

Standard	Security
<p><u>8-5-14</u></p>	<p>(a) Written policy, procedure, and practice prohibit the use of mechanical restraints for punishment, discipline, or treatment.</p> <p>(b) Mechanical restraints may be used:</p> <ul style="list-style-type: none"> (1) when the juvenile is a danger to himself, herself, or others; or (2) during de-escalation when other techniques were attempted and not successful. <p>(c) Mechanical restraints may be applied only with the approval of the facility administrator or designee, and continued use must be reviewed by such staff every fifteen (15) minutes.</p> <p>(d) Staff must remove the mechanical restraints:</p> <ul style="list-style-type: none"> (1) at the earliest possible time; (2) when the juvenile is no longer a danger to himself or herself or others; and (3) no longer than two (2) hours after application of the restraints. <p><i>Comment 1: Mechanical restraints are approved professionally manufactures mechanical devices to aid in the restraint of a person's bodily movement, such as metal handcuffs, leg shackles, and belly chain or belt.</i></p> <p><i>Comment 2: Instruments of restraint are only used as a precaution against escape during transfer; for medical reasons by the direction of the medical authority; to prevent injury to self or others; or to prevent property damage; and are not applied for more time than is absolutely necessary.</i></p> <p><i>Comment 3: In the event that re-application is necessary after the initial two hours, the facility administrator or designee should be notified and mental health staff should be notified for assessment and intervention as necessary.</i></p>

DETENTION STANDARDS – COMPLIANCE COVERSHEET

<u>Documentation Demonstrating Compliance</u>	Title, page number, and section of <u>Policy</u> demonstrating standard compliance with (a): Click here to enter text.
	Title, page number, and section of <u>Procedure</u> demonstrating standard compliance with (a): Click here to enter text.
	Title of document demonstrating <u>Proof of Practice</u> with (a) and (b): <i>(Suggested document(s): Incident report; Use of force report; Control logs)</i> Click here to enter text.
	Title of document demonstrating <u>Proof of Practice</u> with (c): <i>(Suggested document(s): Documentation of approval; Documentation of continued use review)</i> Click here to enter text.
	Title of document demonstrating <u>Proof of Practice</u> with (d): <i>(Suggested document(s): Documentation showing time of restraint application and time of restraint removal)</i> Click here to enter text.

SELF – EVALUATION AGENCY PERSONNEL	AUDITOR DETERMINATION
Staff Signature and Date: <hr/>	Auditor Signature and Date: <hr/>
<input type="checkbox"/> Compliance <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Non-Applicable (justification attached)	<input type="checkbox"/> Compliance <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Non-Applicable
NOTES: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



ALLEN SUPERIOR COURT – FAMILY RELATIONS DIVISION
ALLEN COUNTY JUVENILE CENTER

POLICY & PROCEDURE

SUBJECT: Mechanical Restraints

NUMBER: 8-5-14

EFFECTIVE DATE: February 27, 2015

POLICY:

(a) The Allen County Juvenile Center (ACJC) prohibits the use of mechanical restraints for punishment, discipline, or treatment. ACJC only uses professionally approved manufactured restraints.

(b) Mechanical restraints may be used:

- (1) When the juvenile is a danger to himself, herself, or others.
- (2) To prevent property damage.
- (3) During de-escalation when other techniques were attempted and not successful.

(c) Mechanical restraints may be applied only with the approval of the facility administrator or designee, and continued use must be reviewed by such staff every fifteen (15) minutes. Mechanical restraints are not applied for more time than is absolutely necessary.

(d) Staff must remove the mechanical restraints:

- (1) At the earliest possible time.
- (2) When the juvenile is no longer a danger to property, himself or herself, or others.
- (3) No longer than two (2) hours after application of the restraints.

PROCEDURE:

(b) Mechanical restraints may be used to prevent property damage, physically harming themselves, staff, or other juvenile(s).

(c) Permission to use mechanical restraints must be given by a facility administrator or designee. Any continued use equal to or greater than fifteen minutes shall be reviewed by the facility administrator or designee.

(a) Mechanical restraints may be used only as a precaution against escape during transfer.

(d)(1) Mechanical restraints shall be removed at the earliest possible time.

(2) Mechanical restraints shall be removed when the juvenile is no longer a danger to himself/herself, or others.

(3) Mechanical restraints shall not be used longer than two hours after the application of the restraints.

(a) If re-application of mechanical restraints is needed, the Shift Leader and Diagnostics staff shall be notified.

(4) The use of belly restraints is prohibited by ACJC.

ALLEN SUPERIOR COURT



FAMILY RELATIONS DIVISION

ALLEN COUNTY JUVENILE CENTER

JAMIE L. MANN
CHIEF OF PROBATION/SUPERINTENDENT

SHANE D. ARMSTRONG
DIRECTOR OF DETENTION

JUDGE DANIEL G. HEATH
JUDGE CHARLES F. PRATT
MAGISTRATE THOMAS P. BOYER
MAGISTRATE LORI K. MORGAN
MAGISTRATE CAROLYN S. FOLEY
MAGISTRATE DANIEL G. PAPPAS

To: Detention Staff
From: Shane Armstrong
Re: Mechanical Restraints
Date: March 9, 2015

Mechanical restraints may be applied when a juvenile becomes a danger to himself, herself or others; to prevent property damage and after verbal de-escalation has failed. Mechanical restraints shall be removed as soon as the situation becomes safe or within two (2) hours whichever occurs first. If re-application of mechanical restraints is needed, the Shift Leader and Diagnostics shall be notified.

(b)
(c)
(d)

Respectfully,

A handwritten signature of Shane D. Armstrong, consisting of a large, stylized 'S' and 'A' that loops around the name.

Shane D. Armstrong

ACJC DISCIPLINAR . REPORT RESTRAINT, INJURY and LEVEL C INFRACTION

NAME: [REDACTED] (375272) UNIT: L INCIDENT DATE/TIME: 2/27/15 3:50 pm INCIDENT
LOCATION: L-unit 102 side

STAFF INVOLVED/STAFF WITNESSES:

Dontaey Paige, Jay Snyder, Todd Starks

RULE VIOLATION:

Excessive noise, Arguing, Following staff instructions, Touching of controls and/or equipment,
Excessive/repetitive rule violations and Provoking, instigating, or participating in an altercation

LENGTH OF TIME IN RESTRAINTS:

Physical Restraint: for 1 minute

TIME SUPERVISOR/ADMINISTRATOR NOTIFIED OF RESTRAINT: 4:00 pm

and Mechanical Restraint: for 4 minutes

TIME SUPERVISOR/ADMINISTRATOR NOTIFIED OF RESTRAINT: 4:00 pm

CONFINEMENT:

Date Confinement Began: 2/27/15 Time Confinement Began: 3:54 pm

MEDICAL STAFF NOTIFICATION:

TIME MEDICAL STAFF NOTIFIED OF RESTRAINT/INJURY: 3:54 pm

MEDICAL:

Resident seen by medical Time: 3:55 pm Date: 2/27/15 Seen by: Danielle R. Stapleton, RN

Resident Injury: Bloody lip

DIAGNOSTIC:

N/A

STATEMENT OF FACTS:

STATEMENT OF FACTS DONTAEY PAIGE:

On the day of February 27, 2015 at approximately 3:50 pm resident [REDACTED] or refused to follow staff instructions. I, staff, [REDACTED] ask resident Alexander to leave the clothes alone on the L102 side that residents just folded but he continue to not listen. After asking him more then twice to

(b)

(d)

1
2
3

leave them alone, I just put the inside the sally port. Once I did that resident Alexander became more frustrated and started banging on the wall where the resident rules are posted disturbing others. I ask him over three times to stop and he said, "No put me in my room." I then called for his door L18. At this point he tried to run inside his room and shut the door without kicking his shoes or removing clothing due to him being on smock and blanket. I stopped the door from shutting and he ran out to grab the remote for the television and throw it onto the ground. At that moment to put him in a primary restraint technique where he continue to fight so I took him to the ground where he hit his lip making it bleed. I called for back up, staff [redacted] arrived handcuffing resident [redacted]. Due to resident [redacted] being on smock and blanket, staff Todd Stark, staff [redacted] and myself had to remove his clothing before securing him inside his room. Once all clothing was off, and handcuffs removed all staff exit the room. Nurse [redacted] was on L-unit to see resident [redacted]. No shift leader on duty. End of report.

STATEMENT OF FACTS BY STAFF [redacted]

On the day of February 27, 2015 at approximately 3:50 pm, I staff [redacted] responded to a "back-up" call on L-unit on the L102 side. Upon arrival I observed staff [redacted] on the floor with resident [redacted] subdued in a primary restraint technique (PRT) hold. Handcuffs were then secured on resident Alexander and he was escorted to his assigned room. After being placed on his bed, I assisted with removing the residents clothing, removed the cuffs and exited the room. The nurse on call responded appropriately and the residents door was secured.

STATEMENT OF FACTS BY STAFF [redacted]

On the day of Friday February 27, 2015 at approximately 3:50 pm I, staff Jay Snyder responded to back-up call on L-unit where staff [redacted] had resident Alexander secured on the ground in a primary restraint technique (PRT) in the L102 dayroom. Upon arriving in the L102 dayroom I immediately secured handcuffs on resident Alexander and escorted him to his room L18. Because Alexander is on smock and blanket, staff Todd Stark, staff [redacted] and I removed his clothing. Resident Alexander was screaming, "I'm telling my mom you're touching me." [redacted], staff [redacted] and I continuously told resident Alexander that no one was trying to hurt him and that he needed to stop fighting and kicking. Once all clothing and the handcuffs were removed all staff exited the room. Nurse [redacted] was on L-unit. Handcuffs removed at 3:54 pm. Report written.

STAFF DISCIPLINARY RECOMMENDATION:

Room Confinement: 3 days

REPORTING STAFF NAME(S) AND DATE/TIME: [redacted] 2/27/15 5:55 pm

[redacted] 2/27/15 4:40 pm

[redacted] 2/27/15 4:23 pm

SHIFT LEADER:

DOES RESIDENT(S) REQUEST A HEARING: No STAFF INITIALS: _____ JUVENILE INITIALS: _____

DATE OF HEARING: _____ DATE HEARING WAS SCHEDULED: _____

DOES RESIDENT(S) CONSENT TO A HEARING WITHIN 24-HOURS OF INCIDENT? No

RESIDENT SIGNATURE: _____ DATE: _____

*By signing this form, resident states that he/she was notified of scheduled hearing date.

(TO BE COMPLETED BY SHIFT LEAD)

REVIEWED BY: [REDACTED] DATE/TIME: 2/28/15 5:30 am

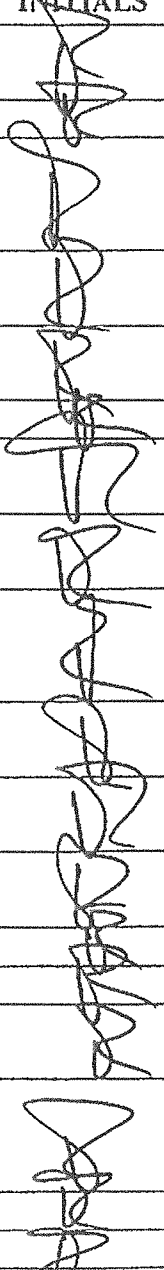
DISCIPLINARY ACTION TAKEN: Up 3/2/15 - will review before confinement time end.

Hours of Confinement: 72 hours Confinement ends: 3-2-15 Time: 6:00 am

TRANS. ORIENTATION TRAINING CHECKLIST

Trainee's Name: Tim Townsend


Date: 2-6-13 Day of Training: 1st

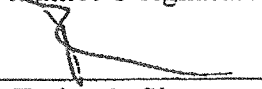
	TRAINING TOPICS	PARTICIPATED IN THE FOLLOWING	DISCUSSED	TRAINER'S INITIALS
1.	Security (consciousness, items in control, public, location to resident, parents/ relatives)	II	✓	
2.	Accident Procedures (paperwork, etc.)	II	✓	
3.	City County Building: Auditor's Office, BOH, Commissioners Office, County Printing, HR/ Risk Management, Purchasing	II	✓	
4.	Court House: Room 208, Civil Division, Law Library, Clerk's Office 208	II	✓	
5.	Logansport- Boy's School/ Indianapolis Girl's School	II	✓	
6.	Key control	II	✓	
7.	Other Locations: Computer Corner, TB Clinic, Area Hospitals	II	✓	
8.	County Facilities: Probation Offices, D.C.S., Youth Service Center	II	✓	
9.	Parking (locations, reimbursements) City/County Building, Courthouse, Hospitals, ACJC	II	✓	
10.	Radio Procedures: (unit number, non-use of names, etiquette, etc.)	II	✓	
11.	Restraints: handcuffs, shackles, belts - (double lock, keeping restraints on outside building)	II	✓	
12.	Vehicle: seatbelts, fluids, gas card, wash tickets, checking/ notifying of damage, searching vehicle	II	✓	
13.	Pat-down Searches of Residents	II	✓	
14.	Resident/ Staff Conduct out of Building	II	✓	
15.	Reporting Information to/ from doctor, hospital, and Court	II	✓	
16.	In Public: escorting, no conversation with general public, bathroom, no food/ drink items, cigarettes, etc.	II	✓	
17.	Staff Appearance (appointments, court, etc.)	II	✓	
18.	Confidentiality: residents do not discuss cases	II	✓	

Please note any comments or concerns:

(C)

(a)


Trainee's Signature


Trainer's Signature

2-6-13
Date

2-6-13
Date

TRANSPORTATION OFFICER
TRAINEE EVALUATION

Trainee Name: Tim Townsend

Training Date: 2-6-13, 2-11-13, 2-12-13

Trained By: Todd A. Boss

1. Willing to perform routine task:

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee was willing to perform all task as assigned.

2. Security:

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee was alert and focused on security at all times.

3. Accident Procedures:

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee is aware of Allen county accident procedures and how they apply.

4. City-County Building:

☒ Auditing ☒ Board of Health ☒ Commissioners ☐ ACS (computers) ☐ Print Shop

☒ County HR/Risk Management ☒ Purchasing ☒ Records-Birth/Death

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee is aware of all county offices listed above and how they apply to this job.

5. Courthouse:

☒ Sheriff's Department-Civil Division ☒ Law Library ☒ Clerk's Office
☒ Allen County Juvenile Center's box ☒ CHINs waiting room

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Procedures:

and Held Radio ☒ Cell Phones

Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee is aware of radio procedures
while performing this job.

12. Restraints:

☐ Belts ☒ Handcuffs ☒ Shackles

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee knows how to use restraints listed
above and how they apply while transporting
out of the A.C.J.C.

13. Security Consciousness:

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee was security conscious at
all times

14. Snow Plow (Winter Only):

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: N/A

15. Seatbelt Procedures:

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Trainee understands Allen County seatbelt
polices.

16. Valid Drivers License:

☐ Exceeds Expectations ☒ Meets Expectations ☐ Does Not Meet Expectations

Comments: Train PO valid Indiana driver license.