12 months	438	
		Number of juveniles referred to be seen by the psychiatrist in the past 12 months	12	
		Number of juveniles seen by the psychiatrist in the past 12 months	399	
		Number of female juveniles referred to be seen by OB/GYN in the past 12 months.	0	
		Number of juveniles seen by OB/GYN in the past 12 months	0	
		Number of intake health screenings completed (intersystem and intrasystem) at admission in the past 12 months	1	
		Number of examinations completed by the responsible physician or health care practitioner (N.P., P.A.) within 14 days of admission (intersystem) date within the past 12 months	115	
		Number of intrasystem transfers within the past 12 months	0	
		Number of intersystem transfers within the past 12 months	80	
		Specialty Consultants		
		Outcome Measures		
	(8)	**Number of juvenile specialty consults completed (on-site and off-site) in the past 12 months divided by the number of specialty consults (on-site and off-site) ordered by the responsible physician,**		0.00%

		health care practitioner (N.P., P.A.), or dentist in the past 12 months.		
		Data Collection		
		Number of referrals to specialty consults on-site and off-site ordered by the responsible physician, health care practitioner (N.P., P.A.), or dentist in the past 12 months	48	
		Number of completed on-site and off-site specialty consults ordered by the responsible physician, health care practitioner (N.P., P.A.), or dentist in the past 12 months	48	
		Specialty Diets		
		Outcome Measures		
	(9)	**Number of juveniles receiving special medical (therapeutic) diets in the past 12 months divided by the number of special medical (therapeutic) diets prescribed in the past 12 months.**		100.00%
	(10)	**Number of juveniles receiving a special medical diet in the past 12 months divided by the average daily population in the past 12 months.**		168.00%
		Data Collection		
		Number of juveniles prescribed a special medical (therapeutic) diet in the past 12 months.	149	
		Number of juveniles receiving a special medical (therapeutic) diet in the past 12 months	149	
		Pregnancy Testing		
		Outcome Measures		
	(11)	**Number of female juveniles with a positive pregnancy test in the past 12 months divided by the number of pregnancy tests administered in the past 12 months**		0.00%

	(12)	**Number of female juveniles with a positive pregnancy test in the past 12 months divided by the average daily population (female) in the past 12 months**		0.00%
		Data Collection		
		Number of female juveniles with a positive pregnancy test in the past 12 months	0	
		Number of pregnancy test administered in the past 12 months	0	
		HIV		
		Outcome Measures		
	(13)	**Number of HIV positive juveniles who are being treated with antiretroviral treatment for opportunistic infection in the past 12 months divided by the total number of HIV positive juveniles in the past 12 months.**		0.00%
		Data Collection		
		Number of known HIV positive status juveniles admitted to the facility in the past 12 months	0	
		Number of youth testing positive for HIV in the past 12 months	0	
		Number of HIV positive juveniles who are being treated with antiretroviral treatment or for opportunistic infection in the past 12 months	0	
		Number of AIDS cases upon admission to the facility in the past 12 months	0	
		Number of AIDS cases diagnosed by the facility in the past 12 months	0	
		Tuberculosis (TB)		
		Outcome Measures		

	(14)	**Number of juveniles with a known positive tuberculin (TB) skin test upon admission (intersystem) to the facility in the past 12 months divided by the number of admissions (intersystem) in the past 12 months.**		0.00%
	(15)	**Number of juveniles with a positive tuberculin (TB) skin test upon admission (intersystem) to the facility in the past 12 months divided by the number of admissions (intersystem) in the past 12 months.**		1.00%
	(16)	**Number of juveniles with a positive tuberculin (TB) skin test conversion in the past 12 months divided by the number of tuberculin skin tests given in the past 12 months.**		0.00%
	(17)	**Number of juveniles diagnosed with active tuberculin (TB) in the past 12 months divided by the number of juveniles with a positive tuberculin skin test in the past 12 months.**		0.00%
	(18)	**Number of juveniles on prophylaxis treatment for tuberculosis (TB) in the past 12 months divided by the number of juveniles with a positive tuberculin skin test in the past 12 months.**		100.00%
		Data Collection		
		Number of juveniles with a known positive tuberculin (TB) skin test upon admission (intersystem) to the facility in the past 12 months	0	
		Number of juveniles with a positive tuberculin (TB) skin test administered upon admission (intersystem) to the facility in the past 12 months	1	
		Number of admissions (intersystem) within the past 12 months	80	
		Number of juveniles with a positive tuberculin (TB) skin test conversion in the past 12 months	0	
		Number of tuberculin skin tests administered in the past 12 months	105	

		Number of juveniles diagnosed with active tuberculin (TB) in the past 12 months	0	
		Number of juveniles on prophylaxis treatment for tuberculosis (TB) in the past 12 months	1	
		Hepatitis A, B, and C		
		Outcome Measures		
	(19)	**Number of juveniles testing positive for Hepatitis A, B, and C in the past 12 months divided by the number of tests administered in the past 12 months.**		0.00%
	(20)	**Number of juveniles testing positive for Hepatitis A, B, and C in the past 12 months divided by the average daily population in the past 12 months.**		0.00%
		Data Collection		
		Number of Hepatitis A test administered in the past 12 months	0	
		Number of Hepatitis B test administered in the past 12 months	1	
		Number of Hepatitis C test administered in the past 12 months	1	
		Number of juveniles testing positive for Hepatitis A in the past 12 months	0	
		Number of juveniles testing positive for Hepatitis B in the past 12 months	0	
		Number of juveniles testing positive for Hepatitis C in the past 12 months	0	
		Methicillin Resistant Staphylococcus Aureus (MRSA)		
		Outcome Measures		

	(21)	**Number of juveniles testing positive for MRSA in the past 12 months divided by the number of tests administered in the past 12 months**		0.00%
	(22)	**Number of juveniles testing positive for MRSA in the past 12 months divided by the average daily population in the past 12 months.**		0.00%
		Data Collection		
		Number of MRSA test administered in the past 12 months	0	
		Number of juveniles testing positive for MRSA in the past 12 months	0	
		Health Education		
	(23)	**Number of juveniles receiving documented health education on personal hygiene upon admission in the past 12 months divided by the number of admissions in the past 12 months.**		98.00%
		Data Collection		
		Number of juveniles receiving documented health education on personal hygiene upon admission in the past 12 months	78	
		Number of juvenile admissions (intersystem and/or intrasystem in the past 12 months	80	
		Pharmaceutical Management		
		Outcome Measures		
	(24)	**Number of pharmacy dispensing errors in the past 12 months divided by the number of prescriptions dispensed by the pharmacy in the past 12 months.**		0.00%
	(25)	**The number of nursing medication administration errors in the past 12 months divided by the number of medications administered in the past 12 months.**		0.00%

	(26)	**Number of juveniles on psychotropic medications in the past 12 months divided by the average daily population in the past 12 months**		1023.00%
		Data Collection		
		Number of total prescriptions dispensed by pharmacy in the past 12 months	5592	
		Number of pharmacy dispensing errors in the past 12 months	5	
		Number of medications administered in the past 12 months	5592	
		Number of medication administration errors in the past 12 months	6	
		Number of incidents involving pharmaceuticals as contraband in the past 12 months	5	
		Number of juveniles on psychotropic medication in the past 12 months	909	
B		**Quality Review**		
		Outcome Measures		
	(1)	**Number of health care issues/problems identified by internal review that were corrected in the past 12 months divided by the number of problems identified by internal review in the past 12 months.**		0.00%
		Data Collection		
		Number of issues/problems identified by internal review in the past 12 months	0	
		Number of issues/problems identified by the internal review in the past 12 months that were corrected	0	
		Grievances Related to Health Care		
		Outcome Measures		
	(2)	**Number of juvenile health-related grievances found in favor of the juvenile in the past 12 months**		0.00%

		divided by the number of health-related grievances filed in the past 12 months.		
		Data Collection		
		Number of juvenile health-related grievances filed in the past 12 months	17	
		Number of juvenile health-related grievances found in favor of the juvenile in the past 12 months	0	
		Health-related Lawsuits		
		Outcome Measures		
	(3)	**The number of health-related lawsuits filed by or on behalf of juveniles found in favor of the juvenile in the past 12 months divided by the number of lawsuits filed in the past 12 months.**		0.00%
		Data Collection		
		Number of juvenile health-related lawsuits filed in the past 12 months	0	
		The number of juvenile health-related lawsuits found in favor of the juvenile in the past 12 months	0	
C		**Death in Custody**		
		Outcome Measures		
	(1)	**Number of juvenile deaths in custody in the past 12 months divided by the average daily population in the past 12 months.**		0.00%
		Data Collection		
		The number of juvenile deaths that were medically expected in the past 12 months	0	
		Number of juvenile deaths that were medically unexpected other than injury, suicide, and /or homicide in the past 12 months	0	

		Number of juvenile deaths due to injury in the past 12 months	0	
		Number of juvenile deaths due to suicide in the past 12 months	0	
		Sexual Assaults		
		Outcome Measures		
	(2)	**Number of juvenile(s) alleged sexual assaults in the past 12 months divided by the average daily population in the past 12 months.**		25.00%
		Data Collection		
		Number of juvenile(s) alleging sexual assault in the past 12 months	22	
D		**Health Care Staffing**		
		Outcome Measures		
	(1)	**Number of vacant positions for full-time equivalents for each health care staff category in the past 12-month period, divided by the full-time equivalents of each health care staff category as determined by the designated health authority needed to provide adequate health care in the past 12 months.**		20.00%
		Data Collection		
		Number of physician full-time equivalent position(s)	0	
		Number of physician vacancies in the past 12 months	0	
		Number of full-time equivalent practitioner position(s)	1	
		Number of practitioner vacancies in the past 12 months	0	
		Number of full-time equivalent dentist position(s)	0	
		Number of dentist vacancies in the past 12 months	0	

		Number of full-time equivalent nursing (RN) positions	4	
		Number of nursing (RN) vacancies in the past 12 months	1	
		Number of full-time equivalent nursing (LPN, LVN) position(s)	0	
		Number of nursing (LPN, LVN) vacancies in the past 12 months	0	
		Number of full-time equivalents of each health care staff category, as determined by the designated health authority, needed to provide adequate health care in the past 12 months	5	
		Qualified Staff		
		Outcome Measures		
	(2)	**Number of staff with lapsed licensure and/or certification in the past 12 months divided by the number of licensed and/or certified staff in the past 12 months.**		0.00%
	(3)	**Number of specified health care positions with a written job description divided by the number of specified health care positions in the past 12 months.**		100.00%
		Data Collection		
		Number of staff requiring a license and/or certification (include physician, psychiatrist, physician assistant, nurse practitioner, R.N., L.P.N., psychologist, et. al. therapists requiring licensure in the past 12 months.	12	
		Number of lapsed licensure and/or certification (include physician, psychiatrist, physician assistant, nurse practitioner, R.N., dentist, psychologist, et al. therapist requiring licensure) in the past 12 months	0	
		Number of specified health care positions in the past 12 months	0	

		Number of specified health care position with a written job description in the past month	5	
		Fair Treatment of Staff		
		Outcome Measures		
	(4)	**Number of health care staff grievances decided in favor of staff in the past 12 months divided by the total number of health care staff grievances filed in the past 12 months.**		0.00%
	(5)	**Number of health care staff terminations or demotion hearings in which administrative decision was upheld in the past 12 months divided by the number of health care staff terminations or demotion hearings held in the past 12 months.**		0.00%
		Data Collection		
		Number of health care staff grievances filed in the past 12 months	0	
		The number of health care staff grievances decided in favor of the health care staff in the past 12 months.	0	
		Number of health care staff terminations and demotion hearings in which the program decision was upheld in the past 12 months	0	
		Number of health care staff terminations or demotion hearings held in the past 12 months	0	
		Employee Health		
		Outcome Measures		
	(6)	**Number of new employees who were administered a tuberculin (TB) skin test in the past 12 months divided by the number of employees hired in the past 12 months.**		100.00%
	(7)	**Number of employees with a positive tuberculin skin test conversion in the past 12 months.**		0

		Data Collection		
		Number of new employees hired in the past 12 months	56	
		Number of new employees who were administered a tuberculin (TB) skin test in the past 12 months	56	
		Number of employees administered tuberculin (TB) skin test in the past 12 months	4	
		Number of employees with a positive tuberculin (TB) skin test conversion in the past 12 months	0	
E		**Mental Health**		
		Outcome Measures		
	(1)	**Number of intake mental health screenings (intersystem or intrasystem) completed at admission in the past 12 months divided by the number of admissions in the past 12 months.**		99.00%
	(2)	**Number of juveniles receiving a mental health appraisal in the past 12 months divided by the number of admissions in the past 12 months.**		99.00%
	(3)	**Number of juveniles with a Mental Health Treatment Plan in the past 12 months divided by the number of youth requiring ongoing mental health intervention in the past 12 months.**		100.00%
	(4)	**Number of suicide attempts divided by the average daily population in the past 12 months.**		0.00%
	(5)	**Number of completed suicides divided by the average daily population in the past 12 months.**		0.00%
		Data Collection		
		Number of juveniles receiving a mental health screening at admission (intrasystem and intersystem) in the past 12 months	79	
		Number of juveniles receiving mental health appraisals within the past 12 months	79	

		Number of intrasystem transfers within the past 12 months	0	
		Number of intersystem transfers within the past 12 months	80	
		Number of juveniles requiring ongoing mental health intervention in the past 12 months	885	
		Number of juveniles with a mental health treatment plan in the past 12 months	885	
		Number of suicide attempts in the past 12 months	0	
		Number of completed suicides in the past 12 months	0	
F		**Substance Abuse**		
		Outcome Measures		
	(1)	**Number of juveniles receiving a substance abuse screening in the past 12 months divided by the number of admissions (intersystem or intrasystem) in the past 12 months.**		63.75%
	(2)	**Number of juveniles referred to a chemical dependency program divided by the number of youth identified as requiring a chemical dependency program in the past 12 months.**		100.00%
	(3)	**Number of juveniles completing an alcohol and drug abuse education program in the past 12 months divided by the number of admissions in the past 12 months.**		0.00%
		Data Collection		
		Number of intersystem transfers in the past 12 months	80	
		Number of intrasystem transfers in the past 12 months	0	
		Number of juveniles identified as requiring a chemical dependency program in the past 12 months	51	
		Number of juveniles placed in a chemical dependency program in the past 12 months	0	