

Texas Administrative Code

Title 37 Public Safety and Corrections
Part 11 Texas Juvenile Justice Department
Chapter 343 Secure Juvenile Pre-Adjudication Detention and Post-Adjudication
Correctional Facilities

<p style="text-align: center;">Subchapter A</p> <p style="text-align: center;">Definitions, Applicability, and General Documentation Requirements</p> <p>§343.100 Definitions</p> <p>§343.102 Interpretation and Applicability</p> <p>§343.104 Waivers and Variances</p> <p>§343.108 Document Retention</p> <p>§343.110 Observation Records</p> <p style="text-align: center;">Subchapter B</p> <p style="text-align: center;">Pre-Adjudication and Post-Adjudication Secure Facility Standards</p> <p>§343.200 Authority to Operate Secure Juvenile Facility</p> <p>§343.202 Acceptance of Residents</p> <p>§343.204 Facility Governing Board</p> <p>§343.206 Certification and Registration of Facility</p> <p>§343.208 Policy, Procedure, and Practice</p> <p>§343.210 Designation of Facility Administrator</p> <p>§343.212 Duties of Facility Administrator</p> <p>§343.214 Data Collection</p> <p>§343.218 Location and Operations</p> <p>§343.220 Population</p> <p>§343.222 Heating, Cooling, and Ventilation</p> <p>§343.224 Alternate Power Source</p> <p>§343.226 Lighting</p> <p>§343.228 Dining Area</p> <p>§343.230 Specialized Housing</p> <p>§343.232 Housing for Residents with Physical Disabilities</p> <p>§343.234 Program Areas</p> <p>§343.236 Secure Storage Areas</p> <p>§343.238 Hazardous Materials</p> <p>§343.240 Safety Codes</p> <p>§343.242 Fire Safety Plan</p> <p>§343.244 Fire Safety Officer</p> <p>§343.246 Fire Drills</p> <p>§343.248 Non-Fire Emergency Preparedness Plan</p> <p>§343.249 Internal Security</p> <p>§343.250 External and Perimeter Security</p>	<p>§343.260 Resident Searches</p> <p>§343.262 Hygiene Plan</p> <p>§343.264 Resident Showers</p> <p>§343.266 Bedding</p> <p>§343.268 Towels</p> <p>§343.270 Clothing</p> <p>§343.272 Facility Maintenance, Cleanliness, and Appearance</p> <p>§343.274 Resident Discipline Plan</p> <p>§343.276 Formal Disciplinary Reviews for Major Rule Violations</p> <p>§343.280 Formal Disciplinary Review Process</p> <p>§343.282 Resident Appeals</p> <p>§343.284 Disciplinary Review Log</p> <p>§343.285 Disciplinary Seclusion</p> <p>§343.286 Room Restriction</p> <p>§343.287 Resident-Initiated Separation</p> <p>§343.288 Safety-Based Seclusion</p> <p>§343.289 Safety-Based Seclusion Reviews</p> <p>§343.290 Protective Isolation</p> <p>§343.294 Separation Status Log</p> <p>§343.300 Nutritional Requirements</p> <p>§343.302 Menu Plans</p> <p>§343.306 Modified Diets</p> <p>§343.308 Mealtime Prohibitions</p> <p>§343.310 Staff Meals</p> <p>§343.312 Daily Meal Schedule</p> <p>§343.314 On-Site Food Preparation</p> <p>§343.316 Off-Site Food Preparation</p> <p>§343.320 Health Service Authority</p> <p>§343.322 Health Service Plan</p> <p>§343.324 Health Services Coordinator</p> <p>§343.326 Medical Referral</p> <p>§343.328 Consent for Medical Treatment</p> <p>§343.330 Medical Treatment for Victims of Abuse</p> <p>§343.332 Behavioral Health Care Services for Sexual Abuse Victims</p> <p>§343.334 Confidentiality</p> <p>§343.336 Medication Administration</p> <p>§343.338 Medical Isolation</p> <p>§343.340 Suicide Prevention Plan</p>	<p>§343.342 Review and Dissemination of Suicide Prevention Plan</p> <p>§343.346 Mental Health Referral of High-Risk Suicidal Youth</p> <p>§343.348 Supervision of High-Risk Suicidal Youth</p> <p>§343.350 Supervision of Moderate-Risk Suicidal Youth</p> <p>§343.351 Suicidal Youth Log</p> <p>§343.352 Visitation</p> <p>§343.354 Limitations on Visitation</p> <p>§343.356 Access to Attorney</p> <p>§343.358 Telephone</p> <p>§343.360 Mail</p> <p>§343.362 Limitations on Mail</p> <p>§343.364 Legal Correspondence</p> <p>§343.366 Inspection of Mail</p> <p>§343.368 Illegal Discrimination</p> <p>§343.370 Prohibited Supervision</p> <p>§343.372 Work by Residents</p> <p>§343.374 Experimentation and Research Studies</p> <p>§343.376 Resident Grievance Process</p> <p>§343.378 Grievance Appeals</p> <p>§343.380 Grievance Officer</p> <p>§343.382 Grievance Documentation</p> <p>§343.384 Religious Services</p> <p>§343.386 Volunteers and Interns</p> <p style="text-align: center;">Subchapter C</p> <p style="text-align: center;">Secure Pre-Adjudication Detention Facility Standards</p> <p>§343.400 Intake and Admission</p> <p>§343.402 Assessment Isolation</p> <p>§343.404 Mental Health Screening and Referral</p> <p>§343.406 Health Screening</p> <p>§343.407 Health Assessment</p> <p>§343.408 Personal Hygiene</p> <p>§343.410 Personal Property</p> <p>§343.412 Orientation</p> <p>§343.414 Behavioral Screening</p> <p>§343.416 Classification Plan</p> <p>§343.418 Admission Records</p> <p>§343.420 Format and Maintenance of Records</p>
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Texas Administrative Code

<p>§343.422 Content of Resident Records</p> <p>§343.424 Housing Records</p> <p>§343.426 Release Procedures</p> <p>§343.428 Resident Supervision</p> <p>§343.430 Minimum Facility Supervision</p> <p>§343.432 Gender Supervision Requirement</p> <p>§343.434 Facility-Wide Ratio</p> <p>§343.435 On-Premises Supervision Requirements</p> <p>§343.436 Supervision Ratio--SOHU</p> <p>§343.438 Level of Supervision--SOHU</p> <p>§343.440 Supervision Ratio--MOHU</p> <p>§343.442 Level of Supervision--MOHU</p> <p>§343.444 Off-Premises Supervision Requirements</p> <p>§343.446 Exceptions to Requirement to be Supervised by Juvenile Supervision Officer</p> <p>§343.448 Primary Control Room</p> <p>§343.450 Use and Design--SOHU</p> <p>§343.452 Spatial Requirements--SOHU</p> <p>§343.454 Shower Facilities--SOHU</p> <p>§343.456 Toilet Facilities--SOHU</p> <p>§343.458 Washbasin Requirements--SOHU</p> <p>§343.460 Drinking Fountain--SOHU</p> <p>§343.461 Applicability of Standards--MOHU</p> <p>§343.462 Pre-Assignment Screening Process--MOHU</p> <p>§343.464 Administrative Approval--MOHU</p> <p>§343.468 Classification Plan--MOHU</p> <p>§343.470 Eligibility Criteria--MOHU</p> <p>§343.472 Use and Design--MOHU</p> <p>§343.474 Spatial Requirements--MOHU</p> <p>§343.476 Shower Facilities--MOHU</p> <p>§343.478 Toilet Facilities--MOHU</p> <p>§343.480 Washbasin Requirements--MOHU</p> <p>§343.482 Drinking Fountain--MOHU</p> <p>§343.484 Exercise and Common Activity Areas</p> <p>§343.486 Program Hours</p> <p>§343.488 Educational Program</p> <p>§343.490 Instructional Days</p> <p>§343.491 Special Education</p>	<p>§343.492 Educational Space</p> <p>§343.493 Orientation for Educational Staff</p> <p>§343.494 Supervision During Educational Program</p> <p>§343.496 Reading Materials</p> <p>§343.498 Recreation and Exercise</p> <p style="text-align: center;">Subchapter D</p> <p style="text-align: center;">Secure Post-Adjudication Correctional Facility Standards</p> <p>§343.600 Required Pre-Admission Records</p> <p>§343.602 Intake and Admission</p> <p>§343.604 Health Screening</p> <p>§343.606 Orientation</p> <p>§343.608 Classification Plan</p> <p>§343.610 Classification Plan--Segregation</p> <p>§343.612 Admission Records</p> <p>§343.614 Format and Maintenance of Records</p> <p>§343.616 Content of Resident Records</p> <p>§343.618 Housing Records</p> <p>§343.620 Release Procedures</p> <p>§343.622 Resident Supervision</p> <p>§343.624 Minimum Facility Supervision</p> <p>§343.626 Gender Supervision Requirement</p> <p>§343.628 Facility-Wide Ratio</p> <p>§343.629 On-Premises Supervision Requirements</p> <p>§343.630 Supervision Ratio</p> <p>§343.632 Level of Supervision--SOHU</p> <p>§343.634 Level of Supervision--MOHU</p> <p>§343.636 Off-Premises Supervision Requirements</p> <p>§343.638 Exceptions to Requirement to be Supervised by Juvenile Supervision Officer</p> <p>§343.640 Primary Control Room</p> <p>§343.642 Use and Design--SOHU</p> <p>§343.644 Spatial Requirements--SOHU</p> <p>§343.646 Shower Facilities--SOHU</p> <p>§343.648 Toilet Facilities--SOHU</p> <p>§343.650 Washbasin Requirements--SOHU</p> <p>§343.652 Drinking Fountain--SOHU</p> <p>§343.654 Use and Design--MOHU</p>	<p>§343.656 Spatial Requirements--MOHU</p> <p>§343.658 Shower Facilities--MOHU</p> <p>§343.660 Toilet Facilities--MOHU</p> <p>§343.662 Washbasin Requirements--MOHU</p> <p>§343.664 Drinking Fountain--MOHU</p> <p>§343.666 Exercise and Day Room Areas</p> <p>§343.668 Program Hours</p> <p>§343.670 Educational Program</p> <p>§343.672 Instructional Days</p> <p>§343.673 Special Education</p> <p>§343.674 Educational Space</p> <p>§343.675 Orientation for Educational Staff</p> <p>§343.676 Supervision During Educational Program</p> <p>§343.677 Vocational Training Program</p> <p>§343.678 Reading Materials</p> <p>§343.680 Recreation and Exercise</p> <p>§343.686 Rehabilitative Services</p> <p>§343.688 Residential Case Plan</p> <p>§343.690 Residential Case Plan Review</p> <p>§343.700 Physical Training Program</p> <p>§343.702 Governing Board Approval</p> <p>§343.704 Pre-Admission Requirements</p> <p>§343.706 Physical Training Program Plan</p> <p>§343.708 Injury and Illness</p> <p>§343.710 Disciplinary Sanctions</p> <p>§343.712 Physical Fitness Screening Tool</p> <p style="text-align: center;">Subchapter E</p> <p style="text-align: center;">Restraints</p> <p>§343.800 Definitions</p> <p>§343.802 Requirements</p> <p>§343.804 Prohibitions</p> <p>§343.806 Documentation</p> <p>§343.808 Personal Restraint</p> <p>§343.810 Mechanical Restraint</p> <p>§343.812 Non-Ambulatory Mechanical Restraints</p> <p>§343.816 Chemical Restraints</p> <p>§343.818 Preventative Mechanical Restraints</p>
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Subchapter A

Definitions, Applicability, and General Documentation Requirements

§343.100. Definitions.

Effective Date: 6/1/16

When used in this chapter, the following words and terms shall have the following meanings unless otherwise expressly defined within the chapter.

- (1) **Administrative Designee**--A juvenile probation department staff member who is above the level of a facility administrator.
- (2) **Bed**--Includes a bed frame or platform and a mattress. The bed frame or platform may be a permanent or portable fixture.
- (3) **Behavioral Health Assessment**--A mental health assessment conducted by a masters-level mental health provider who is licensed by one of the boards listed in paragraph (37) of this section and is qualified by training to conduct all required elements of a behavioral health assessment. A behavioral health assessment must include the following elements:
 - (A) clinical interview;
 - (B) psychosocial evaluation, including a history of traumatic events, to include:
 - (i) family history;
 - (ii) community/living environment;
 - (iii) peer relationships; and
 - (iv) academic/vocational history;
 - (C) review of the following files and associated records in the possession of the juvenile probation department:
 - (i) juvenile probation records;
 - (ii) mental health records;
 - (iii) medical records;
 - (iv) previous mental health testing records; and
 - (v) educational records;
 - (D) parent/guardian interview, unless the parent/guardian is unwilling to participate, and any other collateral interviews the mental health provider deems appropriate, such as a teacher or the child's juvenile probation officer;
 - (E) psychometric testing, using instruments that are recognized and accepted by the American Psychological Association or another professional mental health organization, to include:
 - (i) achievement assessment, only if there is no record of an achievement assessment within the last three years;
 - (ii) personality assessment, only if there is no record of a personality assessment within the last three years;
 - (iii) intellectual assessment, only if:
 - (I) there is no record of an intellectual assessment within the last three years; or
 - (II) a new intellectual assessment is indicated by:
 - (-a-) pervasive use of drugs known to impair thought processes;
 - (-b-) traumatic brain injury;

Texas Administrative Code

- (-c-) the child was age 12 or younger on the date of the most recent psychometric testing; or
 - (-d-) obvious impairment in cognitive or interpersonal functioning;
- (F) diagnostic impression; and
- (G) review of risks, strengths, and recommendations for intervention.
- (4) **Chief Administrative Officer**--Regardless of title, the person hired by a juvenile board who is responsible for oversight of the day-to-day operations of a juvenile probation department for a single county or a multi-county judicial district.
- (5) **Confidential Setting**--A room or area that provides sound separation from other residents and unauthorized staff.
- (6) **Constant Physical Presence**--A juvenile supervision officer is physically present in the same room or same physical location with the residents and is responsible for the supervision of residents. The term does not include supervision from behind architectural barriers such as glass observation windows or screened windows.
- (7) **Common Activity Area**--Area inside the facility to which residents have access and in which activities are conducted. This area includes dayrooms, covered recreation areas, recreation rooms, education rooms, counseling rooms, testing rooms, visitation areas, and medical or dental rooms.
- (8) **Contraband**--Any item that is not issued to employees for the performance of their duties and that employees have not obtained supervisory approval to possess. Contraband also includes any item that a resident is not allowed to possess or use that is given to a resident by an employee or other individual. Specific items of contraband include, but are not limited to:
 - (A) firearms;
 - (B) knives;
 - (C) ammunition;
 - (D) drugs;
 - (E) intoxicants;
 - (F) pornography; and
 - (G) any unauthorized written or electronic communication brought into or taken from a facility for a resident, former resident, associate of a resident, or family members of a resident.
- (9) **Date and Time of Admission**--The date and time a juvenile is authorized for detention in a secure pre-adjudication detention facility by an individual who is authorized by the juvenile board in accordance with §53.02 of the Texas Family Code. If the decision to detain was made prior to the juvenile's arrival to the facility, the date and time of admission shall be the same as the date and time of entry.
- (10) **Date and Time of Entry**--The date and time a juvenile is presented by law enforcement or a county juvenile probation officer to a pre-adjudication secure detention facility for processing and authorization of detention.
- (11) **Design Capacity**--The number of people that can safely occupy a building or space as determined by the current architectural design and any building modifications, licensing, accreditation, regulatory authorities, and applicable building codes.
- (12) **Designee**--The person authorized to perform a specific duty as assigned by the facility administrator.
- (13) **Detention**--The temporary secure custody of a child as defined in and authorized by Title 3 of the Texas Family Code.

Texas Administrative Code

- (14) **Disciplinary Seclusion**--The separation of a resident from other residents for disciplinary reasons and the placement of the resident alone in an area from which egress is prevented for more than 90 minutes.
- (15) **Facility Administrator**--The individual designated by the chief administrative officer or governing board of the facility who has the ultimate responsibility for managing and operating the facility. This definition includes the certified juvenile supervision officer who is designated in writing as the acting facility administrator during the absence of the facility administrator.
- (16) **Furlough**--A period of time during which a resident is allowed to leave the facility premises and go into the community unsupervised for various purposes consistent with public interest.
- (17) **Governing Board**--Any governmental unit, as defined in §101.001 of the Texas Civil Practice and Remedies Code, or a board of trustees appointed by the governmental unit, that operates a secure facility or contracts for the operation of a secure facility. A juvenile board is an example of a governing board. As used in this chapter, this term does not include the Texas Juvenile Justice Board.
- (18) **Hazardous Material**--Any substance that is explosive, flammable, combustible, poisonous, corrosive, irritating, or otherwise harmful and is likely to cause injury or death.
- (19) **Health Administrator**--A person who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for juveniles.
- (20) **Health Assessment**--A focused assessment conducted for the purpose of validating screening results and making any needed referrals. The health assessment shall include:
- (A) review of the health screening results;
 - (B) collection of additional data to complete the medical, dental, and mental health histories;
 - (C) recording of vital signs; and
 - (D) initiation of referrals when appropriate.
- (21) **Health Care Professional**--A term that includes physicians, physician assistants, nurses, nurse practitioners, dentists, medical and nursing care assistants, emergency medical technicians (EMT), and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for patients.
- (22) **Health Service Authority**--The agency, organization, entity, or individual responsible for consulting and collaborating with the facility administrator and/or the health services coordinator to ensure a coordinated and adequate health care system is available to residents of the facility.
- (23) **Housing Area**--An area within a secure juvenile facility that contains one or more single-occupancy housing units (SOHU) and/or multiple-occupancy housing units (MOHU).
- (24) **Housing Unit**--A single-occupancy housing unit (SOHU) or a multiple-occupancy housing unit (MOHU).
- (25) **Individual Resident Sleeping Quarters**--A cell or room designed and constructed to securely house one resident.
- (26) **Intellectual Disability**--A diagnosis made by a mental health provider based on the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*.
- (27) **Intern**--An individual who performs services for the facility through a formal internship program that is part of an approved course of study through an accredited college or university or sponsored by a juvenile justice agency.
- (28) **Intra-Jurisdictional Custodial Transfer**--The transfer of a resident from a pre-adjudication secure detention facility into a post-adjudication secure correctional facility under the same administrative authority. This definition does not include placement in a privately operated secure post-adjudication facility located within the placing juvenile probation department's jurisdictional

Texas Administrative Code

boundaries, even if the privately operated facility has the same juvenile board and/or governing board as the referring juvenile probation department.

- (29) **Isolation**--The separation of a resident from other residents for assessment, medical, or protective purposes and the placement of the resident alone in an area from which egress is prevented.
- (30) **Juvenile**--A person who is under the jurisdiction of the juvenile court, confined in a juvenile justice facility, or participating in a juvenile justice program administered or operated under the authority of the juvenile board.
- (31) **Juvenile Supervision Officer**--A person whose primary responsibility and essential function is the supervision of juveniles in a juvenile justice facility or a juvenile justice program operated by or under contract with the juvenile board.
- (32) **Major Violations**--Rule violations that constitute only the following:
 - (A) serious threat against persons or property;
 - (B) serious threat to facility safety and/or security; or
 - (C) repeated minor rule violations, consistent with requirements listed in §343.274 of this title.
- (33) **Material Safety Data Sheet (MSDS)**--A document prepared by the supplier or manufacturer of a product clearly stating its hazardous nature, ingredients, precautions to follow, health effects, and safe handling/storage information.
- (34) **Medical Diet**--Special diet ordered for a temporary or permanent health condition that restricts the type, preparation, and/or amount of food.
- (35) **Medical Entity**--An agency or organization that is primarily composed of health care professionals.
- (36) **Medical Treatment**--Medical care, including diagnostic testing (e.g., x-rays, laboratory testing, etc.), that is performed or ordered by anyone authorized by law to do so, including a physician, physician assistant, nurse practitioner, emergency medical technician (EMT), paramedic, registered nurse (RN), or licensed vocational nurse (LVN).
- (37) **Mental Health Provider**--An individual who is licensed or otherwise authorized to provide mental health services by one or more of the following licensing boards:
 - (A) Texas State Board of Examiners of Psychologists;
 - (B) Texas State Board of Examiners of Professional Counselors;
 - (C) Texas State Board of Examiners of Marriage and Family Therapists;
 - (D) Texas Department of State Health Services – Chemical Dependency Counselors Program;
 - (E) Council on Sex Offender Treatment;
 - (F) Texas Medical Board; or
 - (G) Texas State Board of Social Worker Examiners.
- (38) **Mental Health Screening**--A process that includes a series of questions that are designed to identify a resident who is at an increased risk of having mental health disorders that warrant attention and a professional review.
- (39) **Military-Style Program**--A program or component in a post-adjudication secure correctional facility for juvenile offenders that features military-style discipline and structure as an integral part of its treatment and rehabilitation program.
- (40) **Minor Violations**--Rule violations that do not represent a serious threat against persons or property and that do not pose a serious threat to facility safety and/or security.
- (41) **Multiple-Occupancy Housing Unit (MOHU)**--A housing unit designed and constructed for multiple-occupancy sleeping, which is self-contained and includes appropriate sleeping, sanitation, and hygiene equipment or fixtures.

Texas Administrative Code

- (42) **Non-Program Hours**--Time period when all scheduled resident activity for the entire resident population in the facility has ceased for the day.
- (43) **Oral Cavity Search**--The visual examination of a resident's open mouth.
- (44) **Pat-Down Search**--A manual search in which the resident's outer clothing is patted down or searched.
- (45) **Perimeter**--The contiguous property on the exterior of the building to which residents have access for recreational activities, physical exercise, and other outdoor activities.
- (46) **Physical Training Program**--Any program that requires participants to engage in and perform structured physical training and activity. This does not include recreational team activities or activities related to the educational curriculum (i.e., physical education).
- (47) **Positive Screening**--A scored result of a completed mental health screening instrument requiring referral to a mental health provider.
- (48) **Post-Adjudication Secure Correctional Facility ("Facility" or "Secure Facility")**--A secure facility administered by a governing board that includes construction and fixtures designed to physically restrict the movements and activities of the residents and is intended for the treatment and rehabilitation of youth who have been adjudicated. Subchapters A, B, D, and E of this chapter apply to all post-adjudication secure correctional facilities. A post-adjudication secure correctional facility does not include any non-secure residential program operating under the authority of a governing board.
- (49) **Pre-Adjudication Secure Detention Facility ("Facility" or "Secure Facility")**--A secure facility administered by a governing board that includes construction and fixtures designed to physically restrict the movements and activities of juveniles or other individuals held in lawful custody in the facility and is used for the temporary placement of any juvenile or other individual who is accused of having committed an offense and is awaiting court action, an administrative hearing, or other transfer action. Subchapters A, B, C, and E of this chapter apply to all pre-adjudication secure detention facilities. A pre-adjudication secure detention facility does not include a short-term detention facility as defined by §51.12(j) of the Texas Family Code.
- (50) **Premises**--One or more buildings together with their grounds or other appurtenances.
- (51) **Primary Control Room**--A restricted or secure area from which entrance into and exit from a secure facility is controlled. The primary control room also contains the emergency, monitoring, and communications systems and is staffed 24 hours each day that residents are in the facility.
- (52) **Professionals**--The following persons are considered professionals for limited purposes:
- (A) teachers certified as educators by the State Board for Educator Certification, including teachers certified by the State Board for Educator Certification with provisional or emergency certifications;
 - (B) educational aides or paraprofessionals certified by the State Board for Educator Certification;
 - (C) health care professionals licensed or certified by:
 - (i) the Texas Board of Nursing;
 - (ii) the Texas Medical Board;
 - (iii) the Texas Physician Assistant Board;
 - (iv) the Texas State Board of Dental Examiners; or
 - (v) the State Board of Examiners for Speech-Language Pathology and Audiology;
 - (D) mental health providers as defined in paragraph (37) of this section;
 - (E) qualified mental health professionals as defined in paragraph (56) of this section;
 - (F) juvenile probation officers certified by the Texas Juvenile Justice Department; and
 - (G) commissioned law enforcement personnel.

Texas Administrative Code

- (53) **Protective Isolation**--The exclusion of a threatened resident from the group by placing the resident in an individual room that minimizes contact with the residents from a specific group.
- (54) **Program Hours**--The time period when the resident population has scheduled activities, including any shift changes that occur during the time period when the resident population has scheduled activities.
- (55) **Psychological Evaluation**--A mental health assessment completed or supervised by a doctoral-level psychologist who is licensed by the Texas State Board of Examiners of Psychologists. At a minimum, a psychological evaluation must include the following elements:
- (A) clinical interview;
 - (B) psychosocial evaluation, including a history of traumatic events, to include:
 - (i) family history;
 - (ii) community/living environment;
 - (iii) peer relationships; and
 - (iv) academic/vocational history;
 - (C) review of the following files and associated records in the possession of the juvenile probation department:
 - (i) juvenile probation records;
 - (ii) mental health records;
 - (iii) medical records;
 - (iv) previous mental health testing records; and
 - (v) educational records;
 - (D) parent/guardian interview, unless the parent/guardian is unwilling to participate, and any other collateral interviews the psychologist deems appropriate, such as a teacher or the child's juvenile probation officer;
 - (E) psychometric testing, only if there is no record of psychometric testing within the past three years. Psychometric testing must be conducted with instruments that are recognized and accepted by the American Psychological Association or another professional mental health organization and must include:
 - (i) achievement assessment;
 - (ii) personality assessment; and
 - (iii) intellectual assessment;
 - (F) diagnostic impression; and
 - (G) review of risks, strengths, and recommendations for intervention.
- (56) **Qualified Mental Health Professional**--An individual employed by the local mental health authority or an entity who contracts as a service provider with the local mental health authority who meets the definition of a qualified mental health professional in the administrative rules adopted by the Texas Department of State Health Services.
- (57) **Rated Capacity**--The maximum number of beds available in a facility that were architecturally designed as a housing unit.
- (58) **Reasonable Belief**--A belief that would be held by an ordinary and prudent person in the same circumstances as the actor.
- (59) **Resident**--A juvenile or other individual that has been lawfully admitted into a juvenile pre-adjudication secure detention facility or a post-adjudication secure correctional facility.

Texas Administrative Code

- (60) **Resident-Initiated Separation**--The separation of a resident from other residents:
- (A) at the resident's request (e.g., a cooling-off period); or
 - (B) due to a resident's refusal to leave his/her sleeping room to engage in programming, but only when the separation is not a room restriction or staff-imposed disciplinary measure.
- (61) **Room Restriction**--The placement of a resident alone in an area from which egress is prevented for 90 minutes or less for behavior modification purposes as directed by staff.
- (62) **Safety-Based Seclusion**--The separation of a resident from other residents for the safety-and-security-related reasons listed in §343.288 of this title and the placement of the resident alone in an area from which egress is prevented.
- (63) **Secondary Screening**--A triage process that is brief and designed to clarify if a resident is in need of intervention or a more comprehensive assessment and what type of intervention or assessment is needed.
- (64) **Serious Mental Illness**--A mental health diagnosis of any of the following disorders: psychoses, schizophrenia, bipolar with psychotic features, depression with psychotic features, severe post-traumatic stress disorder, and schizoaffective disorders.
- (65) **Serious Property Damage**--Any damage equal to or greater than \$50.00.
- (66) **Single-Occupancy Housing Unit (SOHU)**--A housing unit that is designed and constructed with separate and secure individual resident sleeping quarters and that includes appropriate sleeping, sanitation, and hygiene equipment or fixtures.
- (67) **Specialized Housing**--Any room or cell used for disciplinary seclusion, safety-based seclusion, protective isolation, assessment isolation, or medical isolation.
- (68) **Standard**--An administrative rule adopted by TJJD in accordance with Texas Government Code Chapter 2001.
- (69) **Strip Search**--A visual inspection of a resident's body in a state of full or partial undress.
- (70) **TJJD**--The Texas Juvenile Justice Department.
- (71) **Volunteer**--Individuals agreeing to perform services without compensation who have regular or periodic supervised contact or unsupervised contact with juveniles under the direction of the pre-adjudication or post-adjudication secure juvenile facility.
- (72) **Youth-on-Youth Sexual Conduct**--Two or more juveniles, regardless of age, who engage in deviate sexual intercourse, sexual contact, sexual intercourse, or sexual performance as those terms are defined in subparagraphs (A) - (D) of this paragraph.
- (A) "Deviate sexual intercourse" means:
 - (i) any contact between any part of the genitals of one person and the mouth or anus of another person; or
 - (ii) the penetration of the genitals or the anus of another person with an object.
 - (B) "Sexual contact" means the following acts, if committed with the intent to arouse or gratify the sexual desire of any person:
 - (i) any touching by a person, including touching through clothing, of the anus, breast, or any part of the genitals of a person; or
 - (ii) any touching of any part of the body of a person, including touching through clothing, with the anus, breast, or any part of the genitals of a person.
 - (C) "Sexual intercourse" means any penetration of the female sex organ by the male sex organ.
 - (D) "Sexual performance" means acts of a sexual or suggestive nature performed in front of one or more persons, including simulated or actual sexual intercourse, deviate sexual intercourse,

Texas Administrative Code

sexual bestiality, masturbation, sado-masochistic abuse, or lewd exhibition of the genitals, the anus, or any portion of the female breast below the top of the areola.

- (E) A juvenile may not consent to the acts as defined in this paragraph under any circumstances. Consent may not be implied regardless of the age of the juvenile.

§343.102. Interpretation and Applicability.

Effective Date: 1/1/15

- (a) **Use of the Words “Including” and “Includes.”** When used in this chapter, the words “including” and “includes” are to be understood as introducing a non-exhaustive list, unless the context clearly indicates otherwise.
- (b) **Applicability.** This chapter applies to secure juvenile pre-adjudication detention facilities and post-adjudication correctional facilities in this state that are operated by or under contract with a governing board. This chapter does not apply to a facility that is licensed by a state governmental entity or that is exempt from licensure by state or federal law.

§343.104. Waivers and Variances.

Effective Date: 1/1/15

Unless expressly prohibited by another standard, an application for a waiver or variance of any standard in this chapter may be submitted in accordance with §349.200 of this title.

§343.108. Document Retention.

Effective Date: 1/1/15

The facility shall retain documents referenced in this chapter for at least one year after the most recent formal, comprehensive monitoring event conducted by TJJD unless a standard requires a longer retention period.

§343.110. Observation Records.

Effective Date: 1/1/15

- (a) The requirements of this standard apply to each standard in this chapter in which a juvenile supervision officer is required to observe and record a resident's behavior, including §§343.286, 343.288, 343.290, 343.338, 343.348, 343.350, 343.402, 343.438, 343.442, 343.632, and 343.634 of this title.
- (b) All such observations shall be documented by the juvenile supervision officer who made the actual observation. The documentation shall indicate the exact hour and minute the visual observation was made and a general description of the resident's behavior.
- (c) If a facility uses an electronic system to record observations of residents, the system shall have the capability to:
 - (1) allow juvenile supervision officers to record a general description of the resident's observed behavior; and
 - (2) print out the observation records.
- (d) If a facility uses an electronic system that does not allow for the resident's behavior to be recorded at the time the observation is made, the facility shall maintain a supplemental log in which the officer conducting the observations documents, at the time of the observation, the resident's behavior.

Texas Administrative Code

Subchapter B

Pre-Adjudication and Post-Adjudication Secure Facility Standards

§343.200. Authority to Operate Secure Juvenile Facility.

Effective Date: 1/1/15

Pursuant to Texas Family Code Title 3, pre-adjudication secure detention facilities and post-adjudication secure correctional facilities for juvenile offenders may be operated only by:

- (1) a governmental unit in this state; or
- (2) a private entity under a contract with a governmental unit in this state.

§343.202. Acceptance of Residents.

Effective Date: 1/1/15

A facility may only accept and admit a child, as that term is defined in §51.02 of the Texas Family Code, or a person who is under the jurisdiction of the juvenile court who:

- (1) has been charged with or adjudicated for an offense against the laws of this state;
- (2) is authorized to be detained or confined under Title 3 of the Texas Family Code; or
- (3) is a juvenile adjudicated for an offense committed against the laws of another state or the United States whose confinement is authorized under Chapter 342 of this title.

§343.204. Facility Governing Board.

Effective Date: 1/1/15

Each facility shall have a governing board that:

- (1) establishes and operates or contracts for the establishment and operation of the facility; and
- (2) provides oversight of facility operations, policies, and procedures.

§343.206. Certification and Registration of Facility.

Effective Date: 1/1/15

Before the facility admits residents, the juvenile board in the county where the facility is located, shall ensure:

- (1) the facility is certified in compliance with §51.12 or §51.125 of the Texas Family Code;
- (2) the number of pre-adjudication and post-adjudication beds is designated in the facility certification;
- (3) the facility is registered with TJJJ in compliance with §51.12 or §51.125 of the Texas Family Code; and
- (4) the current facility certification and TJJJ's facility registration are posted within a public area of the facility.

§343.208. Policy, Procedure, and Practice.

Effective Date: 1/1/15

The governing board of the facility shall require that written policies and procedures exist governing the operation of all secure juvenile pre-adjudication detention and post-adjudication correctional facilities in the county. The policies, procedures, and practices of the facility shall include:

- (1) policies that strictly prohibit:
 - (A) abuse, neglect, or exploitation of a resident, as defined in Texas Family Code §261.001 and §261.401, by any individual having contact with a resident of the facility;
 - (B) youth-on-youth sexual conduct;

Texas Administrative Code

- (C) violations of the code of ethics as outlined in Chapter 345 of this title;
 - (D) violations of any professional code of ethics or conduct by any individual providing services to or having contact with residents of the facility; and
- (2) a zero-tolerance policy and practice regarding sexual abuse as defined by Chapter 358 of this title. The policy shall provide for administrative disciplinary sanctions and/or referral for criminal prosecution.

§343.210. Designation of Facility Administrator.

Effective Date: 1/1/15

The chief administrative officer or the governing board of the facility or their designee shall designate one facility administrator for each secure facility.

§343.212. Duties of Facility Administrator.

Effective Date: 1/1/15

- (a) The facility administrator shall be responsible for the daily operations of the facility. The facility administrator's office shall be located on the grounds of the facility. The facility administrator shall not maintain a satellite office to oversee the daily operations of the facility.
- (b) The facility administrator shall designate a certified juvenile supervision officer to be in charge during the facility administrator's absence from the facility.
- (c) The facility administrator shall develop, implement, and maintain a policies and procedures manual for the facility and shall ensure the daily facility practice conforms to the policies and procedures detailed in the manual.
- (d) The facility administrator shall review the facility's policies and procedures manual at least once each year, no later than the last day of the calendar month of the previous year's review, and maintain documentation of this review.
- (e) The facility administrator shall make the policies and procedures manual available to all employees of the facility.
- (f) The facility administrator shall ensure that each employee of the facility is:
 - (1) trained on the provisions of the policies and procedures manual that are relevant to the employee's job functions prior to beginning service at the facility; and
 - (2) notified of or given access to, in a written or electronic format, all changes or modifications to the policies and procedures manual in a timely manner.
- (g) The facility administrator shall maintain documentation of the training described in subsection (f) of this section.
- (h) The facility administrator or designee shall ensure that current, accurate, and confidential personnel records are maintained for each employee, which shall include:
 - (1) proof of age;
 - (2) documentation of criminal background checks conducted as required by Chapter 344 of this title;
 - (3) the completed application for employment;
 - (4) training records; and
 - (5) documentation of promotion, demotion, termination, and other personnel actions.
- (i) The facility administrator or chief administrative officer of a private entity under contract with a governmental unit in this state shall provide the presiding officer of the juvenile board of the county in which the facility is located with periodic updates on the operation of the facility, including the following information to be provided at least every quarter:

Texas Administrative Code

- (1) facility population and capacity reports;
 - (2) number of serious incidents, by category, that occurred in the facility;
 - (3) number of resident restraints by type (i.e., personal, mechanical, and chemical);
 - (4) number of injuries to residents requiring medical treatment; and
 - (5) number of injuries to staff requiring medical treatment.
- (j) The facility administrator or chief administrative officer shall ensure the accurate and timely submission of statistical data to TJJJ in an electronic format or other format as requested by TJJJ.

§343.214. Data Collection.

Effective Date: 6/1/16

The facility administrator or chief administrative officer shall maintain and report to TJJJ electronically, or in the format requested, the following information:

- (1) total number of resident grievances;
- (2) total number of personal restraint incidents;
- (3) total number of mechanical restraint incidents;
- (4) total number of chemical restraint incidents;
- (5) total number of non-ambulatory restraint incidents;
- (6) total number of safety-based seclusions in each of the following categories:
 - (A) less than 90 minutes;
 - (B) 90 minutes or more but less than four hours;
 - (C) four hours or more but less than 24 hours;
 - (D) 24 hours or more but less than 48 hours;
 - (E) 48 hours or more but less than 72 hours; and
 - (F) 72 hours or more;
- (7) total number of disciplinary seclusions in each of the following categories:
 - (A) more than 90 minutes but less than 24 hours; and
 - (B) 24 hours up to 48 hours;
- (8) total number of residents placed in safety-based seclusion who have a known diagnosis of a serious mental illness;
- (9) total number of residents placed in safety-based seclusion who have a current designation as high or moderate risk for suicide;
- (10) total number of residents placed in safety-based seclusion who have a known diagnosis of severe or profound intellectual disability;
- (11) total number of residents placed in disciplinary seclusion who have a current designation as high or moderate risk for suicide; and
- (12) total number of staff injuries requiring medical treatment, as defined in §358.100 of this title, resulting from resident assault or restraint.

Texas Administrative Code

§343.218. Location and Operations.

Effective Date: 1/1/15

(a) Co-located Facilities.

- (1) If the juvenile facility is located in the same building or on the same grounds as any type of adult corrections facility, the juvenile facility shall be a separate, self-contained unit.
- (2) All applicable federal and state laws pertaining to the separation of juveniles from adult inmates shall apply.
- (3) The facility shall submit information to and agree to monitoring from the Office of the Governor and/or the contract representative.

(b) Separate Operations.

- (1) All pre-adjudication programs shall be operated separately from any post-adjudication programs.
- (2) Where a pre-adjudication program and a post-adjudication program are located in the same building or on the same grounds, direct verbal interaction and/or physical interaction between the two populations shall be kept to a minimum. Sight-and-sound separation is not required. Allowing the two populations to hear each other (non-interactive) and see each other does not constitute non-compliance with this standard.
- (3) During program hours, separate and distinct juvenile supervision officer supervision ratios shall be maintained in accordance with applicable standards in Subchapters C and D of this chapter if pre-adjudication and post-adjudication populations are sharing the same physical space and/or program activity.
- (4) During non-program hours, a single juvenile supervision officer may simultaneously satisfy the supervision ratios for pre-adjudication and post-adjudication populations housed in single-occupancy housing units.

(c) Programming on Facility Premises for Non-Residents.

Any youths who participate in day programming on the facility premises who are not residents of the facility shall be kept physically separated from residents of the facility at all times.

§343.220. Population.

Effective Date: 1/1/15

- (a) The population of the facility shall not exceed the rated capacity of the facility.
- (b) A daily population roster shall be maintained in chronological order by date and shall be available for TJJD monitoring purposes. The population roster shall be current as of 5:00 a.m. daily.
- (c) The population roster shall include:
 - (1) the date and time the roster was compiled;
 - (2) the names of all residents in the facility;
 - (3) the sex of all residents in the facility;
 - (4) the housing assignment location (e.g., multiple/single-occupancy housing unit, assigned pod, bay, etc.) of all residents in the facility; and
 - (5) the total resident population for each day.

§343.222. Heating, Cooling, and Ventilation.

Effective Date: 1/1/15

- (a) The facility shall provide fully functioning heating and cooling systems adequate for the square footage of the facility. However, areas of a facility from which residents are restricted (e.g., mechanical rooms, storage rooms, etc.) are exempt from this requirement.

Texas Administrative Code

- (b) The facility shall provide a fully functioning ventilation system adequate for the square footage of the facility.
- (c) The facility shall maintain an alternate means of ventilation in the event that regular power is interrupted. The alternate means of ventilation shall ensure there is a mechanical means of bringing fresh air into and exhausting stagnant air out of all resident-occupied housing areas, such as placing an industrial-sized fan in front of an open door or window to bring in fresh air and placing another industrial-sized fan in front of another door or window to exhaust stagnant air.
- (d) Documentation of any malfunctions or repairs made to the heating, cooling, and ventilation systems shall be maintained in the facility's maintenance log.

§343.224. Alternate Power Source.

Effective Date: 1/1/15

- (a) The facility shall have at least one alternate source of electrical power that provides for the simultaneous operation of life safety systems, including:
 - (1) emergency lighting other than flashlights;
 - (2) illuminated emergency exit lights and signs;
 - (3) emergency audible communication systems and equipment;
 - (4) fire detection and alarm systems;
 - (5) ventilation and smoke management systems; and
 - (6) all secure door-locking mechanisms which operate exclusively on electric current.
- (b) The alternate power source system (i.e., the alternate power source and the required life safety system) shall be tested at least once every 15 calendar days to ensure the system is in working condition.
- (c) The alternate power source system shall be inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. This inspection must be completed by a person with qualifications established through work experience, relevant training, specialized licensure, or certification.
- (d) Each test and inspection of the alternate power source system shall be documented and include the test date and test results.
- (e) If any malfunctions or maintenance needs of the alternate power source system are identified during a test or at any other time and are not corrected immediately, a written maintenance request shall be immediately submitted to the appropriate personnel.
- (f) The facility shall maintain a log to document all tests, inspections, and maintenance performed on the alternate power source.
- (g) If a facility uses multiple alternate power sources (i.e., gas- or diesel-powered emergency generator and a battery backup), all of the alternate power sources shall be considered part of the alternate power source system.

§343.226. Lighting.

Effective Date: 1/1/15

- (a) Adequate lighting shall be provided to all areas of the facility.
- (b) In facilities that began operating as secure pre- or post-adjudication facilities on or after September 1, 2003, all housing units, including specialized housing units, shall provide natural light from a source within the housing unit. If the housing unit contains individual resident sleeping quarters, each individual resident sleeping quarters shall:
 - (1) have its own natural light source; and/or
 - (2) have a viewing window in the door or wall that allows for a direct line of sight to the natural light.

Texas Administrative Code

§343.228. Dining Area.

Effective Date: 1/1/10

The dining area shall provide a minimum of 15 square feet of floor space per diner.

§343.230. Specialized Housing.

Effective Date: 6/1/16

- (a) A resident in specialized housing shall be placed in a room or cell equipped with:
 - (1) an operable toilet above floor level;
 - (2) a washbasin with hot and cold running water or a single control that produces warm water;
 - (3) a bed above floor level; and
 - (4) access to natural light as described in §343.226 of this title.
- (b) Rooms or cells used for specialized housing shall meet the spatial requirements in:
 - (1) §343.452 and §343.644 of this title if the room or cell is in a single-occupancy housing unit; or
 - (2) §343.474 and §343.656 of this title if the room or cell is in a multiple-occupancy housing unit.
- (c) The mattress may be temporarily removed from a specialized housing room or cell if the resident:
 - (1) is actively damaging or destroying the mattress;
 - (2) is using the mattress for an unintended purpose (e.g., obstructing a doorway or window, folding to use as a makeshift stepstool, etc.); or
 - (3) has exhibited a documented pattern of disruptive behavior in an effort to be assigned to specialized housing to avoid educational instruction.

§343.232. Housing for Residents with Physical Disabilities.

Effective Date: 1/1/15

All housing areas used by residents with physical disabilities shall be designed for their use and provide for their safety and security in accordance with state and federal law.

§343.234. Program Areas.

Effective Date: 1/1/15

The facility shall provide space for:

- (1) visitation;
- (2) religious activities;
- (3) interviewing and counseling; and
- (4) educational instruction.

§343.236. Secure Storage Areas.

Effective Date: 6/1/16

- (a) The area(s) used to store hazardous materials, cleaning supplies, and equipment shall be locked and not accessible to residents.
- (b) Hazardous materials shall be stored:
 - (1) in accordance with the storage requirements contained in the Material Safety Data Sheet (MSDS) for the product; and
 - (2) in:
 - (A) the original container with the manufacturer's label intact; or
 - (B) a secondary container that is labeled with the identity of the product and appropriate hazard warnings.

Texas Administrative Code

- (c) Restraint devices and related security equipment shall be stored in a secure area when not in use. This equipment shall be readily accessible to authorized persons.
- (d) Space shall be provided for secure storage of residents' personal property.

§343.238. Hazardous Materials.

Effective Date: 6/1/16

- (a) The facility shall maintain a master list of all hazardous materials used in the facility and a master copy of the Material Safety Data Sheet (MSDS) for each hazardous material used in the facility.
- (b) Staff members on all shifts shall have immediate access to a copy of the MSDS for each hazardous material used or stored in their work area(s).
- (c) Except as noted in subsection (d) of this section, the facility shall prohibit the use of all hazardous materials by residents.
- (d) Residents may use cleaning agents and paint only if:
 - (1) access and use of the paint and/or cleaning agents by residents is strictly controlled and supervised by a juvenile supervision officer;
 - (2) the residents are instructed on the use of the hazardous material and the proper equipment as identified by the MSDS;
 - (3) the residents are provided the proper safety equipment identified by the MSDS; and
 - (4) use of the hazardous material is part of a routine housekeeping or maintenance assignment.
- (e) Any use of hazardous materials shall be according to the manufacturer's instructions.
- (f) All staff members whose responsibilities include the use of hazardous materials shall:
 - (1) receive documented, annual training in hazardous communications topics, including how to read and follow instructions in MSDS and product labels;
 - (2) be made aware of the location of the MSDS; and
 - (3) follow the prescribed guidelines in the MSDS.

§343.240. Safety Codes.

Effective Date: 1/1/15

- (a) The following types of construction or renovation projects shall be designed, constructed, and maintained in accordance with the requirements of Chapter 22 of the Life Safety Code[®] (i.e., National Fire Protection Association 101):
 - (1) a new facility that begins operation as a secure juvenile pre-adjudication or post-adjudication facility on or after January 1, 2015; and
 - (2) an addition or major renovation to a facility that began operation as a secure juvenile pre-adjudication or post-adjudication facility before January 1, 2015. For purposes of this standard, a renovation project that requires the services of an architect or engineer is considered a major renovation.
- (b) The inspections described in this standard shall be conducted:
 - (1) under at least one of the following fire/safety codes:
 - (A) the Life Safety Code[®]; or
 - (B) the International Fire Code[®]; and
 - (2) by:
 - (A) the authorized governmental fire authority; or
 - (B) a person certified by the Texas Commission on Fire Protection.

Texas Administrative Code

- (c) The facility shall obtain the following inspections:
 - (1) a formal fire safety inspection before the facility admits its first resident; and
 - (2) an annual fire/safety code inspection of all applicable fire codes no later than the last day of the calendar month of the previous year's inspection.
- (d) Each fire safety inspection, including the annual inspection and any subsequent inspections, shall result in a written report that includes the following information:
 - (1) identification of the specific code(s) used to complete the inspection;
 - (2) name of the governmental entity that conducted the inspection, if applicable;
 - (3) identification of any applicable code violations and the corresponding corrective action requirements;
 - (4) name and title of the person conducting the inspection; and
 - (5) date(s) of the inspection.
- (e) Any violations and/or deficiencies noted in the inspection report shall be immediately addressed by the facility administrator or designee. The facility administrator shall develop and implement a corrective action plan for all violations and/or deficiencies that cannot be immediately fixed.

§343.242. Fire Safety Plan.

Effective Date: 1/1/15

- (a) The facility shall maintain and have in effect a written fire safety plan.
- (b) The fire safety plan shall:
 - (1) be available to all supervisory personnel;
 - (2) provide for the protection of all persons in the event of a fire by evacuation to areas of refuge and evacuation from the building when necessary; and
 - (3) be coordinated with and reviewed by the fire authority legally committed to serve the facility. The coordination and review efforts required in this standard shall be validated by documentation prepared or attested to by a representative of the applicable fire authority.
- (c) The fire safety plan shall include the following:
 - (1) procedures for limitations on the numbers or amounts of books, clothing, and other combustible personal property allowed in sleeping rooms and the proper disposal of combustible refuse;
 - (2) a prohibition on using portable space heaters within the secure perimeter;
 - (3) a requirement for each staff member assigned to the facility to be instructed and drilled regarding his or her duties in the event of a fire to include the location and use of life safety and/or fire suppression equipment:
 - (A) during new employee orientation; and
 - (B) at least once every 365 days; and
 - (4) procedures for the use and control of flammable, toxic, and caustic materials.

§343.244. Fire Safety Officer.

Effective Date: 1/1/15

- (a) The facility shall have a designated fire safety officer. The designation shall be in writing.
- (b) The fire safety officer shall:
 - (1) ensure a log for fire drills is maintained;
 - (2) ensure fire drills are conducted as required by §343.246 of this title;

Texas Administrative Code

- (3) ensure the posting of emergency evacuation plans as required by the applicable fire code for the facility;
- (4) implement procedures for limitations on the numbers or amounts of books, clothing, and other combustible personal property allowed in sleeping rooms and the proper disposal of combustible refuse;
- (5) implement procedures for the use and control of flammable, toxic, and caustic materials;
- (6) implement procedures to ensure that:
 - (A) the facility exits are clear of obstructions;
 - (B) the capacity of an exit route does not decrease in the direction of the exit; and
 - (C) exit doors are properly marked for evacuation in the event of a fire or other emergency; and
- (7) ensure staff members are trained on the fire safety plan.

§343.246. Fire Drills.

Effective Date: 1/1/15

- (a) The fire safety officer or designee shall conduct a fire drill on each shift at least once every 90 calendar days.
- (b) All staff on duty in the facility shall participate in the fire drills.
- (c) Each staff member assigned to the facility shall be instructed and drilled regarding his or her duties in the event of a fire to include the location and use of life safety and/or fire suppression equipment:
 - (1) during new employee orientation; and
 - (2) at least once every 365 days.
- (d) The facility shall maintain a fire drill log that contains the date and time of each fire drill and the names of staff members conducting each fire drill.

§343.248. Non-Fire Emergency Preparedness Plan.

Effective Date: 1/1/15

The facility shall have an emergency preparedness plan that includes, but is not limited to, severe weather, natural disasters, disturbances or riots, national security issues, and medical emergencies. The plan shall address:

- (1) the identification of key personnel and their specific responsibilities during an emergency or disaster situation;
- (2) procedures for:
 - (A) alerting, notifying, activating, and deploying employees;
 - (B) identifying mission-essential functions;
 - (C) establishing alternate sites for the evacuation of residents; and
 - (D) identifying staff members with authority and knowledge of functions;
- (3) agreements with other agencies or departments; and
- (4) transportation to pre-determined evacuation sites.

§343.249. Internal Security.

Effective Date: 1/1/15

- (a) Written policies and procedures for security and control of the facility shall include the following:
 - (1) continued operations in the event of a work stoppage;
 - (2) provisions for the security, storage, and accessibility of:

Texas Administrative Code

- (A) keys;
 - (B) tools;
 - (C) medical equipment; and
 - (D) kitchen utensils;
- (3) provisions to prevent firearms from entering the secure area of the facility, with the exception of a licensed peace officer who is officially responding to an active criminal event (e.g., hostage situation, resident riot, escape, etc.) within the facility; and
 - (4) provisions for coordination with law enforcement authorities in the case of escape or other situations requiring assistance from city, county, or state law enforcement agencies.
- (b) The facility administrator or designee shall ensure that all special incidents, including taking of hostages, escapes, and assaults, are documented. A copy of the report shall be placed in the permanent file of any resident(s) involved in the incident.
 - (c) Video and audio monitoring devices shall not substitute for required levels of supervision by a juvenile supervision officer.

§343.250. External and Perimeter Security.

Effective Date: 1/1/15

- (a) The facility's perimeter shall be controlled by appropriate means to:
 - (1) ensure that residents remain within the perimeter; and
 - (2) prevent access by the general public without proper authorization.
- (b) Any outdoor area in which residents are permitted shall be enclosed by a permanently erected fence or wall.

§343.260. Resident Searches.

Effective Date: 1/1/15

- (a) The facility shall have written policies and procedures regulating the search of juveniles being admitted into the facility and residents already within the facility's population.
- (b) Residents shall be subjected only to the following searches:
 - (1) a pat-down search, conducted by same-gender staff, as necessary for facility safety and security;
 - (2) an oral cavity search to prevent concealment of contraband and to ensure the proper administration of medication;
 - (3) a strip search based on the reasonable belief that the resident is in possession of contraband or reasonable belief that the resident presents a threat to the facility's safety and security;
 - (A) a strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident;
 - (B) a strip search shall be performed in an area that ensures the privacy and dignity of the resident; and
 - (C) a strip search shall be conducted by a staff member of the same gender as the resident being searched; and
 - (4) an anal or genital body cavity search only if there is probable cause to believe the resident is concealing contraband;
 - (A) an anal or genital body cavity search shall be conducted only by a physician or physician assistant. The physician or physician assistant shall be of the same gender as the resident, if available;

Texas Administrative Code

- (B) all anal and genital body cavity searches shall be conducted in an office or room designated for medical procedures; and
 - (C) all anal and genital body cavity searches shall be documented and the documentation shall be maintained in the resident's file.
- (c) Staff members conducting searches shall:
- (1) not touch residents any more than is necessary to conduct a comprehensive search;
 - (2) make every effort to prevent embarrassment or humiliation of resident;
 - (3) refrain from excessively forceful touching, prodding, or probing that may cause pain or injury;
 - (4) refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks; and
 - (5) conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Staff members' communications during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and efficient search and to provide for resident, staff, and facility safety.
- (d) Probable cause for an anal or genital body cavity search shall be documented. This documentation shall include:
- (1) name of the resident searched;
 - (2) date and time of the search;
 - (3) probable cause justifying the search;
 - (4) name and title of the physician conducting search; and
 - (5) contraband found, if applicable.

§343.262. Hygiene Plan.

Effective Date: 1/1/15

- (a) Residents shall be given appropriate instruction on personal and oral hygiene.
- (b) Facilities shall provide residents with hygiene items including:
 - (1) soap;
 - (2) shampoo;
 - (3) toothbrush;
 - (4) deodorant; and
 - (5) brush or comb.
- (c) Toothbrushes, non-spray deodorant, brushes, and combs shall not be shared.

§343.264. Resident Showers.

Effective Date: 1/1/15

Residents shall be provided the opportunity to shower:

- (1) daily; and
- (2) after participating in strenuous exercise other than activities related to the educational curriculum (i.e., physical education).

Texas Administrative Code

§343.266. Bedding.

Effective Date: 1/1/15

- (a) Each resident shall be provided suitable, clean bedding, including one sheet, a pillow, a pillowcase, a mattress, a mattress cover, and a blanket. Mattresses with an integrated pillow may be substituted for a separate pillow and pillowcase.
- (b) Clean bed linens shall be issued at least once every seven calendar days.
- (c) Modifications to a resident's bedding items may be made in accordance with §343.340 of this title. However, residents on suicide supervision shall not be denied appropriate bedding substitutions.
- (d) If the resident has misused bed linens or if staff have reason to believe the resident will misuse the bed linens, including using the sheet(s) as a weapon, the sheet(s) may be substituted with a blanket. The actual misuse or reason to believe the resident will misuse the linens shall be documented.

§343.268. Towels.

Effective Date: 1/1/10

A clean towel shall be issued to each resident daily.

§343.270. Clothing.

Effective Date: 1/1/15

- (a) Clean clothing shall be provided to each resident upon admission into the facility.
- (b) Clean undergarments and socks shall be issued daily. Clean uniforms and other clean clothing shall be issued at least twice per week, with a maximum of 72 hours between exchanges.
- (c) Climate-appropriate clothing shall be provided to all residents in the facility for any outdoor programming or activities.
- (d) A resident identified as moderate or high risk for suicidal behavior may have his/her clothing requirements modified per the facility's suicide prevention plan (see §343.340 of this title). However, in no case shall residents on suicide supervision be left in an unnecessary state of undress.
- (e) While participating in activities with at least one other resident or when assigned to a multiple-occupancy housing unit, residents identified as moderate or high risk for suicidal behavior shall not be required to wear protective clothing specifically designed to reduce the likelihood of self-harm such as safety smocks, paper gowns, or quilted vests.

§343.272. Facility Maintenance, Cleanliness, and Appearance.

Effective Date: 1/1/15

(a) Housekeeping Plan.

The facility shall implement a written housekeeping plan and provide verification for the maintenance of a clean and sanitary facility that promotes a safe and secure environment for residents.

- (1) The plan shall include:
 - (A) a schedule for periodic and routine cleaning and housekeeping, including:
 - (i) the identification of staff and resident responsibilities; and
 - (ii) the regular cleaning and disinfection of toilet and shower areas currently in use;
 - (B) a requirement for routine pest and vermin control; and
 - (C) a requirement for facility staff to conduct a weekly cleaning, safety, and maintenance inspection of all areas of the facility that are currently in use.
- (2) The housekeeping plan shall be accessible to facility staff.

Texas Administrative Code

(b) **Maintenance.**

The facility administrator shall be responsible for ensuring that the interior physical plant, exterior grounds, and all equipment are in proper repair and safely functioning including the following requirements:

- (1) repairs shall be made promptly to all furniture, fixtures, and equipment currently in use that are not in safe working order;
- (2) all surfaces in facility areas currently being used shall be regularly maintained and repaired if damaged and shall be reasonably free from graffiti and markings, excluding minor damage from reasonable and expected wear and tear from normal use; and
- (3) all exterior grounds currently used for programmatic purposes or accessed by staff, residents, or visitors shall be free from any health and safety hazards and shall be appropriately maintained to ensure safe use by residents, staff, and visitors.

(c) **Cleanliness.**

All areas of the facility where residents reside or participate in programming or services shall be clean, sanitary, and reasonably free from debris, rodents, insects, and strong, offensive, or foul odors.

§343.274. Resident Discipline Plan.

Effective Date: 6/1/16

- (a) Each facility shall develop and implement a written resident discipline plan that provides for the fair and consistent application of resident rules and sanctions.
- (b) The plan shall:
 - (1) categorize resident rule violations as minor violations and major violations and list the corresponding sanctions available for each violation. If the discipline plan allows for repeated minor rule violations to be considered a major rule violation, the discipline plan shall:
 - (A) specify how many minor rule violations constitute a major rule violation;
 - (B) define a repeated violation as one that occurs within the same calendar day as the first violation; and
 - (C) specify the sanctions available for repeated minor violations;
 - (2) require a referral to law enforcement for resident behaviors that constitute probable cause for a class B misdemeanor or above;
 - (3) prohibit the following:
 - (A) corporal punishment;
 - (B) humiliating punishment, including verbal harassment;
 - (C) allowing or directing one resident to sanction another resident;
 - (D) group punishment for the acts of individuals;
 - (E) deprivation or modification of required meals and snacks;
 - (F) deviation from normal food service procedures, except as allowed by §343.308 of this title;
 - (G) deprivation of clean and appropriate clothing;
 - (H) deprivation or intentional disruption of scheduled sleeping opportunities;
 - (I) deprivation or intentional delay of medical or mental health services;
 - (J) physical exercises imposed for compliance, intimidation, or discipline with the exception of practices allowed in §343.710 of this title; and

Texas Administrative Code

- (K) denial of the following as a disciplinary sanction:
 - (i) the right to visitation as specified in §343.352(b) of this title;
 - (ii) the right to send mail as specified in §343.360(a) and §343.364 of this title;
 - (iii) the right to receive mail;
 - (iv) the right to participate in large muscle exercise as specified in §343.498(b)(1) and §343.680(b)(1) of this title;
 - (v) the right to receive required educational programming; and
 - (vi) the right to participate in religious services or to receive religious counseling;
- (4) require written notice of an alleged major rule violation to be provided to the resident no more than 24 hours after the violation;
- (5) explain the process for conducting reviews of major rule violations and any ensuing appeals, as required by §§343.276, 343.280, and 343.282 of this title;
- (6) not deny or restrict a formal disciplinary review or appeal when one is requested by a resident with eligible standing; and
- (7) require an administrative review and closure of formal disciplinary reviews or appeals that are not resolved before the resident is released from the facility.
- (c) The resident discipline plan may also include an informal disciplinary review process to resolve rule violations. If used, the informal process shall include:
 - (1) guidelines that describe how residents and staff use the process to review and resolve resident concerns;
 - (2) a requirement for the staff member conducting the informal review to allow the resident to be heard before a decision is made to impose a sanction; and
 - (3) a prohibition on issuing a sanction to or retaliating against a resident who chooses to forego the informal disciplinary review process in favor of a formal disciplinary review.

§343.276. Formal Disciplinary Reviews for Major Rule Violations. Effective Date: 6/1/16

- (a) A resident shall receive a formal disciplinary review before disciplinary seclusion is imposed unless the review is waived in writing by the resident.
- (b) For sanctions other than disciplinary seclusion that result from a major rule violation, a formal disciplinary review shall be held if requested by the resident. Upon such a request, the review shall be held within five calendar days after the resident's request. Any delay beyond five calendar days must be supported by documented justification explaining why it was impossible, impractical, or inappropriate to hold the review within five calendar days.

§343.280. Formal Disciplinary Review Process. Effective Date: 6/1/16

The formal disciplinary review process shall include the following elements:

- (1) The review shall be held by one or more neutral and impartial persons who were not directly involved in the alleged rule violation or the imposed sanction.
- (2) All evidence shall be disclosed to the resident unless:
 - (A) a law enforcement officer or prosecuting authority requests the facility to withhold certain evidence; or
 - (B) the facility administrator documents that certain evidence may create a breach of facility security or compromise the safety of a resident or others.

Texas Administrative Code

- (3) The resident shall have the opportunity to be heard in person and to present evidence.
- (4) The resident shall have the opportunity to present relevant witnesses.
- (5) A staff member and/or translator shall be appointed to assist the resident if:
 - (A) the resident is illiterate, limited English proficient, or otherwise unable to understand the nature of the proceedings; or
 - (B) the resident requests assistance.
- (6) If the review determines that the resident did not commit a rule violation or that the sanction is not appropriate, facility staff shall:
 - (A) not impose the sanction; or
 - (B) if the sanction has already been imposed, restore or reinstate any denied or modified privileges or determine some form of appropriate relief, if available.
- (7) Once the review has been completed, the person(s) who held the review shall prepare a written statement indicating the evidence relied upon and the justification for the disposition. The statement shall be made available to the resident for review and a copy shall be retained in the resident's file.

§343.282. Resident Appeals.

Effective Date: 6/1/16

A resident may appeal the findings of a formal disciplinary review. The appeal process shall include the following elements.

- (1) The appeal shall be decided by one or more neutral and impartial persons who were not directly involved in the formal disciplinary review and not directly involved in the disciplinary process.
- (2) The resident shall be allowed to submit the request for an appeal within seven calendar days after a disposition is rendered in the formal disciplinary review.
- (3) The person(s) who decides the appeal shall prepare a written response to the resident's appeal that:
 - (A) indicates the evidence to be relied upon in making the appeal decision and the justification for the decision; and
 - (B) is completed within 10 calendar days after the date the resident requested the appeal. Any delay beyond 10 calendar days must be supported by documented justification explaining why it was impossible, impractical, or inappropriate to answer the appeal within ten calendar days.
- (4) If the appeal determines the resident did not commit the violation or that the sanction given was not appropriate, staff shall restore or reinstate any denied or modified privileges or determine some form of appropriate relief, if available.
- (5) The appeal response shall be made available to the resident for review and a copy shall be retained in the resident's file.

§343.284. Disciplinary Review Log.

Effective Date: 6/1/16

The facility shall maintain a log or other documentation that shows the names of the residents who have requested or received:

- (1) an informal disciplinary review;
- (2) a formal disciplinary review; and/or
- (3) an appeal of a formal disciplinary review.

Texas Administrative Code

§343.285. Disciplinary Seclusion.

Effective Date: 6/1/16

- (a) Disciplinary seclusion may be imposed only for a major rule violation proved in a formal disciplinary review.
- (b) Disciplinary seclusion shall not be issued to a resident with a known diagnosis of:
 - (1) a serious mental illness; or
 - (2) severe or profound intellectual disability.
- (c) A mental health provider shall be consulted before disciplinary seclusion is imposed if the resident has a current designation as moderate or high risk for suicide.
- (d) Disciplinary seclusion shall be limited to 48 hours in duration. The time a resident spends in disciplinary seclusion shall be counted from the time he/she is placed in disciplinary seclusion until the time he/she is formally released from disciplinary seclusion. The time shall be continuous and include program and non-program hours.
- (e) The formal disciplinary review and appeal process as detailed in §§343.276, 343.280, and 343.282 of this title shall apply to residents placed in disciplinary seclusion.
- (f) While a resident is in disciplinary seclusion, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes unless supervision requirements in §343.348 or §343.350 of this title apply.

§343.286. Room Restriction.

Effective Date: 6/1/16

- (a) The facility shall maintain documentation of the reason for each room restriction.
- (b) While a resident is in room restriction, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes unless supervision requirements in §343.348 or §343.350 of this title apply.
- (c) Room restriction assignments shall be in individual sleeping quarters or a room specifically designated for use in room restriction. If the room is not individual sleeping quarters, the room shall:
 - (1) be heated, cooled, and ventilated in accordance with §343.222 of this title;
 - (2) have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling; and
- (3) be equipped with a viewing window that allows staff to observe the resident.

§343.287. Resident-Initiated Separation.

Effective Date: 6/1/16

- (a) The facility shall maintain a written plan to address resident-initiated separation.
- (b) The plan shall include the following:
 - (1) a requirement to release the resident as soon as reasonably possible after the resident requests to be released, not to exceed 90 minutes after the resident's request;
 - (2) a requirement to document the time the resident requests to be released;
 - (3) a requirement for a staff review if the resident has not requested to be released within four hours; and
 - (4) procedures to address repeated resident-initiated separations by one resident, to include procedures for referral to a mental health provider when necessary.
- (c) The plan shall state which locations may be used for resident-initiated separation. If the plan allows for the use of a room other than individual resident sleeping quarters, the room shall:

Texas Administrative Code

- (1) be heated, cooled, and ventilated in accordance with §343.222 of this title;
 - (2) have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling; and
 - (3) be equipped with a viewing window that allows staff to observe the resident.
- (d) A juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes unless supervision requirements in §343.348 or §343.350 of this title apply.

§343.288. Safety-Based Seclusion.

Effective Date: 6/1/16

- (a) Safety-based seclusion may be used only when a reasonable belief exists, based on a resident's current behavior, that one or more of the following is true:
- (1) the resident is a serious and probable escape risk;
 - (2) the resident is a serious and probable physical danger to others and staff cannot protect them except by placing the resident in safety-based seclusion;
 - (3) confinement is necessary to prevent probable and substantial damage to property;
 - (4) confinement is necessary to control behavior that disrupts programming to the extent that the current program cannot continue except by placing the resident in safety-based seclusion; or
 - (5) the resident is likely to interfere with a pending or ongoing investigation or a requested or scheduled disciplinary review hearing.
- (b) A written report that describes the resident's precipitating behavior and identifies the staff's response shall be:
- (1) completed no later than the end of the shift on which the safety-based seclusion begins; and
 - (2) submitted immediately upon completion to the facility administrator for review.
- (c) A mental health provider shall be consulted before the end of the 24th hour of safety-based seclusion if the resident has a known diagnosis of a serious mental illness, a known diagnosis of severe or profound intellectual disability, and/or a current designation as high or moderate risk for suicide. If the seclusion occurs on a holiday or weekend and no mental health provider is available, the facility administrator or designee shall notify the mental health provider of the seclusion. The facility administrator or designee shall consult with the mental health provider as soon as possible after the notification.
- (d) While a resident is in safety-based seclusion, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes unless supervision requirements in §343.348 or §343.350 of this title apply.
- (e) At any time before or after a safety-based seclusion review, the seclusion shall be immediately discontinued if the facility administrator or designee determines seclusion is no longer warranted.
- (f) The time a resident spends in safety-based seclusion shall be counted from the time he/she is placed in safety-based seclusion until the time he/she is formally released from safety-based seclusion. The time shall be continuous and include program and non-program hours.
- (g) Prior to the 72nd hour of safety-based seclusion, the facility shall prepare a written reintegration plan and review the plan with the resident. The plan shall include specific behaviors required for release from safety-based seclusion.
- (h) If a resident poses an imminent threat to facility safety or security and services required in §343.274(b)(3)(K) of this title are temporarily restricted, the facility shall maintain documentation of each restriction and the justification.

§343.289. Safety-Based Seclusion Reviews.

Effective Date: 6/1/16

(a) Safety-Based Seclusion beyond Four Hours.

- (1) An initial safety-based seclusion review shall be held no later than four hours after a resident is placed in safety-based seclusion. If the fourth hour of seclusion occurs during non-program hours, the review shall be held no later than two hours after the start of the ensuing day's program schedule.
- (2) The initial safety-based seclusion review shall be held by the facility administrator or designee.
- (3) The initial safety-based seclusion review shall determine whether the alleged behavior meets criteria for safety-based seclusion as established in §343.288 of this title and whether continued seclusion is appropriate.
 - (A) If the review results in a finding that the alleged behavior does not meet criteria for placement in safety-based seclusion or that continued seclusion is not appropriate, the seclusion shall be immediately discontinued.
 - (B) If safety-based seclusion is continued, documentation shall be maintained that shows the resident was notified of the reason for continued seclusion.

(b) Safety-Based Seclusion beyond 24 Hours.

A safety-based seclusion review is required before the end of each 24-hour period of seclusion. If the 24th hour of seclusion occurs during non-program hours, the review shall be conducted no later than two hours after the start of the ensuing day's program schedule.

- (1) The review shall be held by a staff member who was not directly involved in the decision to place the resident in seclusion. The resident shall be present for the review.
- (2) The review shall determine if continued seclusion is warranted. Seclusion shall not be continued unless:
 - (A) there is a reasonable belief that the resident continues to meet criteria in §343.288(a) of this title; and
 - (B) the facility administrator approves the continued seclusion.
- (3) Documentation of each review shall be retained in the resident's file.

(c) Safety-Based Seclusion beyond Five Days.

- (1) A resident shall not be secluded beyond five consecutive calendar days unless:
 - (A) the chief administrative officer or administrative designee determines the resident continues to meet criteria in 343.288(a) of this title; and
 - (B) the placing agency, if different from the agency operating the facility, is notified of the resident's status.
- (2) The finding and notice requirements in paragraph (1) of this subsection apply to every 24-hour period beyond five calendar days.

§343.290. Protective Isolation.

Effective Date: 6/1/16

- (a) Protective isolation may be used as a last resort only when:
 - (1) a resident is physically threatened by a resident or a group of residents;
 - (2) less restrictive measures are inadequate to keep the resident safe; and
 - (3) the decision is approved in writing by the facility administrator.

Texas Administrative Code

- (b) Protective isolation may be used only until alternative means for keeping the resident safe can be arranged.
- (c) While a resident is in protective isolation, a juvenile supervision officer shall observe and record the resident's behavior at random intervals not to exceed 15 minutes, unless supervision requirements in §343.348 or §343.350 of this title apply.
- (d) If the protective isolation of a resident exceeds 24 hours, the facility administrator shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. If continued protective isolation is approved, the facility administrator shall ensure that the review document includes a plan to ensure the isolated resident is provided all required program services during the period of protective isolation.
- (e) Documentation that identifies the threat faced by the resident shall be placed in the resident's file.

§343.294. Separation Status Log.

Effective Date: 6/1/16

The facility shall maintain a log or other documentation that shows, in chronological order by date, the following information any time a resident is placed in disciplinary seclusion, safety-based seclusion, room restriction, resident-initiated separation, protective isolation, medical isolation, or assessment isolation:

- (1) resident's name;
- (2) type of separation;
- (3) date and time the separation began; and
- (4) date and time the separation ended.

§343.300. Nutritional Requirements.

Effective Date: 1/1/15

Meals shall contain a variety of foods and meet the dietary requirements of the United States Department of Agriculture.

§343.302. Menu Plans.

Effective Date: 1/1/15

- (a) The facility shall develop and follow daily, written menu plans. The menu plans shall incorporate all daily meals and snacks provided to residents.
- (b) Menu plans shall be reviewed and approved at least once each year, no later than the last day of the calendar month of the previous year's approval. The review and approval shall be conducted by a licensed or provisionally licensed dietician to ensure that the menu plans meet or exceed the requirements of the United States Department of Agriculture.
- (c) All deviations from the menu plan shall be documented.

§343.306. Modified Diets.

Effective Date: 1/1/15

- (a) Modified diets shall be provided upon the direction of a health care professional.
- (b) When a resident's religious beliefs require adherence to religious dietary laws, the facility shall make a reasonable and equitable effort to provide a modified diet, within the limitations of resources and the facility's need for safety, security, health, and order.
- (c) Religious diets shall be documented in the resident's record.

Texas Administrative Code

§343.308. Mealtime Prohibitions.

Effective Date: 6/1/16

- (a) Residents shall not eat meals in their rooms unless:
 - (1) the resident is in disciplinary seclusion, safety-based seclusion, resident-initiated separation, room restriction, medical isolation, or assessment isolation; or
 - (2) it is necessary for facility safety and security (e.g., during a riot).
- (b) When a resident is required to eat meals in his or her room:
 - (1) the resident shall be served meals that meet the same nutritional guidelines as meals served in the cafeteria, unless the resident is being served a medical or religious diet; and
 - (2) meals shall be served following normal food service procedures, unless the resident poses a documented safety risk to himself/herself or others.

§343.310. Staff Meals.

Effective Date: 1/1/15

If facility staff members eat in the presence of residents, the staff members shall eat the same meal served to the residents unless a special diet has been ordered by a health care professional or a staff member's religious beliefs require a different meal.

§343.312. Daily Meal Schedule.

Effective Date: 1/1/15

- (a) Three meals shall be provided daily to each resident in the facility.
- (b) At least two of the meals shall be hot.
- (c) No more than 14 hours may elapse between the evening meal and breakfast unless a snack is provided.
- (d) Residents shall be allowed no less than ten minutes to eat once they have received their meal.

§343.314. On-Site Food Preparation.

Effective Date: 1/1/15

- (a) A facility that prepares food on site shall maintain a valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services (DSHS), unless one of the exceptions in subsection (b) or (c) of this section applies.
- (b) A privately operated facility that is located in an area regulated by DSHS shall obtain a permit through the Food and Drug Group of DSHS and shall renew the permit on an annual basis.
- (c) A county-operated facility that is located in an area without a local health department is exempt from the permit requirement in subsection (a) of this section. However, the facility shall maintain a current inspection by the Public Health Sanitation Group of DSHS.

§343.316. Off-Site Food Preparation.

Effective Date: 1/1/15

- (a) A facility that regularly receives food from an off-site source shall maintain a copy of the source's valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services. The transfer of such food to the facility shall be conducted in a manner to prevent contamination or adulteration.
- (b) If the facility receives food from an off-site source on a special occasion, the facility is not required to maintain a copy of any required permits or licenses for the additional off-site source.

Texas Administrative Code

§343.320. Health Service Authority.

Effective Date: 1/1/15

- (a) The facility shall have a designated health service authority responsible for the development and implementation of a health care system within the facility. The designation shall be in writing.
- (b) The health service authority shall be a physician, physician assistant, registered nurse, nurse practitioner, health administrator, or a medical entity.
- (c) When a medical entity is designated as the health service authority, an individual shall be identified as the primary point of contact.

§343.322. Health Service Plan.

Effective Date: 1/1/15

- (a) The facility shall have and implement a written health service plan developed in consultation with the health service authority. The health service plan shall establish the facility's health care delivery system and detail the protocols for the delivery of medical, mental health, and dental services for all residents. The plan shall include:
 - (1) procedures for conducting health screenings and health assessments;
 - (2) procedures for the referral of residents in need of medical attention, either self-reported or identified by staff, for medical, mental health, and dental services;
 - (3) procedures for emergency health care services;
 - (4) procedures to ensure continuity of care in accordance with the instructions of the medical provider including the delivery of treatment, medication, referrals, follow up, and medically modified diets;
 - (5) procedures relating to informed consent as required by Texas Family Code Chapter 32 for medical, dental, psychological, and surgical treatment; immunizations; and counseling services;
 - (6) procedures relating to procurement, distribution, dispensing, disposal, and accounting of prescription and over-the-counter medication;
 - (7) procedures for performing all examinations, treatments, and other procedures in a confidential setting consistent with facility operations and security;
 - (8) procedures for off-premises transportation and evacuation of residents with medical restrictions;
 - (9) procedures for identification and control of communicable diseases;
 - (10) procedures for staff education and training relating to the facility's health care delivery system;
 - (11) procedures relating to first aid kit contents, location, and periodic inspections; and
 - (12) procedures for pregnant residents to receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care. These procedures shall also include procedures for the safe and appropriate restraint (both physical and mechanical) of pregnant residents.
- (b) The health service plan shall be reviewed at least once every 24 months in consultation with the health service authority.

Texas Administrative Code

§343.324. Health Services Coordinator.

Effective Date: 1/1/15

- (a) The facility shall have a designated health services coordinator on staff or on contract to coordinate health care delivery in the facility. Designation of the health services coordinator shall be in writing.
- (b) If the health services coordinator is not a health care professional, the health services coordinator shall receive special training in health care and health care service delivery topics relevant to detention and correctional facilities and be familiar with local health care providers and facilities. The facility shall work in conjunction with the health service authority to determine the topics of this specialized training.

§343.326. Medical Referral.

Effective Date: 1/1/10

If a staff member observes any resident to be in need of medical attention or if a resident requests medical attention, the resident shall be referred for medical services. The resident may not be denied access to health care if the resident will only disclose the condition or reason for the treatment request to a health care professional.

§343.328. Consent for Medical Treatment.

Effective Date: 1/1/15

- (a) Consent for medical treatment shall be secured in accordance with Chapter 32 of the Texas Family Code.
- (b) Documentation of consent for medical treatment received shall be maintained in the resident's file.

§343.330. Medical Treatment for Victims of Abuse.

Effective Date: 1/1/15

- (a) Testing for sexually transmitted diseases, including HIV/AIDS, shall be made available to a resident who is found in an internal investigation or TJJD investigation to have been abused, neglected, or exploited in a manner by which any physical injuries may have occurred or any sexually transmitted disease may have been contracted. The testing services and any subsequent medical treatment services shall be at no cost to the resident or the resident's family.
- (b) Determinations as to what testing and treatment services are medically necessary and appropriate shall be made by a health care professional or in direct consultation with a health care professional.

§343.332. Behavioral Health Care Services for Sexual Abuse Victims.

Effective Date: 1/1/15

- (a) A mental health provider shall assess any resident who, at the conclusion of an internal investigation or TJJD investigation of abuse, neglect, or exploitation that occurred in the facility, is found to have been the victim of a sexual assault. The mental health provider shall assess the need for crisis intervention counseling and any subsequent long-term, follow-up, or counseling services. The assessment and any subsequent counseling services shall be at no cost to the resident or the resident's family.
- (b) Determinations as to what assessment and counseling services are necessary and appropriate shall be made by a mental health provider or in direct consultation with a mental health provider.

§343.334. Confidentiality.

Effective Date: 1/1/10

- (a) All medical and mental health screenings and assessments shall be conducted in a confidential setting consistent with facility operations and security.
- (b) All interactions between a resident and a health care professional that involve treatment or an exchange of confidential medical information shall be conducted in private. The facility's policies and procedures may authorize a juvenile supervision officer to be present in the following situations:

Texas Administrative Code

- (1) if the resident poses a substantial risk to the safety of the health care professional or others;
- (2) if the facility has a written policy requiring the presence of a juvenile supervision officer during medical treatment;
- (3) if the health care professional or resident requests the presence of a juvenile supervision officer during the treatment; or
- (4) if the circumstances or situation indicate the presence of a juvenile supervision officer is necessary and prudent.

§343.336. Medication Administration.

Effective Date: 1/1/15

- (a) No stimulant, tranquilizer, or psychotropic drug shall be administered to residents without an order from a physician, physician assistant, dentist, or nurse practitioner.
- (b) The governing board of the facility shall adopt a policy concerning the administration of medication to residents. The policy shall include:
 - (1) a listing of which facility personnel are authorized to administer medication to residents;
 - (2) a requirement that, for any medication brought into the facility by the resident's parent, guardian, or custodian:
 - (A) the facility administrator shall have a written request from the parent, guardian, or custodian to administer the medication; and
 - (B) the medication shall be in the original, properly labeled container;
 - (3) a requirement that all medication prescribed to the resident during the resident's stay is administered; and
 - (4) a requirement to document each administration of medication.
- (c) Only staff who have had appropriate training in the administration of medication shall administer non-prescription medication (i.e., over-the-counter medication). The medication shall be administered according to the product instructions unless:
 - (1) the health services coordinator instructs otherwise;
 - (2) the health services coordinator is a health care professional; and
 - (3) the deviation from the product's instructions and the reason for it are documented.

§343.338. Medical Isolation.

Effective Date: 1/1/15

Medical isolation may be authorized as a health precaution at the direction of a health care professional or the facility administrator.

- (1) The reasons for the medical isolation of a resident shall be documented and a copy placed in the resident's file.
- (2) A resident who has been placed on medical isolation by a facility administrator shall be seen by a health care professional within 12 hours after the start of the isolation. Upon completion of the health care professional's evaluation, the facility shall obtain from the health care professional a written recommendation as to the need for the resident's continued medical isolation and need for ongoing treatment services.
- (3) During medical isolation, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.

Texas Administrative Code

§343.340. Suicide Prevention Plan.

Effective Date: 1/1/15

- (a) The facility shall implement a written suicide prevention plan, developed in consultation with a mental health provider. Consultation with the mental health provider shall be verified on documentation containing:
 - (1) the date;
 - (2) the provider's name, title, and professional credentials/licensing designation (e.g., LPC, LMSW, etc.); and
 - (3) the provider's signature or other means of verifying the provider's identity (e.g., email from the provider's email account).
- (b) The suicide prevention plan shall include:
 - (1) definitions of moderate and high risk for suicidal behavior;
 - (2) a listing of the facility-specific criteria associated with each of the two risk classifications and the identification of staff with the authority and responsibility for assigning or determining a resident's risk classification;
 - (3) identification of the suicide screening instrument to be used and the personnel responsible for conducting the screening;
 - (4) policies and procedures for suicide screening, including:
 - (A) conducting a screening within two hours after a resident's admission into the facility;
 - (B) conducting suicide screenings upon any indication a resident previously screened may now be at moderate or high risk for suicidal behavior or at other times during a resident's stay;
 - (C) assessing risk when a resident refuses or is unable to cooperate with the screening process; and
 - (D) using information from the screening to determine a resident's risk for suicidal behavior;
 - (5) policies and procedures for written and/or verbal communication among facility staff; mental health providers; the resident's juvenile probation officer; the resident; and the resident's parent, legal guardian, or custodian, including:
 - (A) communication about staff concerns that a resident previously screened may now be at moderate or high risk for suicidal behavior;
 - (B) communication about a resident's past or current classification as moderate or high risk for suicidal behavior;
 - (C) procedures for referring residents classified as moderate or high risk for suicidal behavior to a mental health provider as required by §343.346 of this title; and
 - (D) identification of which types of information must be communicated, who is responsible to initiate the communication, who is required to receive the information, and how the information is communicated (e.g., direct contact, telephone, email, etc.);
 - (6) level of supervision for residents assigned to moderate or high risk for suicidal behavior;
 - (7) policies and procedures for intervening in suicide attempts, including:
 - (A) staff responsibilities for administering first aid, contacting outside emergency medical services, and notifying other staff for assistance;
 - (B) the process by which emergency medical services personnel will gain access to the facility and how they be guided to the resident;
 - (C) identification and location of life-saving and emergency equipment (e.g., first aid kit, mask resuscitator, rescue tools, ladder, etc.) that is available for staff to use; and

Texas Administrative Code

- (D) identification of personnel responsible for maintaining, issuing, and using the life-saving and emergency equipment;
- (8) reporting of resident suicides and attempted suicides, in accordance with any applicable state law, administrative rule, or local policy or ordinance, including:
 - (A) reporting a resident's death to local law enforcement and TJJD as required by §358.600 of this title;
 - (B) reporting the death of an incarcerated resident to the Texas Attorney General's office as required by §358.640 of this title and Texas Code of Criminal Procedure Article 49.18(b); and
 - (C) reporting a resident's attempted suicide to TJJD as required by §358.300 of this title;
- (9) policies and procedures for training all juvenile supervision officers on the contents and implementation of the suicide prevention plan, including:
 - (A) identification of the training topics and curriculum; and
 - (B) a timeline for the initial training and any follow-up training;
- (10) housing of residents classified as moderate or high risk for suicidal behavior, including removal of any dangerous objects such as clothing and bedding items from the resident; and
- (11) policies and procedures for conducting mortality reviews for suicides, including:
 - (A) identification of the person or position that is responsible for leading the mortality review and identification of any other review team members;
 - (B) identification of how the findings and recommendations will be recorded and relayed to the facility's governing board;
 - (C) a requirement that the mortality review shall be:
 - (i) designed to review the specific circumstances that occurred before, during, and after the suicide to determine if there is a need for modifications to policies, procedures, or the physical plant; and
 - (ii) separate and distinct from any and all formal investigations such as investigations conducted by the facility, law enforcement, or TJJD.

§343.342. Review and Dissemination of Suicide Prevention Plan.

Effective Date: 1/1/15

- (a) The suicide prevention plan shall be reviewed in consultation with a mental health provider at least once each year, no later than the last day of the calendar month of the previous year's review. Consultation with the mental health provider shall be verified on documentation that includes:
 - (1) the date;
 - (2) the provider's name, title, and professional credentials/licensing designation (e.g., LPC, LMSW, etc.); and
 - (3) the provider's signature or other means of verifying the provider's identity (e.g., email from the provider's email account).
- (b) The suicide prevention plan shall be made available to all facility staff involved in implementing the plan.

§343.346. Mental Health Referral of High-Risk Suicidal Youth.

Effective Date: 1/1/15

- (a) The facility shall refer a resident classified as high risk for suicidal behavior to a mental health provider or mental health agency within 24 hours after the classification is assigned.
- (b) The facility shall maintain documentation that the referral was made. The documentation shall include:

Texas Administrative Code

- (1) the name and title of the person who notified the mental health provider;
- (2) the name and title of the mental health provider or name of the mental health agency notified;
- (3) the date and time of the notification;
- (4) the method of notification; and
- (5) a brief description of the response provided by the mental health provider or a responsive document from the mental health provider.

§343.348. Supervision of High-Risk Suicidal Youth.

Effective Date: 1/1/15

- (a) For residents classified as high risk for suicidal behavior, during non-program hours or any time a resident is separated from other residents, the following supervision requirements shall apply unless an exception in §343.446 and §343.638 of this title applies:
 - (1) the resident shall be under the continuous, uninterrupted visual supervision of a juvenile supervision officer;
 - (2) the juvenile supervision officer shall document his or her personal observations of the resident at intervals not to exceed 30 minutes; and
 - (3) if the juvenile supervision officer is providing the continuous, uninterrupted visual supervision from within a control room, the officer shall not simultaneously be responsible for the operation of the control room.
- (b) The following documentation shall be maintained for residents classified as high risk for suicidal behavior:
 - (1) the date and time the resident was classified as high risk;
 - (2) name and title of the person who classified the resident as high risk;
 - (3) a description of the resident's behavior and/or factors that led up to the resident's classification as high risk;
 - (4) the name of each juvenile supervision officer providing supervision of the resident and the times during which each officer provided supervision;
 - (5) the location of the resident's supervision;
 - (6) the name and title of the qualified mental health professional, mental health provider, or physician who recommended reclassification of the resident to a lower risk level; and
 - (7) the date and time the resident was reclassified.
- (c) Reclassification of a high-risk resident to a lower risk level shall not occur without a recommendation from a qualified mental health professional, mental health provider, or licensed physician.
 - (1) Prior to recommending reclassification, a qualified mental health professional, mental health provider, or licensed physician shall review the resident's current suicide risk and issue a written recommendation that addresses the following:
 - (A) the need to reclassify the resident's suicide risk level;
 - (B) the need for intervention strategies and/or services during the resident's stay at the facility; and
 - (C) the need for additional assessment, screening, or evaluation.
 - (2) The written recommendation of the qualified mental health professional, mental health provider, or licensed physician shall be maintained in the resident's record.

Texas Administrative Code

- (3) The facility administrator or designee shall review the written recommendation of the qualified mental health professional, mental health provider, or licensed physician prior to reclassifying a high-risk resident to a lower risk level.
- (4) Only the facility administrator or designee shall authorize the reclassification of a high-risk resident to a lower risk level.

§343.350. Supervision of Moderate-Risk Suicidal Youth.

Effective Date: 1/1/15

- (a) Any time a resident classified as moderate risk for suicidal behavior and is not in the constant physical presence of a juvenile supervision officer, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed ten minutes, unless an exception in §343.446 and §343.638 of this title applies. If the juvenile supervision officer is making the observations from within a control room, the officer shall not simultaneously be responsible for the operation of the control room.
- (b) The following documentation shall be maintained for residents classified as moderate risk for suicidal behavior:
 - (1) the date and time the resident was classified as moderate risk;
 - (2) the location of the resident's supervision;
 - (3) the name of the juvenile supervision officer providing supervision of the resident;
 - (4) each visual observation made and the time of the observation; and
 - (5) a general description of the resident's behavior.
- (c) Only the facility administrator or designee shall authorize the reclassification of a moderate-risk resident to a higher or lower risk level.
- (d) Documentation of the reclassification shall be maintained in the resident's record.

§343.351. Suicidal Youth Log.

Effective Date: 1/1/15

- (a) The facility shall maintain a log for all residents classified as moderate or high risk for suicidal behavior. The log shall show, in chronological order by date, the following information:
 - (1) name of the resident;
 - (2) date and time the resident was classified as moderate or high risk for suicidal behavior; and
 - (3) date and time the resident was removed from classification as moderate or high risk for suicidal behavior.
- (b) The log is not required to show reclassifications between high risk and moderate risk status.

§343.352. Visitation.

Effective Date: 1/1/15

- (a) Residents have the right to receive visitors and to communicate subject only to the limitations authorized in §343.354 of this title.
- (b) Residents shall be allowed visitation by a parent, legal guardian, or custodian at least once every seven calendar days for at least thirty minutes or the equivalent over multiple visits.
- (c) The parent, legal guardian, or custodian of the resident shall be notified of the visitation schedule.
- (d) A registry of all visitors shall be maintained. The registry shall document:
 - (1) each visitor's name and relationship to the resident; and
 - (2) the date and time of each visit.

Texas Administrative Code

§343.354. Limitations on Visitation.

Effective Date: 1/1/15

- (a) The policies, procedures, and practices of the facility may deny a resident's visitation rights listed in §343.352(b) of this title only to the extent required to maintain control and security of the facility.
- (b) A resident's visitation rights listed in §343.352(b) of this title shall not be denied as a disciplinary sanction.
- (c) The facility administrator or designee shall provide documentation justifying any denial of a resident's visitation rights.

§343.356. Access to Attorney.

Effective Date: 1/1/15

- (a) Residents shall be permitted reasonable access to confidential contact with their attorneys and designated representatives of their attorneys through telephone, uncensored letters, and personal visits.
- (b) Residents shall not be within the audible range of facility staff or other residents but may be within visual observation of facility staff when making telephone calls or visiting with the residents' attorneys or their attorneys' designated representatives.

§343.358. Telephone.

Effective Date: 1/1/15

- (a) A resident shall be provided the opportunity for at least one five-minute phone call every seven calendar days. The facility shall maintain documentation detailing phone call opportunities provided to residents.
- (b) A resident's right to telephone usage listed in subsection (a) of this section shall not be restricted as a disciplinary sanction.
- (c) Any restrictions placed on a resident's telephone usage shall be documented and the documentation shall be maintained in the resident's record.
- (d) The facility shall have written policies and procedures regarding the rules for reasonable and fair telephone access by residents.
- (e) The parent, legal guardian, or custodian of the resident shall be notified of the facility's policy regarding telephone usage.

§343.360. Mail.

Effective Date: 1/1/15

- (a) Residents shall be provided access to writing materials and postage for no fewer than two letters every seven calendar days.
- (b) When a resident is released or transferred from the facility, the resident's mail shall be forwarded to his or her new address or returned to the sender.
- (c) Money received in the mail shall be held for the resident in his or her personal property inventory, with a receipt provided, or returned to the sender.

§343.362. Limitations on Mail.

Effective Date: 1/1/15

- (a) A resident's rights to privacy and correspondence may not be limited except when:
 - (1) a reasonable belief exists that the correspondence is part of an attempt to formulate, devise, or otherwise effectuate a plan to escape from the facility or to violate state or federal laws. If a reasonable belief exists, facility staff shall:
 - (A) ask the resident's permission to read the letter;

Texas Administrative Code

- (B) if permission is denied, request a search warrant prior to opening and reading the letter; and
 - (C) if a search warrant request is denied, the correspondence shall be provided to the resident; or
- (2) correspondence with certain individuals is specifically forbidden by:
- (A) the resident's juvenile-court-ordered rules of probation or parole;
 - (B) the facility's policies, procedures, and practices that restrict and/or limit residents' correspondence with:
 - (i) other facility residents;
 - (ii) witnesses or parties in law enforcement investigations or investigations before the court;
 - (iii) participants in pending or active court proceedings; and/or
 - (iv) victims attached to related juvenile or criminal referrals, investigations, or related proceedings; or
 - (C) a specific list of individuals furnished by a resident's parent, legal guardian, or custodian.
- (b) Incoming correspondence described in subsection (a)(2) of this section shall be returned unopened to the sender.
- (c) When mail is withheld from a resident, the reasons shall be documented and a copy shall be maintained in the resident's file.

§343.364. Legal Correspondence.

Effective Date: 1/1/15

Residents shall be furnished adequate postage for legal correspondence during their stay in the facility.

§343.366. Inspection of Mail.

Effective Date: 1/1/10

Mail may be opened by staff only in the presence of the resident with inspection limited to searching for contraband.

§343.368. Illegal Discrimination.

Effective Date: 1/1/10

Residents shall not be subjected to discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or disability.

§343.370. Prohibited Supervision.

Effective Date: 1/1/10

Residents shall not be subjected to supervision and control by other residents.

§343.372. Work by Residents.

Effective Date: 1/1/15

- (a) Residents may be required to perform the following types of work without monetary compensation:
- (1) assignments that are part of a formal vocational training curriculum;
 - (2) tasks performed as a community service pursuant to a juvenile court order; and
 - (3) routine housekeeping chores that are shared by all youth in the facility, including general facility maintenance.

Texas Administrative Code

- (b) Residents shall not be permitted to perform any work prohibited by state or federal regulations pertaining to child labor.
- (c) Repetitive, purposeless, or degrading make-work is prohibited.
- (d) A resident's work assignments shall be excused or temporarily suspended if medically contraindicated.
- (e) Residents shall be provided with the necessary supervision, tools, cleaning implements, and clothing to safely and effectively complete their assignments.
- (f) Residents shall not perform personal services for staff, contractors, or volunteers.

§343.374. Experimentation and Research Studies.

Effective Date: 1/1/15

(a) **Experimentation.**

Participation by residents in medical, psychological, pharmaceutical, or cosmetic experiments is prohibited.

(b) **Research Studies.**

- (1) Participation by residents in medical, psychological, pharmaceutical, or cosmetic research is prohibited unless:
 - (A) the research study is approved in writing by the juvenile board or its designee; and
 - (B) the juvenile board has adopted policies that:
 - (i) govern all authorized research studies;
 - (ii) prohibit studies that include medically invasive procedures; and
 - (iii) adhere to all federal requirements governing human subjects and confidentiality.
- (2) If the juvenile board authorizes a board member or staff member to approve research studies on behalf of the board, the authorization shall be in writing.
- (3) Approved research studies shall adhere to all applicable policies of the authorizing juvenile board.
- (4) Research studies approved by the juvenile board shall be reported to TJJD before the study begins in a format prescribed by TJJD.
- (5) The results of the study shall be made available to TJJD upon completion of the study.

§343.376. Resident Grievance Process.

Effective Date: 1/1/15

- (a) Written policies, procedures, and actual practices shall demonstrate that there is a formal grievance process to address residents' complaints about their treatment and facility services.
- (b) The formalized grievance process shall include the following policy, procedural, and practice elements:
 - (1) Staff members shall not deny a resident the opportunity to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility.
 - (2) Residents shall have full access to the grievance process, including forms and methods of submission. If the resident cannot read or otherwise understand the grievance process, a staff member or translator shall read and explain the process to the resident.
 - (3) A written response and resolution shall be provided to the resident no later than:
 - (A) 10 calendar days after the date the grievance is received by pre-adjudication staff; or
 - (B) 30 calendar days after the date the grievance is received by post-adjudication staff.

Texas Administrative Code

- (4) Documentation of the resident's acknowledgment of the resolution shall be maintained.
- (5) Grievances shall be confidential, with access limited to those involved in providing responses and administrative review. Retaliation against residents for filing a grievance shall be prohibited.
- (6) At least one grievance officer shall be designated in writing.
- (7) Residents shall be provided at least one level of appeal to a supervisory-level or above staff person or to an administrative-level appeals board or panel. A supervisory-level staff person who provided the initial response or who is named in the grievance shall not provide the appeal response.
- (8) Residents shall have the ability to participate in the resolution of a grievance, including the use of an intermediary and the ability to request witnesses.
- (9) A supervisory-level or above staff person shall conduct periodic formal reviews of the grievance process and dispositions and maintain documentation of this review.
- (10) The facility shall maintain a tracking system and grievance log that documents:
 - (A) each grievance submitted;
 - (B) the grievance disposition;
 - (C) whether the grievance was appealed; and
 - (D) the appeal disposition, if applicable.
- (11) The facility administrator or designee shall review any unresolved grievances submitted by residents who have been released to determine if any action is needed.

§343.378. Grievance Appeals.

Effective Date: 1/1/15

A written resolution to all grievance appeals shall be provided to the resident no later than:

- (1) 10 calendar days after the date the appeal is received by pre-adjudication staff; or
- (2) 30 calendar days after the date the appeal is received by post-adjudication staff.

§343.380. Grievance Officer.

Effective Date: 1/1/15

The duties of a grievance officer or designee shall include:

- (1) maintaining a current grievance log;
- (2) collecting grievances seven days per week;
- (3) responding to the resident after receiving the grievance;
- (4) providing a written resolution to the resident; and
- (5) forwarding all appeals to the administrative staff responsible for determining appeals.

§343.382 Grievance Documentation.

Effective Date: 1/1/15

Documentation of the grievance shall contain the following elements:

- (1) name of the resident;
- (2) housing unit or cell;
- (3) date of the grievance;
- (4) grievance tracking identification;

Texas Administrative Code

- (5) nature or description of the grievance;
- (6) date and time of receipt;
- (7) name and title of the person receiving the grievance;
- (8) response or resolution to the grievance;
- (9) date and time of the response;
- (10) name and title of the person responding to the grievance; and
- (11) space for a written request to appeal the grievance response.

§343.384. Religious Services.

Effective Date: 1/1/15

- (a) Residents shall not be required to participate in religious services or religious counseling.
- (b) Residents who decline to participate in religious services or religious counseling:
 - (1) shall not be subjected to disciplinary sanctions; and
 - (2) shall be:
 - (A) offered alternate programming or activities during religious services; or
 - (B) allowed to remain in their rooms or cells during religious services.

§343.386. Volunteers and Interns.

Effective Date: 1/1/15

- (a) Facilities using a volunteer or internship program shall have written policies and procedures that include:
 - (1) the purposes and goals of the program;
 - (2) a description of the scope, responsibilities, and limited authority of volunteers and interns who work with the department;
 - (3) the selection and termination criteria, including disqualification based on specified criminal history;
 - (4) a prohibition on having unsupervised contact with residents for volunteers and interns whose criminal history does not meet the requirements in Chapter 344 of this title;
 - (5) the orientation and training requirements, including training on recognizing and reporting abuse, neglect, and exploitation;
 - (6) a requirement that volunteers and interns meet minimum professional requirements if applicable; and
 - (7) a requirement to maintain a sign-in log that documents the name of the volunteer/intern, the purpose of the visit, the date of the service, and the beginning and ending time of the service performed for the facility.
- (b) The requirements in subsection (a) of this section do not apply to an individual who performs volunteer services once a year and has only supervised contact with residents.

Texas Administrative Code

Subchapter C

Secure Pre-Adjudication Detention Facility Standards

§343.400. Intake and Admission.

Effective Date: 1/1/15

- (a) An intake officer or other person authorized by the juvenile board shall be on duty at the facility or on call 24 hours per day and shall perform the duties and responsibilities associated with determining whether the juvenile should be detained or released as required by Texas Family Code §53.01.
- (b) Each facility shall have written policies and procedures addressing the admission of juveniles who are in need of emergency medical care due to injury, illness, or intoxication or who are in need of emergency mental health intervention.
 - (1) Anyone presented for admission into detention who is in need of emergency medical care due to injury, illness, or intoxication, or who is in need of emergency mental health intervention shall not be admitted into detention.
 - (2) The referring person shall be directed to a health care facility to have the individual evaluated and treated.
 - (3) Subsequent admission into detention is contingent upon written medical clearance from a health care provider or mental health provider.
- (c) Each facility shall have written policies and procedures addressing intoxicated or chemically impaired juveniles being admitted into detention and their need for specialized supervision.
- (d) A juvenile who has been taken into custody by law enforcement and presented for detention at a secure pre-adjudication detention facility shall:
 - (1) be supervised at all times by the law enforcement officer who presented the juvenile for detention or by appropriate facility staff (e.g., intake officer, juvenile supervision officer, etc.) until an admission decision is made; and
 - (2) be:
 - (A) admitted into detention as soon as possible but no later than six hours from the time of entry; or
 - (B) released to a responsible party no later than six hours from the time of entry.
- (e) The supervision requirement in subsection (d)(1) of this section may take place from behind an architectural barrier (e.g., glass observation window, screened window, partial wall, etc.) as long as the barrier allows for a complete and unobstructed view of the area where the resident is being held. Restroom areas within the facility are exempt from this requirement.

§343.402. Assessment Isolation.

Effective Date: 1/1/15

- (a) Residents shall be assigned to the general program as soon as possible after admittance into the facility.
- (b) Assessment isolation shall:
 - (1) be used only after admission to the facility;
 - (2) be used only for the purpose of assessing the risks and needs of the resident; and
 - (3) not exceed 24 hours.
- (c) The facility's policies and procedures shall prohibit the automatic isolation of residents.

Texas Administrative Code

- (d) If a resident is confined in his or her room at admission for assessment purposes, juvenile supervision officers shall document the assessment of the resident during this 24-hour period and retain this documentation in the resident's file.
- (e) A juvenile supervision officer shall personally observe and record the behavior of a resident during the assessment period at random intervals not to exceed 15 minutes, unless supervision requirements in §343.348 or §343.350 of this title apply.

§343.404. Mental Health Screening and Referral.

Effective Date: 1/1/15

(a) Requirement to Conduct a Mental Health Screening.

- (1) Within 48 hours after a resident's admission, the facility shall:
 - (A) administer a mental health screening instrument approved by TJJD; or
 - (B) provide a clinical assessment conducted by a mental health provider.
- (2) The requirement in paragraph (1) of this subsection applies to residents who are released from detention before the 48-hour time limit.
- (3) Notwithstanding the 48-hour time limit in paragraph (1) of this subsection, the mental health screening instrument shall be administered within two hours after a resident's admission if the facility uses the mental health screening instrument to satisfy the suicide screening requirement in §343.340 of this title.

(b) Positive Screening and Mental Health Referral.

A resident who receives a positive screening on the mental health screening instrument shall be administered a secondary screening or be referred to a mental health provider or qualified mental health professional.

(1) Secondary Screening.

If the resident is administered a secondary screening, the secondary screening shall be administered immediately.

- (A) If the secondary screening confirms the positive screening and that mental health intervention is warranted, a referral shall be made to a mental health provider or licensed physician within 48 hours.
- (B) If the secondary screening indicates the initial positive screening was false, no further mental health intervention is required.

(2) Referral to a Mental Health Provider or Qualified Mental Health Professional.

If the resident is referred to a mental health provider or qualified mental health professional in lieu of conducting a secondary screening, the referral for consultation shall be made by the end of the following workday.

- (A) The facility shall maintain documentation of the consultation in the resident's file.
- (B) If the mental health provider or qualified mental health professional recommends that further mental health intervention is needed, the resident must be referred to a mental health provider or a licensed physician within 48 hours after the recommendation.

(c) Documentation.

- (1) The date, time, and name of the person who administered the mental health screening instrument shall be clearly and legibly documented on the completed instrument.
- (2) Documentation of any referrals, completed assessments, and evaluations, including dates and times, shall be retained in the juvenile's file and forwarded to the supervising juvenile probation officer. If the juvenile has a positive screening but is released before the secondary screening or mental health consultation is completed and no further juvenile justice intervention is required, documentation relating to the positive screening shall also be forwarded to the juvenile's parent, legal guardian, or custodian.

Texas Administrative Code

(d) **Training.**

The individual administering the mental health screening instrument shall have received training from:

- (1) TJJJ on administering the mental health screening instrument; or
- (2) an individual who is documented to have received training from TJJJ on administering the mental health screening instrument.

§343.406 Health Screening.

Effective Date: 1/1/15

(a) **Timing of Health Screening.**

A health screening shall be conducted on each resident within two hours before or after admission.

(b) **Persons Qualified to Conduct Health Screening.**

The health screening shall be conducted by:

- (1) an appropriately supervised licensed vocational nurse (LVN), a registered nurse (RN), a nurse practitioner, a physician assistant, or a physician;
- (2) a qualified and properly trained person who is acting under delegation from a physician in accordance with Texas Occupations Code §157.001, including a medical assistant, emergency medical technician, or paramedic; or
- (3) an individual who has been trained on administering the facility's health screening by a person listed in paragraph (1) or (2) of this subsection.

(c) **Training Requirements for Health Screening.**

The training shall include instruction on:

- (1) how to take medical history;
- (2) how to make the required observations;
- (3) how to determine the appropriate disposition of a resident based on observations and responses to questions; and
- (4) how to document the findings on the screening instrument.

(d) **Health Screening Instrument.**

The health screening instrument shall be approved by an RN, nurse practitioner, physician assistant, or physician and shall include:

- (1) mental health conditions and treatment, including any hospitalizations;
- (2) observation of the following:
 - (A) general appearance, such as sweating, tremors, anxious, disheveled, or appropriate;
 - (B) behavior, such as disorderly, erratic, or appropriate;
 - (C) state of consciousness, such as alert, responsive, or lethargic;
 - (D) ease of movement, such as ability to walk and move limbs, gait, and bodily deformities;
 - (E) breathing, such as persistent cough, hyperventilation, or normal; and
 - (F) skin condition, such as lesions, swelling, yellowing, rashes, scars, tattoos, bruises, and/or needle marks;
- (3) history of or current serious infectious disease, including tuberculosis;
- (4) recent communicable illness symptoms, such as chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, and/or night sweats;

Texas Administrative Code

- (5) history of or current sexually transmitted infections;
- (6) history of or current illnesses or chronic health conditions including:
 - (A) allergies;
 - (B) asthma or other respiratory problems;
 - (C) dermatological conditions;
 - (D) seizure disorder;
 - (E) eye conditions; and
 - (F) other acute or chronic conditions as determined by the health service authority;
- (7) history of or current gynecological problems;
- (8) current or recent pregnancy;
- (9) current use of medication(s) including name, dosage, frequency, time of last dose taken, and name of prescribing physician;
- (10) dental problems;
- (11) use of alcohol or illegal drugs, including type, amount, time of last use, and past treatment;
- (12) drug withdrawal symptoms;
- (13) special health requirements, such as dietary needs, physical disabilities, or prosthetics;
- (14) evidence of physical trauma;
- (15) recent injuries;
- (16) weight and height; and
- (17) any other health concerns reported by the resident.

(e) **Screening Methodology.**

The health screening shall be administered by directly questioning the resident, observing the resident's behavior and physical condition, and reviewing any available records. If any of the information is unknown at the time of the health screening, the screener shall indicate this by entering "unknown," "not applicable," or a line in the space or electronic field provided for this information on the health screening form.

(f) **Disposition and Medical Referral.**

- (1) The individual who completes the screening shall:
 - (A) document the disposition of the youth, such as referral to emergency services or placement in the general population with later referral for medical follow up; and
 - (B) sign the screening instrument and document his/her title and the date and time of the screening.
- (2) For residents who are identified by the screening instrument as requiring follow-up consultation with a health care professional, facility staff shall:
 - (A) contact the health care professional designated by the screening instrument as soon as possible but no later than 24 hours after completion of the screening, unless the screening instrument provides otherwise; and
 - (B) ensure the resident receives follow-up medical care as directed by the health care professional.
- (3) The facility shall maintain and implement written policies and procedures to ensure that residents identified with potential medical problems (e.g., asthma, diabetes) are appropriately supervised until medical follow-up is received.

Texas Administrative Code

- (4) For residents who report taking prescription medication, facility staff shall document whether the resident's parent, guardian, or custodian has provided the facility with the medication and a written request to administer the medication. If the medication or written request has not been provided, facility staff shall contact a health care professional within 24 hours after completion of the screening to receive instruction.

(g) **Results of Screening.**

The results of the health screening shall be communicated to appropriate staff. The completed health screening form shall be maintained.

(h) **Contagious or Infectious Disease.**

Any finding of the health screening that indicates a significant potential health risk to the staff or residents from a contagious or infectious disease shall be immediately reported to the facility administrator and the affected resident shall be placed in medical isolation until proper medical clearance is obtained.

§343.407 Health Assessment.

Effective Date: 1/1/15

- (a) Each resident shall receive a health assessment within 30 days after admission into the facility.
- (b) The health assessment shall be conducted by:
- (1) an appropriately supervised licensed vocational nurse, a registered nurse, a nurse practitioner, a physician assistant, or a physician; or
 - (2) a qualified and properly trained person who is operating under delegation from a physician in accordance with Texas Occupations Code §157.001, including a medical assistant, emergency medical technician, or paramedic.
- (c) The results of the health assessment shall be communicated to appropriate staff.

§343.408. Personal Hygiene.

Effective Date: 1/1/10

Residents shall be required to surrender their clothing and to shower upon admission into the facility.

§343.410. Personal Property.

Effective Date: 1/1/15

A resident's personal property shall be collected, inventoried, and securely stored while the resident is housed in the facility. The inventory shall be signed by the resident and the juvenile supervision officer and shall be maintained in the resident's file.

§343.412. Orientation.

Effective Date: 1/1/15

- (a) Each resident shall be provided a verbal orientation within six hours before or 12 hours after admission into the facility.
- (b) The verbal orientation shall include an explanation of the following:
- (1) procedures to access health care and a description of the available services;
 - (2) resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process;
 - (3) grievance policies and procedures;
 - (4) procedures to access mental health care and a description of the available services;

Texas Administrative Code

- (5) age-appropriate information about the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, including:
 - (A) prevention and intervention; and
 - (B) reporting incidents or suspicions of sexual abuse or sexual harassment;
- (6) information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
- (7) the facility's policy that states the resident is ensured the right of confidentiality with regard to the items included in paragraphs (3), (5) and (6) of this subsection and will not face reprisal for participating in the procedures included in these items.
- (c) If the resident is not sufficiently fluent in English, arrangements shall be made to provide the resident with an orientation in the resident's primary language within 48 hours after admission.
- (d) When a literacy problem prevents a resident from understanding written rules, a staff member or translator shall assist the resident within 48 hours after admission.
- (e) The facility shall:
 - (1) provide each resident a written copy of the orientation materials; or
 - (2) post the orientation information in an area of the housing unit that is accessible to residents.

§343.414. Behavioral Screening.

Effective Date: 1/1/15

- (a) Prior to placing a resident into a housing unit, the resident shall be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior. Housing assignments shall be made accordingly.
- (b) The behavioral screening shall take into consideration the following information, if readily available:
 - (1) age;
 - (2) current charge(s) and offense history;
 - (3) physical size/stature;
 - (4) current state of mind;
 - (5) sexual orientation;
 - (6) prior sexual victimization or abuse;
 - (7) level of emotional and cognitive development;
 - (8) mental or physical disabilities;
 - (9) intellectual or developmental disabilities; and
 - (10) any other pertinent information.
- (c) The facility shall maintain documentation that shows the date the behavioral screening was completed and a written acknowledgement that available items listed in subsection (b) of this section were considered in making a housing assignment.

§343.416. Classification Plan.

Effective Date: 1/1/15

All facilities with more than one housing unit shall have a written classification plan that attempts to safely house residents based on at least the following factors:

- (1) age;
- (2) sex;

Texas Administrative Code

- (3) offense;
- (4) behavior; and
- (5) any other special considerations, such as potential vulnerabilities for sexual abuse, gang affiliation, referral history, disabilities, and/or other special needs.

§343.418. Admission Records.

Effective Date: 1/1/15

The facility shall have the following information, which shall be obtained at the time the resident is admitted into the facility:

- (1) date and time of entry;
- (2) date and time of admission;
- (3) name;
- (4) nicknames and aliases;
- (5) social security number;
- (6) current address;
- (7) detention criteria as required by §53.02(b) of the Texas Family Code;
- (8) referring offense;
- (9) name of attorney;
- (10) name, title, and signature of delivering individual;
- (11) sex;
- (12) race;
- (13) date of birth;
- (14) place of birth;
- (15) citizenship;
- (16) current education level;
- (17) last school attended;
- (18) name, relationship, address, and phone number of the resident's parents, legal guardians, or custodians; and
- (19) primary language of the resident and the resident's parent, legal guardian, or custodian.

§343.420. Format and Maintenance of Records.

Effective Date: 1/1/15

- (a) Resident records shall be maintained in a uniform format.
- (b) Each facility shall have written policies and procedures to ensure the confidentiality of resident files.

§343.422. Content of Resident Records.

Effective Date: 1/1/15

- (a) Each resident's record shall include the following:
 - (1) offense narrative, arrest warrant, or directive to apprehend;
 - (2) inventory of cash and property surrendered;
 - (3) list of approved visitors;

Texas Administrative Code

- (4) name of the assigned probation officer;
 - (5) behavioral record, including any special incidents, discipline, or grievances;
 - (6) referrals to other agencies; and
 - (7) final release or transfer report.
- (b) In cases where an admission involves a resident being detained pending a transfer action (e.g., transport to a court-ordered placement or to TJJD), a copy of the court's detention order or adjudication and disposition orders is considered an acceptable substitute for the offense narrative.

§343.424. Housing Records.

Effective Date: 1/1/15

- (a) The following documentation shall be maintained for each housing unit in the facility:
- (1) a daily chronological log or electronic record documenting the resident's or housing unit's activity that identifies the juvenile supervision officers supervising the residents;
 - (2) a daily report of admissions and releases; and
 - (3) a current population roster as of 5:00 a.m. each day that shall include:
 - (A) the date and time the roster was compiled;
 - (B) the names of all residents in the facility;
 - (C) the sex of all residents in the facility;
 - (D) the housing assignment location (i.e., the location where the resident sleeps) of all residents in the facility; and
 - (E) the numerical total of the resident population for each day.
- (b) The daily chronological log mentioned in subsection (a)(1) of this section shall:
- (1) be signed or initialed by the juvenile supervision officer(s) supervising the residents or housing unit; or
 - (2) identify the juvenile supervision officer making the entry if the log is maintained in an electronic format that does not allow for signatures or initials.

§343.426. Release Procedures.

Effective Date: 1/1/15

Prior to the release of each resident from the facility, the authorized officer shall:

- (1) verify the identity of the person receiving custody;
- (2) do one of the following:
 - (A) verify the release authorization documents; or
 - (B) document the release authorization in writing if a judge or juvenile probation officer authorizes the release by telephone;
- (3) obtain a release signed by the individual receiving the resident's personal property;
- (4) provide information to a parent, legal guardian, or custodian regarding:
 - (A) all medication prescribed while the resident was in the facility that the resident is currently taking and the name and contact information of the prescribing physician;
 - (B) any pending medical, mental health, or dental appointments; and
 - (C) any present concerns regarding the resident; and
- (5) obtain a receipt signed by the person receiving custody of the resident.

Texas Administrative Code

§343.428. Resident Supervision.

Effective Date: 1/1/15

- (a) A juvenile supervision officer may provide resident supervision if he or she:
 - (1) is currently certified as a juvenile supervision officer; or
 - (2) has been employed by the facility less than 180 calendar days and has completed a minimum of 40 hours of training, which shall include the mandatory topics outlined in Chapter 344 of this title, as well as certification in CPR, first aid, and a personal restraint technique approved by TJJJ.
- (b) A juvenile supervision officer who fails to meet the requirements in subsection (a) of this section shall not:
 - (1) be included in the juvenile supervision officer-to-resident ratios listed in this chapter; or
 - (2) perform any duties of a juvenile supervision officer listed in this chapter.

§343.430. Minimum Facility Supervision.

Effective Date: 1/1/10

At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified.

§343.432. Gender Supervision Requirement.

Effective Date: 1/1/15

- (a) If residents of both genders are housed within the facility, juvenile supervision officers of both genders shall be on duty and available to the residents for every shift.
- (b) A juvenile supervision officer of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, strip searches, disrobing of residents (suicidal or not), or when personal hygiene practice (e.g., onset of menstrual cycle, etc.) requires the presence of a juvenile supervision officer of the same gender.
- (c) Juvenile supervision officers of one gender shall be the sole supervisors of residents of the same gender during showers, strip searches, disrobing of suicidal youth, or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender.

§343.434. Facility-Wide Ratio.

Effective Date: 1/1/15

- (a) The facility-wide juvenile supervision officer-to-resident ratio shall not be less than:
 - (1) one juvenile supervision officer to every eight residents during program hours; and
 - (2) one juvenile supervision officer to every 18 residents during non-program hours.
- (b) For a juvenile supervision officer to be counted in the facility-wide ratio, the officer shall be present on the facility premises at all times.

§343.435. On-Premises Supervision Requirements.

Effective Date: 1/1/15

When residents are participating in any programming or activity on the facility premises but not inside a SOHU or MOHU:

- (1) residents shall be in the constant physical presence of a juvenile supervision officer; and
- (2) there shall be at least one juvenile supervision officer for every 12 residents participating in the program or activity.

Texas Administrative Code

§343.436. Supervision Ratio--SOHU.

Effective Date: 1/1/10

In a SOHU, the juvenile supervision officer-to-resident ratio shall not be less than:

- (1) one juvenile supervision officer to every 12 residents during program hours; and
- (2) one juvenile supervision officer to every 24 residents during non-program hours.

§343.438. Level of Supervision--SOHU.

Effective Date: 1/1/15

- (a) While residents are located in a SOHU during program hours, they shall be in the constant physical presence of a juvenile supervision officer unless:
 - (1) the residents are placed in their individual sleeping quarters, in which case a juvenile supervision officer shall observe and document each resident's behavior at random intervals not to exceed 15 minutes; or
 - (2) an exception in §343.446 of this title applies.
- (b) While residents are located in a SOHU during non-program hours, a juvenile supervision officer shall visually observe each resident at random intervals not to exceed 15 minutes.
- (c) Juvenile supervision officers shall document each visual observation made. The documentation shall include the time of the observation and generally describe the resident's behavior.

§343.440. Supervision Ratio--MOHU.

Effective Date: 1/1/15

In a MOHU, the juvenile supervision officer-to-resident ratio shall not be less than one juvenile supervision officer to every eight residents in the housing unit.

§343.442. Level of Supervision--MOHU.

Effective Date: 1/1/15

For MOHUs designed and operated after June 5, 2001:

- (1) a juvenile supervision officer shall be physically located in the MOHU while residents are in the MOHU;
- (2) if juvenile supervision officers supervise residents behind an architectural barrier, the barrier shall provide a complete and unobstructed view of the entire MOHU. The barrier, with or without the assistance of an electronic device, shall allow for constant auditory monitoring of the unit; and
- (3) juvenile supervision officers shall document general observations of dorm activity at intervals not to exceed 30 minutes.

§343.444. Off-Premises Supervision Requirements.

Effective Date: 1/1/15

- (a) A facility shall have written policies and procedures that establish specific supervision practices for residents allowed to temporarily leave the secure confines of the facility or the facility's secure grounds while in the custody of facility staff. The policies and procedures shall include:
 - (1) designations of which staff may supervise youth off-premises;
 - (2) gender-specific requirements;
 - (3) staff-to-resident ratios when more than one resident is involved;
 - (4) personnel authorized to use approved restraint practices; and
 - (5) staff training requirements.
- (b) The policies and procedures shall be written to provide an appropriate level of protection for the public and involved staff and residents.

Texas Administrative Code

§343.446. Exceptions to Requirement to be Supervised by Juvenile Supervision Officer.

Effective Date: 1/1/15

A resident shall be supervised by a juvenile supervision officer in accordance with requirements of this subchapter with the following exceptions:

- (1) No more than three residents may be supervised by a professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training, or education.
- (2) A juvenile supervision officer shall provide constant visual supervision of any therapeutic group between four and 12 residents when those residents are working with a qualified mental health professional or mental health provider.
- (3) Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.

§343.448. Primary Control Room.

Effective Date: 1/1/15

- (a) A juvenile supervision officer stationed in and assigned to the facility's primary control room(s) shall not count toward meeting any ratios required by this subchapter.
- (b) A facility that has multiple control rooms shall distinguish which control room or rooms are designated as the primary control room(s).
- (c) Juvenile supervision officers assigned to a secondary control room may be counted:
 - (1) in the facility-wide ratio; and
 - (2) in the supervision ratio in a SOHU or MOHU during non-program hours.
- (d) A staff member assigned to primary control room duties is not required to be a certified juvenile supervision officer.

§343.450. Use and Design--SOHU.

Effective Date: 1/1/15

- (a) Each SOHU shall be constructed to contain no more than 24 beds.
- (b) Individual resident sleeping quarters shall be used as single occupancy only. At no time may more than one resident be placed in an individual resident sleeping quarters.
- (c) Individual resident sleeping quarters shall contain a bed above floor level.

§343.452. Spatial Requirements--SOHU.

Effective Date: 1/1/15

- (a) Individual resident sleeping quarters shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling.
- (b) Individual resident sleeping quarters shall have a minimum of 60 square feet of floor space.

§343.454. Shower Facilities--SOHU.

Effective Date: 1/1/15

- (a) Each SOHU shall contain at least one operable shower for every ten beds in the housing unit. The shower shall have:
 - (1) controls that produce hot and cold running water; or
 - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

Texas Administrative Code

§343.456. Toilet Facilities--SOHU.

Effective Date: 1/1/15

- (a) In facilities constructed and operating before March 1, 1996, each SOHU shall contain at least one operable toilet above floor level for:
 - (1) every 12 beds in male housing units; and
 - (2) every eight beds in female housing units.
- (b) In facilities constructed and operating on or after March 1, 1996, each SOHU shall contain one operable toilet above floor level for every six beds in the housing unit.
- (c) Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.

§343.458. Washbasin Requirements--SOHU.

Effective Date: 1/1/15

Each SOHU constructed and in operation on or after September 1, 2003, shall:

- (1) contain an operable washbasin with:
 - (A) controls that produce hot and cold running water; or
 - (B) one control that produces warm running water; and
- (2) be configured to allow for access to a washbasin without leaving the housing unit.

§343.460. Drinking Fountain--SOHU.

Effective Date: 1/1/15

Each SOHU shall contain a drinking fountain.

§343.461. Applicability of Standards--MOHU.

Effective Date: 1/1/15

Sections 343.462, 343.464, 343.468, 343.470, 343.472, 343.474, 343.476, 343.478, 343.480 and 343.482 of this title apply only to MOHUs designed and operating as such on or after June 5, 2001.

§343.462. Pre-Assignment Screening Process--MOHU.

Effective Date: 1/1/15

Residents shall not be placed into a MOHU directly from the intake process. Classification, screening, and behavioral observation shall occur for at least 72 hours before the resident is placed in a MOHU.

§343.464. Administrative Approval--MOHU.

Effective Date: 1/1/15

- (a) A resident shall not be placed in a MOHU without the approval of the facility administrator or designee.
- (b) The approval shall be documented in writing and the documentation shall contain the date and time the approval was authorized and the date and time the resident was placed in the MOHU. The approval documentation shall be kept in the resident's file.

§343.468. Classification Plan--MOHU.

Effective Date: 1/1/15

A facility with a MOHU shall have a written classification plan that determines how residents are grouped in housing units. Residents shall, at a minimum, be classified for grouping by age and sex.

Texas Administrative Code

§343.470. Eligibility Criteria--MOHU.

Effective Date: 1/1/15

- (a) A formalized and objective written classification assessment shall be completed prior to placing a resident in a MOHU. The classification assessment process shall include a review and weighting of the following criteria:
 - (1) Physical health--A review of all available health documentation possessed by the facility staff with an emphasis on assessing any diagnosed or suspected infectious or contagious diseases.
 - (2) Mental health--A review of all available mental health documentation possessed by the facility staff with an emphasis on assessing mental health or mental illness diagnoses that could be exacerbated by, or that would not be conducive to, multiple-occupancy housing settings.
 - (3) Sexual behavior--An assessment of the resident's potential to be sexually abused by other residents and his or her potential to be sexually abusive.
 - (4) Aggressive or assaultive behaviors--An assessment of the resident's history of, or propensity for, aggressive (both verbal and physical) and assaultive behaviors. This assessment shall include a review of the resident's formal referral history (both alleged and disposed charges) and institutional behavior records.
 - (5) Susceptibility to acts of peer abuse, harassment, and exploitation--An assessment of a resident's physical stature, emotional maturity, enemies of record, and social functioning information.
 - (6) Institutional behavior or discipline records--A review of a resident's behavior records for the current term of detention and any available behavior records from previous institutional custody periods provided by the assessing jurisdiction.
 - (7) Special needs or circumstances that may compromise the resident's or other MOHU residents' physical safety and the processes for successfully delivering services.
- (b) The completed classification assessment document shall include:
 - (1) an objective assessment score or recommendation for or against a MOHU placement;
 - (2) the date the assessment process was completed;
 - (3) the signature of the person completing the assessment; and
 - (4) the signature of the supervisory-level staff who reviewed and approved the assessment.

§343.472. Use and Design--MOHU.

Effective Date: 1/1/15

- (a) A facility shall not use a MOHU without prior written approval and authorization from the governing board.
- (b) Each MOHU shall be designed to contain no more than eight beds.
- (c) The capacity of MOHUs shall not exceed 25 percent of the design capacity of the facility.
- (d) Each MOHU shall have one bed above floor level for every resident assigned to the unit.
- (e) Each MOHU shall contain only residents of the same sex.

§343.474. Spatial Requirements--MOHU.

Effective Date: 1/1/15

- (a) Each MOHU shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point in the ceiling.
- (b) Each MOHU shall have a minimum of 35 square feet of unencumbered floor space per bed in the housing unit.

Texas Administrative Code

§343.476. Shower Facilities--MOHU.

Effective Date: 1/1/15

- (a) Each MOHU shall contain at least one operable shower for every eight beds in the housing unit. The shower shall have:
 - (1) controls that produce hot and cold running water; or
 - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

§343.478. Toilet Facilities--MOHU.

Effective Date: 1/1/15

- (a) Each MOHU shall contain at least one operable toilet above floor level for every four beds in the housing unit.
- (b) In male housing units, up to one-half of the required toilets may be substituted by urinals.

§343.480. Washbasin Requirements--MOHU.

Effective Date: 1/1/15

Each MOHU shall contain at least one washbasin with:

- (1) controls that produce hot and cold running water; or
- (2) a control that produces warm running water.

§343.482. Drinking Fountain--MOHU.

Effective Date: 1/1/15

Each MOHU shall contain a drinking fountain.

§343.484. Exercise and Common Activity Areas.

Effective Date: 1/1/15

- (a) The facility shall provide space for an exercise area.
- (b) The facility's total common activity area shall encompass no less than 100 square feet of floor space per resident based on the facility's design capacity.

§343.486. Program Hours.

Effective Date: 6/1/16

Each facility shall have a written, daily program schedule that outlines the planned activities during program hours.

- (1) Except as noted in paragraph (2) of this section, each resident shall be provided at least ten total hours of structured and unstructured activities each day. Time a resident spends in individual sleeping quarters does not count toward the ten-hour minimum.
- (2) Residents who are in safety-based seclusion, disciplinary seclusion, room restriction, resident-initiated separation, protective isolation, medical isolation, or assessment isolation may receive modification to their program schedule.
- (3) The facility shall maintain documentation of any modification or deviation from the program schedule that results in the cancellation of an activity or deviation of one hour or more from the schedule.

Texas Administrative Code

§343.488. Educational Program.

Effective Date: 1/1/15

- (a) The facility administrator shall ensure there is an educational program that requires all residents to participate. The educational program shall be administered in accordance with rules adopted by the Texas Education Agency (TEA).
- (b) The facility administrator shall ensure the education provider has access to residents so that the educational program is afforded to all residents, in accordance with TEA rules.
- (c) Students shall be provided coursework that complies with TEA rules.

§343.490. Instructional Days.

Effective Date: 1/1/15

- (a) The facility administrator shall ensure that the educational program provides for at least 180 days of instruction unless:
 - (1) a waiver has been granted by the Texas Education Agency for fewer days; or
 - (2) the number of educational days coincides with the local school district calendar.
- (b) An education service provider is required to provide a full educational day. An educational day is required to:
 - (1) be seven hours long; and
 - (2) consist of at least five and one-half hours of required secondary curriculum to students.

§343.491. Special Education.

Effective Date: 1/1/15

- (a) The facility administrator, through a cooperative effort with the Local Education Agency (LEA), will ensure that residents with disabilities are provided a free and appropriate public education as determined by the Admission, Review, and Dismissal committee in order to meet the individual educational needs of the student as defined by federal and state laws.
- (b) The facility administrator, through a cooperative effort with the LEA, will ensure that residents with disabilities have available an instructional day commensurate with that of students without disabilities, in accordance with requirements contained in 19 TAC §89.1075.
- (c) The facility administrator or designee shall send notification of a student placement in a residential facility to the LEA as required by §29.012 of the Texas Education Code and shall retain documentation of this notice.

§343.492. Educational Space.

Effective Date: 1/1/10

The facility administrator shall ensure that educational space is adequate to meet the instructional requirements for each resident.

§343.493. Orientation for Educational Staff.

Effective Date: 1/1/15

- (a) All permanent educational staff and substitutes with a known facility assignment of five consecutive school days or longer shall receive a facility orientation prior to performing educational duties. Orientation shall include:
 - (1) security procedures;
 - (2) emergency procedures;
 - (3) behavior management system and prohibited sanctions; and
 - (4) reporting abuse, neglect, and exploitation.
- (b) Documentation of the orientation shall be maintained.

Texas Administrative Code

§343.494. Supervision During Educational Program.

Effective Date: 1/1/10

Educational staff shall not be counted in staff-to-resident ratios.

§343.496. Reading Materials.

Effective Date: 1/1/10

Age-appropriate reading materials shall be available to all residents.

§343.498. Recreation and Exercise.

Effective Date: 6/1/16

- (a) Recreational equipment and supplies shall be provided to the residents. All recreational equipment shall be maintained in working order to ensure the safety of all staff and residents in the facility.
- (b) The recreational schedule shall offer the following programming each day:
 - (1) at least one hour of large muscle exercise; and
 - (2) at least one hour of open recreational activity.
- (c) Large muscle exercise shall take place outside of individual resident sleeping quarters or sleeping rooms.
- (d) If the facility provides an opportunity for residents to participate in scheduled physical recreation, the requirements of this standard are satisfied regardless of whether the resident chooses to participate.
- (e) A resident's recreational schedule may be altered under the following conditions:
 - (1) participation by the resident is contraindicated for medical reasons;
 - (2) the resident is in safety-based seclusion, disciplinary seclusion, room restriction, resident-initiated separation, protective isolation, medical isolation, or assessment isolation;
 - (3) the resident has a scheduled appointment;
 - (4) extenuating circumstances exist that impede the recreational schedule; or
 - (5) the resident presents an imminent danger to self or others.
- (f) A youth's recreational schedule may not be altered due to imminent danger to self or others without written approval from the facility administrator. The written approval shall be maintained.

Subchapter D

Secure Post-Adjudication Correctional Facility Standards

§343.600. Required Pre-Admission Records.

Effective Date: 1/1/15

- (a) Prior to a resident's admission, the facility shall receive the following from the referring agency:
 - (1) except for intra-jurisdictional custodial transfers, a detailed summary of the juvenile's history in a format designated by TJJD. The summary shall include the following information:
 - (A) the juvenile's demographic information;
 - (B) the referring agency's impression of the juvenile;
 - (C) a description of the juvenile's strengths;
 - (D) the juvenile's special needs, problems, and behaviors;

Texas Administrative Code

- (E) the juvenile's juvenile justice history;
 - (F) the juvenile's placement history;
 - (G) the juvenile's substance abuse history;
 - (H) the juvenile's history of abuse and neglect;
 - (I) family or parental involvement with the juvenile and history;
 - (J) the juvenile's educational history;
 - (K) a description of the juvenile's physical health and disabilities;
 - (L) a description of the juvenile's mental health;
 - (M) the referring agency's recommendation on the level of care; and
 - (N) other pertinent information;
- (2) except for intra-jurisdictional transfers, official documentation of the resident's date and place of birth;
 - (3) a psychological evaluation, behavioral health assessment, or psychiatric evaluation completed within 365 calendar days prior to the resident's admission date;
 - (4) a signed disposition order or TJJD commitment order;
 - (5) a current immunization record;
 - (6) a medical examination conducted by a nurse practitioner, physician assistant, or physician that was completed within:
 - (A) 90 calendar days prior to the resident's admission date; or
 - (B) 180 calendar days prior to the resident's admission date if the following conditions apply:
 - (i) the transfer is an intra-jurisdictional custodial transfer;
 - (ii) the medical examination was conducted while the juvenile was a resident in the pre-adjudication facility; and
 - (iii) the juvenile did not leave the custody of the pre-adjudication facility after the medical examination was conducted;
 - (7) documentation that a tuberculosis test was administered and results were received no more than 365 calendar days prior to the resident's admission date;
 - (8) a dental evaluation that was completed within 180 calendar days prior to the resident's admission date;
 - (9) documentation of services needed if the juvenile is disabled;
 - (10) documentation of the primary language of the resident and the resident's parent, legal guardian, or custodian; and
 - (11) school records.
- (b) If a psychiatric evaluation is accepted in accordance with subsection (a)(3) of this section, it shall:
 - (1) be conducted by a psychiatrist licensed by the Texas Medical Board; and
 - (2) include a diagnostic impression.

§343.602. Intake and Admission.

Effective Date: 1/1/15

- (a) Each facility shall have written policies and procedures addressing the admission of juveniles who are in need of emergency medical care due to injury, illness, or intoxication or who are in need of emergency mental health intervention.

Texas Administrative Code

- (1) Anyone presented for admission into the facility who is in need of emergency medical care due to injury, illness, or intoxication or is in need of emergency mental health intervention shall not be admitted into the facility.
 - (2) The referring person shall be directed to a health care facility to have the individual evaluated and treated.
 - (3) Subsequent admission into the facility is contingent upon written medical clearance provided by a health care professional or mental health provider.
- (b) Each facility shall have written policies and procedures addressing intoxicated or chemically impaired juveniles being admitted into the facility and their need for specialized supervision.

§343.604. Health Screening.

Effective Date: 1/1/15

(a) Timing of Health Screening.

Except as provided in subsection (i) of this section, a health screening shall be conducted on each resident within two hours after admission.

(b) Persons Qualified to Conduct Health Screening.

The health screening shall be conducted by:

- (1) an appropriately supervised licensed vocational nurse (LVN), a registered nurse (RN), a nurse practitioner, a physician assistant, or a physician;
- (2) a qualified and properly trained person who is operating under delegation from a physician in accordance with Texas Occupations Code §157.001, including a medical assistant, emergency medical technician, or paramedic; or
- (3) an individual who has been trained on administering the facility's health screening by a person listed in paragraph (1) or (2) of this subsection.

(c) Training Requirements for Health Screening.

The training shall include instruction on:

- (1) how to take medical history;
- (2) how to make the required observations;
- (3) how to determine the appropriate disposition of a resident based on observations and responses to questions; and
- (4) how to document the findings on the screening instrument.

(d) Health Screening Instrument.

The health screening instrument shall be approved by an RN, nurse practitioner, physician assistant, or physician and shall include:

- (1) mental health conditions and treatment, including any hospitalizations;
- (2) observation of the following:
 - (A) general appearance, such as sweating, tremors, anxious, disheveled, or appropriate;
 - (B) behavior, such as disorderly, erratic, or appropriate;
 - (C) state of consciousness, such as alert, responsive, or lethargic;
 - (D) ease of movement, such as ability to walk and move limbs, gait, and bodily deformities;
 - (E) breathing, such as persistent cough, hyperventilation, or normal; and
 - (F) skin condition, such as lesions, swelling, yellowing, rashes, scars, tattoos, bruises, and/or needle marks;

Texas Administrative Code

- (3) history of or current serious infectious disease including tuberculosis;
- (4) recent communicable illness symptoms, such as chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, and/or night sweats;
- (5) history of or current sexually transmitted infections;
- (6) history of or current illnesses or chronic health conditions including:
 - (A) allergies;
 - (B) asthma or other respiratory problems;
 - (C) dermatological conditions;
 - (D) seizure disorder;
 - (E) eye conditions; and
 - (F) other acute or chronic conditions as determined by the health service authority;
- (7) history of or current gynecological problems;
- (8) current or recent pregnancy;
- (9) current use of medication(s) including name, dosage, frequency, time of last dose taken, and name of prescribing physician;
- (10) dental problems;
- (11) use of alcohol or illegal drugs, including type, amount, time of last use, and past treatment;
- (12) drug withdrawal symptoms;
- (13) special health requirements, such as dietary needs, physical disabilities, or prosthetics;
- (14) evidence of physical trauma;
- (15) recent injuries;
- (16) weight and height; and
- (17) any other health concerns reported by the resident.

(e) **Screening Methodology.**

The health screening shall be administered by directly questioning the resident, observing the resident's behavior and physical condition, and reviewing any available records. If any of the information is unknown at the time of the health screening, the screener shall indicate this by entering "unknown," "not applicable," or a line in the space or electronic field provided for this information on the health screening form.

(f) **Disposition and Medical Referral.**

- (1) The individual who completes the screening shall:
 - (A) document the disposition of the youth, such as referral to emergency services or placement in the general population with later referral for medical follow up; and
 - (B) sign the screening instrument and document his/her title and the date and time of the screening.
- (2) For residents who are identified by the screening instrument as requiring follow-up consultation with a health care professional, facility staff shall:
 - (A) contact the health care professional designated by the screening instrument as soon as possible but no later than 24 hours after completion of the screening, unless the screening instrument provides otherwise; and
 - (B) ensure the resident receives follow-up medical care as directed by the health care professional.

Texas Administrative Code

- (3) The facility shall maintain and implement written policies and procedures to ensure that residents identified with potential medical problems (e.g., asthma, diabetes) are appropriately supervised until medical follow-up is received.
- (4) For residents who report taking prescription medication, facility staff shall document whether the resident's parent, guardian, or custodian has provided the facility with the medication and a written request to administer the medication. If the medication or written request has not been provided, facility staff shall contact a health care professional within 24 hours after completion of the screening to receive instruction.

(g) **Results of Screening.**

The results of the health screening and any needed follow-up medical care shall be communicated to appropriate staff. The completed health screening form shall be maintained.

(h) **Contagious or Infectious Disease.**

Any finding of the health screening that indicates a significant potential health risk to the staff or residents from a contagious or infectious disease shall be reported immediately to the facility administrator and the affected resident shall be placed in medical isolation until proper medical clearance is obtained.

(i) **Intra-Jurisdictional Custodial Transfer.**

A health screening is not required for intra-jurisdictional custodial transfer of residents if the post-adjudication facility receiving the resident is located within the same premises as the pre-adjudication facility. If the two facilities are not located within the same premises, evidence of physical trauma is the only item required for the health screening.

§343.606. Orientation.

Effective Date: 1/1/15

- (a) Each resident shall be provided a verbal orientation within 12 hours after admission into the facility.
- (b) The verbal orientation shall include an explanation of the following:
 - (1) procedures to access health care and a description of the available services;
 - (2) resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process;
 - (3) grievance policies and procedures;
 - (4) procedures to access mental health care and a description of the available services; and
 - (5) age-appropriate information about the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, including:
 - (A) prevention and intervention; and
 - (B) reporting incidents or suspicions of sexual abuse or sexual harassment;
 - (6) information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
 - (7) the facility's policy stating that the resident is ensured the right of confidentiality with regard to the items included in paragraphs (3), (5), and (6) of this subsection and will not face reprisal for participating in the procedures included in these items.
- (c) If the resident is not sufficiently fluent in English, arrangements shall be made to provide the resident with an orientation in the resident's primary language within 48 hours after admission.
- (d) When a literacy problem prevents a resident from understanding written rules, a staff member or translator shall assist the resident within 48 hours after admission.

Texas Administrative Code

- (e) The facility shall:
- (1) provide each resident a written copy of the orientation materials; or
 - (2) post the orientation information in an area of the housing unit that is accessible to residents.

§343.608. Classification Plan.

Effective Date: 1/1/15

All facilities with more than one housing unit shall have a written classification plan that attempts to safely house residents based on at least the following factors:

- (1) age;
- (2) sex;
- (3) offense;
- (4) behavior; and
- (5) any other special consideration, such as potential vulnerabilities for sexual abuse, gang affiliation, referral history, and/or special needs.

§343.610. Classification Plan--Segregation.

Effective Date: 1/1/10

The classification plan shall require that residents assigned to progressive sanctions level 5 and below be physically segregated from residents assigned to progressive sanctions levels 6 and 7.

§343.612. Admission Records.

Effective Date: 1/1/10

The facility shall obtain and record the following information at the time the resident is admitted into the facility:

- (1) date and time of admission;
- (2) name;
- (3) nicknames and aliases;
- (4) social security number;
- (5) last known address;
- (6) adjudicated offense;
- (7) name of attorney;
- (8) name, title, and signature of delivering individual;
- (9) sex;
- (10) race;
- (11) date of birth;
- (12) citizenship;
- (13) place of birth;
- (14) name, relationship, address, and phone number of the resident's parents, legal guardians, or custodians; and
- (15) primary language of the resident and the resident's parent, legal guardian, or custodian.

Texas Administrative Code

§343.614. Format and Maintenance of Records.

Effective Date: 1/1/15

- (a) Resident records shall be maintained in a uniform format.
- (b) Each facility shall have written policies and procedures to ensure the confidentiality of resident files.

§343.616. Content of Resident Records.

Effective Date: 1/1/15

Each resident's record shall include the following:

- (1) delinquent history;
- (2) inventory of cash and property surrendered;
- (3) list of approved visitors;
- (4) name of the assigned probation officer;
- (5) behavioral record, including any special incidents, discipline, or grievances;
- (6) progress reports, including the resident's case plan as required in §343.688 of this title and case plan review as required in §343.690 of this title; and
- (7) final release or transfer report.

§343.618. Housing Records.

Effective Date: 1/1/15

- (a) The following documentation shall be maintained for each housing unit in the facility:
 - (1) a daily chronological log or electronic record documenting the resident's or housing unit's activity that identifies the juvenile supervision officers supervising the residents;
 - (2) a daily report of admissions and releases; and
 - (3) a current population roster as of 5:00 a.m. each day that shall include:
 - (A) the date and time the roster was compiled;
 - (B) the names of all residents in the facility;
 - (C) the sex of all residents in the facility;
 - (D) the housing assignment location (i.e., the location where the resident sleeps) of all residents in the facility; and
 - (E) the numerical total of the resident population for each day.
- (b) The daily chronological log mentioned in subsection (a)(1) of this section shall:
 - (1) be signed or initialed by the juvenile supervision officer(s) supervising the residents or housing unit; or
 - (2) identify the juvenile supervision officer making the entry if the log is maintained in an electronic format that does not allow for signatures or initials.

§343.620. Release Procedures.

Effective Date: 1/1/15

Prior to the release of each resident from the facility, the authorized officer shall:

- (1) verify the identity of the person receiving custody;
- (2) do one of the following:
 - (A) verify the release authorization documents; or

Texas Administrative Code

- (B) document the release authorization in writing if a judge or juvenile probation officer authorizes the release by telephone;
- (3) obtain a release signed by the individual receiving the resident's personal property;
- (4) provide information to a parent, legal guardian, or custodian regarding:
 - (A) all medication prescribed while the resident was in the facility that the resident is currently taking, and the name and contact information of the prescribing physician;
 - (B) any pending medical, mental health, or dental appointments; and
 - (C) any present concerns regarding the resident; and
- (5) obtain a receipt signed by the person receiving custody of the resident.

§343.622. Resident Supervision.

Effective Date: 1/1/15

- (a) A juvenile supervision officer may provide resident supervision if he or she:
 - (1) is currently certified as a juvenile supervision officer; or
 - (2) has been employed by the facility less than 180 calendar days and has completed a minimum of 40 hours of training, which shall include the mandatory topics outlined in Chapter 344 of this title, as well as certification in CPR, first aid, and a personal restraint technique approved by TJJD.
- (b) A juvenile supervision officer who fails to meet the requirements in subsection (a) of this section shall not:
 - (1) be included in the juvenile supervision officer-to-resident ratios identified in this chapter; or
 - (2) perform any duties of a juvenile supervision officer listed in this chapter.

§343.624. Minimum Facility Supervision.

Effective Date: 1/1/10

At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified.

§343.626. Gender Supervision Requirement.

Effective Date: 1/1/15

- (a) If residents of both genders are housed within the facility, juvenile supervision officers of both genders shall be on duty and available to the residents for every shift.
- (b) A juvenile supervision officer of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, strip searches, disrobing of residents (suicidal or not), or when personal hygiene practice (e.g., onset of menstrual cycle, etc.) requires the presence of a juvenile supervision officer of the same gender.
- (c) Juvenile supervision officers of one gender shall be the sole supervisors of residents of the same gender during showers, strip searches, disrobing of suicidal youth, or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender.

§343.628. Facility-Wide Ratio.

Effective Date: 1/1/15

- (a) The facility-wide juvenile supervision officer-to-resident ratio shall not be less than:
 - (1) one juvenile supervision officer to every eight residents during program hours; and

Texas Administrative Code

- (2) one juvenile supervision officer to:
 - (A) every 20 residents during non-program hours if the post-adjudication facility is not located in the same building as a pre-adjudication facility; or
 - (B) every 18 residents during non-program hours if the post-adjudication facility is located in the same building as a pre-adjudication facility.
- (b) For a juvenile supervision officer to count in the facility-wide ratio, the officer shall be present on the facility premises at all times.

§343.629. On-Premises Supervision Requirements.

Effective Date: 1/1/15

When residents are participating in any programming or activity on the facility premises but not inside a SOHU or MOHU:

- (1) residents shall be in the constant physical presence of a juvenile supervision officer; and
- (2) there shall be at least one juvenile supervision officer for every 12 residents participating in the program or activity.

§343.630. Supervision Ratio.

Effective Date: 1/1/15

In a SOHU or a MOHU, the juvenile supervision officer-to-resident ratio shall not be less than:

- (1) one juvenile supervision officer to every 12 residents during program hours; and
- (2) one juvenile supervision officer to every 24 residents during non-program hours.

§343.632. Level of Supervision--SOHU.

Effective Date: 1/1/15

- (a) While residents are located in a SOHU during program hours, they shall be in the constant physical presence of a juvenile supervision officer unless:
 - (1) the residents are placed in their individual sleeping quarters, in which case a juvenile supervision officer shall observe and document each resident's behavior at random intervals not to exceed 15 minutes; or
 - (2) an exception in §343.638 of this title applies.
- (b) While residents are located in a SOHU during non-program hours, a juvenile supervision officer shall visually observe each resident at random intervals not to exceed 15 minutes.
- (c) Juvenile supervision officers shall document each visual observation made. The documentation shall include the time of the observation and generally describe the resident's behavior.

§343.634. Level of Supervision--MOHU.

Effective Date: 1/1/15

- (a) While residents are located in a MOHU, residents shall be in the constant physical presence of a juvenile supervision officer during program and non-program hours.
- (b) Juvenile supervision officers shall document general observations of dorm activity at intervals not to exceed 30 minutes.

§343.636. Off-Premises Supervision Requirements.

Effective Date: 1/1/15

- (a) A facility shall have written policies and procedures that establish specific supervision practices for residents allowed to temporarily leave the secure confines of the facility or the facility's secure grounds while in the custody of facility staff. The policies and procedures shall include:

Texas Administrative Code

- (1) applicable staff designations (i.e., which staff may supervise youth off site);
 - (2) gender-specific requirements;
 - (3) staff-to-resident ratios when more than one resident is involved;
 - (4) personnel authorized to use approved restraint practices; and
 - (5) staff training requirements.
- (b) The policies and procedures shall be written to provide an appropriate level of protection for the public and involved staff and residents.

§343.638. Exceptions to Requirement to be Supervised by Juvenile Supervision Officer.

Effective Date: 1/1/15

A resident shall be supervised by a juvenile supervision officer in accordance with requirements of this subchapter with the following exceptions:

- (1) No more than three residents may be supervised by a professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training, or education.
- (2) A juvenile supervision officer shall provide constant visual supervision of any therapeutic group between four and twelve residents when those residents are working with a qualified mental health professional or mental health provider.
- (3) Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.

§343.640. Primary Control Room.

Effective Date: 1/1/15

If the facility has a primary control room, the following requirements shall apply.

- (1) A juvenile supervision officer stationed in and assigned to the facility's primary control room(s) shall not count toward meeting any ratios required by this subchapter.
- (2) A facility that has multiple control rooms shall distinguish which control room or rooms are designated as the primary control room(s).
- (3) Juvenile supervision officers assigned to a secondary control room may be counted:
 - (A) in the facility-wide ratio; and
 - (B) in the supervision ratio in a SOHU or MOHU during non-program hours.
- (4) A staff member assigned to primary control room duties is not required to be a certified juvenile supervision officer.

§343.642. Use and Design--SOHU.

Effective Date: 1/1/15

- (a) Each SOHU shall be constructed to contain no more than 24 beds.
- (b) Individual resident sleeping quarters shall be used as single occupancy only. At no time may more than one resident be placed in an individual resident sleeping quarters.
- (c) Individual resident sleeping quarters shall contain a bed above floor level.

Texas Administrative Code

§343.644. Spatial Requirements--SOHU.

Effective Date: 1/1/15

- (a) Individual resident sleeping quarters shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point in the ceiling.
- (b) Individual resident sleeping quarters shall have a minimum of 60 square feet of floor space.

§343.646. Shower Facilities--SOHU.

Effective Date: 1/1/15

- (a) Each SOHU shall contain at least one operable shower for every ten beds in the housing unit. The shower shall have:
 - (1) controls that produce hot and cold running water; or
 - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

§343.648. Toilet Facilities--SOHU.

Effective Date: 1/1/15

- (a) In facilities constructed and operating before March 1, 1996, each SOHU shall contain at least one operable toilet above floor level for:
 - (1) every 12 beds in male housing units; and
 - (2) every eight beds in female housing units.
- (b) In facilities constructed and operating on or after March 1, 1996, each SOHU shall contain one operable toilet above floor level for every six beds in the housing unit.
- (c) Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.

§343.650. Washbasin Requirements--SOHU.

Effective Date: 1/1/15

Each SOHU constructed and in operation on or after September 1, 2003, shall:

- (1) contain a washbasin with:
 - (A) controls that produce hot and cold running water; or
 - (B) one control that produces warm running water; and
- (2) be configured to allow for access to a washbasin without leaving the housing unit.

§343.652. Drinking Fountain--SOHU.

Effective Date: 1/1/15

Each SOHU shall contain a drinking fountain.

§343.654. Use and Design--MOHU.

Effective Date: 1/1/15

- (a) Each MOHU shall be constructed to contain no more than 24 beds.
- (b) Each MOHU shall have one bed above floor level for every resident assigned to the unit.
- (c) Each MOHU shall contain only residents of the same sex.
- (d) If bunk beds are used, they shall not exceed two levels.

Texas Administrative Code

§343.656. Spatial Requirements--MOHU.

Effective Date: 1/1/15

- (a) Each MOHU shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling.
- (b) Each MOHU shall have a minimum of 35 square feet of unencumbered floor space per bed in the housing unit.

§343.658. Shower Facilities--MOHU.

Effective Date: 1/1/15

- (a) Each MOHU shall contain at least one operable shower for every ten beds in the housing unit. The showers shall contain:
 - (1) controls that produce hot and cold running water; or
 - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

§343.660. Toilet Facilities--MOHU.

Effective Date: 1/1/15

- (a) In facilities constructed and operating before March 1, 1996, each MOHU shall contain at least one operable toilet above floor level for:
 - (1) every 12 beds in male housing units; and
 - (2) every eight beds in female housing units.
- (b) In facilities constructed and operating on or after March 1, 1996, each MOHU shall contain one operable toilet above floor level for every six beds in the housing unit.
- (c) Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.

§343.662. Washbasin Requirements--MOHU.

Effective Date: 1/1/15

Each MOHU constructed and in operation on or after September 1, 2003, shall contain a washbasin with:

- (1) controls that produce hot and cold running water; or
- (2) a single control that produces warm running water.

§343.664. Drinking Fountain--MOHU.

Effective Date: 1/1/15

Each MOHU shall contain a drinking fountain.

§343.666. Exercise and Day Room Areas.

Effective Date: 1/1/15

- (a) The facility shall provide an area for indoor and outdoor exercise.
- (b) Day rooms shall provide a minimum of 35 square feet of space for every resident using the day room at one time, excluding lavatories, showers, and toilets.
- (c) Day rooms shall provide sufficient seating and writing surfaces for every resident using the day room at one time.

Texas Administrative Code

§343.668. Program Hours.

Effective Date: 6/1/16

Each facility shall have a written, daily program schedule that outlines the planned activities during program hours.

- (1) Except as noted in paragraph (2) of this section, each resident shall be provided at least ten total hours of structured and unstructured activities each day. Time a resident spends in individual sleeping quarters does not count toward the ten-hour minimum.
- (2) Residents who are in safety-based seclusion, disciplinary seclusion, room restriction, resident-initiated separation, protective isolation, medical isolation, or assessment isolation may receive modification to their program schedule.
- (3) The facility shall maintain documentation of any modification or deviation from the program schedule that results in the cancellation of an activity or deviation of one hour or more from the schedule.

§343.670. Educational Program.

Effective Date: 1/1/15

- (a) The facility administrator shall ensure there is an educational program that requires all residents to participate. The educational program shall be administered in accordance with rules adopted by the Texas Education Agency (TEA).
- (b) The facility administrator shall ensure the education provider has access to residents so that the educational program is afforded to all residents, in accordance with TEA rules.
- (c) Students shall be provided coursework that complies with TEA rules.

§343.672. Instructional Days.

Effective Date: 1/1/15

- (a) The facility administrator shall ensure that the educational program provides for at least 180 days of instruction unless:
 - (1) a waiver has been granted by the TEA for fewer days; or
 - (2) the number of educational days coincides with the local school district calendar.
- (b) An education service provider is required to provide a full educational day. An educational day is required to:
 - (1) be seven hours long; and
 - (2) consist of at least five and one-half hours of required secondary curriculum to students.

§343.673. Special Education.

Effective Date: 1/1/10

- (a) The facility administrator, through a cooperative effort with the Local Education Agency (LEA), will ensure that residents with disabilities are provided a free and appropriate public education as determined by the Admission, Review and Dismissal committee in order to meet the individual educational needs of the student as defined by federal and state laws.
- (b) The facility administrator, through a cooperative effort with the LEA, will ensure that residents with disabilities have available an instructional day commensurate with that of students without disabilities, in accordance with requirements contained in 19 TAC §89.1075(d).
- (c) The facility administrator or designee shall send notification of a student placement in a residential facility to the LEA as required by §29.012 of the Texas Education Code and shall retain documentation of this notice.

Texas Administrative Code

§343.674. Educational Space.

Effective Date: 1/1/10

The facility administrator shall ensure that educational space is adequate to meet the instructional requirements for each resident.

§343.675. Orientation for Educational Staff.

Effective Date: 1/1/15

- (a) All permanent educational staff and substitutes with a known facility assignment of five consecutive school days or longer shall receive a facility orientation prior to performing educational duties. Orientation shall include:
- (1) security procedures;
 - (2) emergency procedures;
 - (3) behavior management system and prohibited sanctions; and
 - (4) reporting abuse, neglect, and exploitation.
- (b) Documentation of the orientation shall be maintained.

§343.676. Supervision During Educational Program.

Effective Date: 1/1/15

Educational staff shall not be counted in staff-to-resident ratios.

§343.677. Vocational Training Program.

Effective Date: 1/1/15

If the facility offers a vocational training program that is not administered by the school and through which no academic credit is gained, the facility administrator shall ensure the program is administered by appropriately qualified persons to provide instruction or mentoring in the vocational skills.

§343.678. Reading Materials.

Effective Date: 1/1/10

Age-appropriate reading materials shall be available to all residents.

§343.680. Recreation and Exercise.

Effective Date: 6/1/16

- (a) Recreational equipment and supplies shall be provided for use by residents. All recreational equipment shall be maintained in working order to ensure the safety of all staff and residents in the facility.
- (b) The recreational schedule shall offer the following programming each day:
- (1) at least one hour of large muscle exercise; and
 - (2) at least one hour of open recreational activity.
- (c) Large muscle exercise shall take place outside of the individual resident sleeping quarters or sleeping rooms.
- (d) If the facility provides an opportunity for residents to participate in scheduled physical recreation, the requirements of this standard are satisfied regardless of whether or not the resident chooses to participate.
- (e) A resident's recreational schedule may be altered under the following conditions:
- (1) participation by the resident is contraindicated for medical reasons;
 - (2) the resident is in safety-based seclusion, disciplinary seclusion, room restriction, resident-initiated separation, protective isolation, medical isolation, or assessment isolation;

Texas Administrative Code

- (3) the resident has a scheduled appointment;
 - (4) extenuating circumstances exist that impede the recreational schedule; or
 - (5) the resident presents an imminent danger to self or others.
- (f) A youth's recreational schedule may not be altered due to imminent danger to self or others without written approval from the facility administrator. The written approval shall be maintained.

§343.686. Rehabilitative Services.

Effective Date: 1/1/10

The social services program shall provide for the availability of:

- (1) professional counseling services (individual and group);
- (2) substance abuse prevention education; and
- (3) HIV/AIDS prevention education.

§343.688. Residential Case Plan.

Effective Date: 1/1/15

- (a) The initial case plan shall be completed no later than 30 calendar days from the resident's date of placement.
- (b) The case plan shall contain documentation acknowledging that the plan was developed in consultation with the resident; the resident's parent, legal guardian, or custodian; and the supervising juvenile probation officer.
- (c) The case plan shall contain specific goals for at least the following nine domains:
 - (1) medical and dental;
 - (2) safety and security;
 - (3) recreational;
 - (4) educational;
 - (5) mental and behavioral health;
 - (6) relationship;
 - (7) socialization;
 - (8) permanency; and
 - (9) parent and child participation.
- (d) The case plan shall be signed by the resident; the resident's parent, legal guardian, or custodian; the facility's designee; and the supervising juvenile probation officer. If the parent, legal guardian, or custodian refuses to participate or sign the case plan or the facility's designee cannot locate the person, the facility's designee shall document this in writing in the resident's case plan.
- (e) The date of the facility designee's signature on the case plan shall be the case plan completion date.
- (f) The case plan shall be retained in the resident's case file with documentation verifying that copies were provided to the resident; the resident's parent, legal guardian, or custodian; and the supervising juvenile probation officer.

Texas Administrative Code

§343.690. Residential Case Plan Review.

Effective Date: 1/1/15

- (a) Case plans shall be reviewed no later than 90 calendar days from the date of completion of the initial case plan or case plan review and at least once every 90 calendar days thereafter.
- (b) The case plan review shall contain documentation acknowledging that the review was conducted in consultation with the resident; the resident's parent, legal guardian or custodian; and the supervising juvenile probation officer.
- (c) Case plan reviews shall measure the resident's progress toward meeting his/her goals using the six-point scale outlined in 1 TAC §351.13.
- (d) The case plan review shall document any newly identified needs, goals, and interventions for the juvenile and the juvenile's family.
- (e) The case plan review shall be signed by the resident; the resident's parent, legal guardian, or custodian; the facility's designee; and the supervising juvenile probation officer. If the parent, legal guardian, or custodian refuses to participate or sign the case plan or the facility's designee cannot locate the person, the facility's designee shall document this in writing in the resident's case plan.
- (f) The date of the facility designee's signature on the case plan review shall be the case plan review completion date.
- (g) The case plan review shall be retained in the resident's case file with documentation verifying that copies were provided to the resident; the resident's parent, legal guardian, or custodian; and the supervising juvenile probation officer.

§343.700. Physical Training Program.

Effective Date: 1/1/15

Sections 343.702, 343.704, 343.706, 343.708, 343.710, and 343.712 of this title apply to facilities that use a physical training program.

§343.702. Governing Board Approval.

Effective Date: 1/1/15

In facilities that begin operating a physical training program on or after January 1, 2010:

- (1) the facility shall obtain the governing board's written authorization to implement the program before the program begins operations;
- (2) the governing board's authorization process and written authorization shall be separate and distinct from the governing board's annual certification of the facility required by Texas Family Code §51.125; and
- (3) the governing board's written authorization shall be retained as long as the physical training program remains operational.

§343.704. Pre-Admission Requirements.

Effective Date: 1/1/15

- (a) Prior to admitting a resident into the physical training program, the following documentation shall be reviewed by the facility administrator or designee:
 - (1) a medical release signed and dated by a physician approving the resident's participation in the facility's physical training program;
 - (2) the physician's acknowledgement of the components of the physical training program; and
 - (3) a psychological evaluation or behavioral health assessment, which shall indicate whether there are therapeutic contraindications to the resident's participation in the physical training program.
- (b) The documentation required by this standard shall be maintained in the resident's file or the resident's medical file.

Texas Administrative Code

§343.706. Physical Training Program Plan.

Effective Date: 1/1/15

The facility shall have a written physical training program plan developed in consultation with the facility's health service authority and approved by the governing board. The plan shall include:

- (1) a physical fitness screening tool that addresses whether the resident has the physical capability to fully participate in the physical training program. The tool shall be selected or developed by the facility administrator or designee;
- (2) a curriculum that addresses the specific types of exercises authorized for use within the program. The curriculum shall:
 - (A) define the time limitations of the individual exercises used in the physical training program; and
 - (B) define the set number of repetitions of each exercise per session;
- (3) specific criteria to determine when outdoor weather conditions are too extreme or dangerous for physical training. The criteria shall address scheduling changes when necessary to ensure the safety of residents (e.g., seasonal scheduling changes to accommodate for weather patterns);
- (4) adjustments for increased dietary allowances in the residents' menu plan to accommodate the need for modified caloric intake and hydration; and
- (5) protocols for removal from the program if a resident becomes unfit to participate in the physical training program due to medical or mental health reasons.

§343.708. Injury and Illness.

Effective Date: 1/1/15

- (a) If a resident is deemed unfit to participate in the physical training program due to medical reasons, the facility must document that a physician has determined the resident is fit to resume program activities before the resident is permitted to return to the program.
- (b) The facility shall maintain a log of residents who are deemed unfit to participate in the physical training program due to medical reasons. The log shall show:
 - (1) resident's name and date of birth;
 - (2) date the resident was deemed unfit to participate; and
 - (3) date the resident resumed participation, if applicable.

§343.710. Disciplinary Sanctions.

Effective Date: 1/1/15

- (a) The facility shall have written policies and procedures, including guidelines, parameters, and limitations, on the types of physical activity that may be used for discipline or refocusing purposes (e.g., physical activities used to discipline for non-compliant behavior or as a substitute for write-ups or disciplinary seclusion).
- (b) Physical exercises used for intimidation shall be prohibited.
- (c) Residents shall not receive disciplinary sanctions that cause bodily duress (i.e., physical punishment to the body).

§343.712. Physical Fitness Screening Tool.

Effective Date: 1/1/15

- (a) A resident shall not participate in the physical training program until the initial physical fitness screening tool has been completed and evaluated.
- (b) Every 30 calendar days, the facility shall administer the physical fitness screening tool to re-evaluate the resident's ability to participate in the physical training program.
- (c) The results of the resident's physical fitness screening and the facility designee's evaluation of the screening results shall be maintained in the resident's file.

Subchapter E Restraints

§343.800. Definitions.

Effective Date: 1/1/15

The following words and terms, when used in this chapter, shall have the following meanings, unless otherwise expressly defined within the chapter.

- (1) **Approved Personal Restraint Technique**--A professionally trained, curriculum-based, and competency-based restraint technique that uses a person's physical exertion to completely or partially constrain another person's body movement without the use of mechanical restraints.
- (2) **Approved Mechanical Restraint Devices**--A professionally manufactured and commercially available mechanical device designed to aid in the restriction of a person's bodily movement. TJJJ-approved mechanical restraint devices are limited to the following:
 - (A) **Ankle Cuffs**--A metal band designed to be fastened around the ankle to restrain free movement of the legs.
 - (B) **Handcuffs**--Metal devices designed to be fastened around the wrist to restrain free movement of the hands and arms.
 - (C) **Plastic Cuffs**--Plastic devices designed to be fastened around the wrists or legs to restrain free movement of hands, arms, or legs. Plastic cuffs must be designed specifically for use in human restraint.
 - (D) **Restraint Bed**--A professionally manufactured and commercially available bed or integrated bed attachments that are specifically designed to facilitate safe human restraint.
 - (E) **Restraint Chair**--A professionally manufactured and commercially available restraint apparatus specifically designed for safe human restraint. The device restrains a subject in an upright, sitting position by restricting the subject's extremities, upper leg area, and torso with soft restraints. The apparatus may be fixed or wheeled for relocation.
 - (F) **Waist Belt**--A cloth, leather, or metal band designed to be fastened around the waist and used to secure the arms to the sides or front of the body.
 - (G) **Wristlets**--A cloth or leather band designed to be fastened around the wrist that may be secured to a waist belt or used in a non-ambulatory mechanical restraint.
- (3) **Chemical Restraint**--The application of a chemical agent on one or more residents.
- (4) **Four-Point Restraint**--The use of approved mechanical restraint devices on each of a resident's wrists and ankles to secure the resident in a supine position to a restraint bed.
- (5) **Mechanical Restraint**--The application of an approved mechanical restraint device.

Texas Administrative Code

- (6) **Non-Ambulatory Mechanical Restraint**--A method of prohibiting a resident's ability to stand upright and walk with the use of a combination of approved mechanical restraint devices, cuffing techniques, and the subject's body positioning. The four-point restraint and restraint chair are examples of acceptable non-ambulatory mechanical restraints.
- (7) **Personal Restraint**--The application of an approved personal restraint technique.
- (8) **Physical Escort**--Touching or holding a resident with a minimum use of force for the purpose of directing the resident's movement from one place to another. A physical escort is not considered a personal restraint.
- (9) **Protective Devices**--Professionally manufactured devices used for the protection of residents or staff that do not restrict the movement of a resident. Protective devices are not considered mechanical restraint devices.
- (10) **Restraint**--The application of an approved personal restraint technique, an approved mechanical restraint device, or a chemical agent to a resident so as to restrict the individual's freedom of movement.
- (11) **Riot**--A situation in which three or more persons in the facility intentionally participate in conduct that constitutes a clear and present danger to persons or property and substantially obstructs the performance of facility operations or a program therein. Rebellion is a form of riot.
- (12) **Soft Restraints**--Non-metallic wristlets and anklets used as stand-alone restraint devices or in conjunction with a restraint bed or restraint chair. These devices are designed to reduce the incidence of skin, nerve, and muscle damage to the subject's extremities.

§343.802. Requirements.

Effective Date: 1/1/15

- (a) Restraints shall be used only by juvenile supervision officers and juvenile probation officers.
- (b) Prior to participating in a restraint, juvenile probation officers and juvenile supervision officers shall be trained in the use of the facility's specific verbal de-escalation policies, procedures, and practices.
- (c) Prior to participating in a restraint, juvenile probation officers and juvenile supervision officers shall have received training and demonstrated competency in the approved restraint techniques and devices used by the facility.
- (d) Restraints shall be used only to prevent imminent or active:
 - (1) self-injury or injury to others;
 - (2) serious property damage; or
 - (3) escapes.
- (e) Restraints shall be used only as a last resort.
- (f) Only the amount of force and type of restraint necessary to control the situation shall be used.
- (g) Restraints shall be implemented in such a way as to protect the health and safety of the resident and others.
- (h) Restraints shall be terminated as soon as the resident's behavior indicates that the imminent threat of self-injury, injury to others, or serious property damage or the threat of escape has subsided.

Texas Administrative Code

§343.804. Prohibitions.

Effective Date: 1/1/15

Restraints that employ any of the following techniques are prohibited:

- (1) restraints used for punishment, discipline, retaliation, harassment, compliance, intimidation, or as a substitute for an appropriate disciplinary seclusion;
- (2) restraints that deprive the resident of basic human necessities, including restroom opportunities, water, food, and clothing;
- (3) restraints that are intended to inflict pain;
- (4) restraints that place a resident in a prone or supine position with sustained or excessive pressure on the back, chest, or torso;
- (5) restraints that place a resident in a prone or supine position with pressure on the neck or head;
- (6) restraints that obstruct the resident's airway, including a procedure that places anything in, on, or over the resident's mouth or nose;
- (7) restraints that interfere with the resident's ability to communicate;
- (8) restraints that obstruct the view of the resident's face;
- (9) any technique that does not require the monitoring of the resident's respiration and other signs of physical distress during the restraint; and
- (10) percussive or electrical shocking devices.

§343.806. Documentation.

Effective Date: 1/1/15

- (a) Except for restraints addressed in §343.818 of this title, all restraints shall be fully documented and the documentation shall be maintained. Documentation shall include an accurate description of the restraint event, including:
 - (1) the name of the resident;
 - (2) the name and title of each staff member who administered the restraint;
 - (3) a narrative description of the restraint event from each staff member who participated in the restraint;
 - (4) the date of the restraint;
 - (5) the duration of each type of restraint (e.g., personal, mechanical), including notation of the time each type of restraint began and ended;
 - (6) the location of the restraint;
 - (7) the events and behavior that prompted the initial restraint and any continued restraint;
 - (8) de-escalation efforts and all restraint alternatives attempted;
 - (9) the type of restraint(s) applied, including, as applicable:
 - (A) the specific type of personal restraint hold applied;
 - (B) the type of mechanical restraint device(s) applied; and
 - (C) the type of chemical restraint(s) used; and
 - (10) whether or not any injury occurred during the restraint and a description of any injuries.
- (b) The facility shall maintain a restraint log. The log shall be organized chronologically by date and document the following information:

Texas Administrative Code

- (1) name of the resident;
- (2) type of restraint applied (e.g., personal, mechanical);
- (3) name of staff member(s) who administered the restraint;
- (4) time and date the restraint began; and
- (5) time and date the restraint ended.

§343.808. Personal Restraint.

Effective Date: 1/1/15

- (a) A facility shall not use a personal restraint technique before it has been approved for use by TJJD.
- (b) Personal restraints shall be administered in a manner consistent with the approved personal restraint technique adopted by the facility.
- (c) Juvenile supervision officers and juvenile probation officers shall be retrained in the approved personal restraint technique in accordance with the requirements of the technique or at least once every 365 calendar days, whichever time frame is shorter.

§343.810. Mechanical Restraint.

Effective Date: 1/1/15

(a) **Requirements.**

- (1) Only TJJD-approved mechanical restraint devices shall be used by a facility.
- (2) Mechanical restraint devices shall be used only in a manner consistent with their intended use.
- (3) All mechanical restraint devices shall be inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. The dates of the inspections shall be documented.
- (4) All faulty or malfunctioning devices shall be restricted from use until they are repaired or replaced. Any maintenance performed shall adhere to the manufacturer's guidelines.

(b) **Prohibitions.**

- (1) Except as noted in paragraph (2) of this subsection, approved mechanical restraint devices shall not be altered from the manufacturer's design.
- (2) If a required repair will modify or alter a restraint bed, restraint chair, and/or accompanying soft restraints, the facility shall obtain and maintain written approval from the manufacturer prior to the repair. The restraint equipment shall meet the requirements of this subchapter after the alteration or modification occurs.
- (3) A resident shall not be placed in a prone position while restrained in any mechanical restraint for a period of time longer than necessary to apply the restraint device.
- (4) A mechanical restraint shall not secure a resident in a prone, supine, or lateral position with the resident's arms and hands behind the resident's back and secured to the resident's legs.
- (5) Approved mechanical restraint devices shall not be secured so tightly as to interfere with circulation or so loosely as to cause chafing of the skin.
- (6) Approved mechanical restraint devices shall not be secured to a stationary object except when complete immobilization is required by use of a four-point restraint or a restraint chair.
- (7) A resident in an approved mechanical restraint device shall not participate in any physical activity.
- (8) Plastic cuffs shall be used only in emergency situations.

Texas Administrative Code

§343.812. Non-Ambulatory Mechanical Restraints.

Effective Date: 1/1/15

- (a) Non-ambulatory mechanical restraints shall be used only in response to a resident's overt self-injurious behavior and only when other less restrictive interventions or other forms of physical restraint have been deemed to be inappropriate or ineffective.
- (b) The initial use of non-ambulatory mechanical restraints shall receive incident-specific authorization from the facility administrator or designee. Standing orders authorizing non-ambulatory mechanical restraints are prohibited.
- (c) Non-ambulatory mechanical restraints shall be conducted in an area or room that is not visible to other residents but in a location that is readily accessible to health care professionals or specially trained staff with supervisory responsibilities specific to the oversight of the non-ambulatory mechanical restraints.
- (d) A room or cell with fixed or static non-ambulatory mechanical restraint fixtures or mechanisms (e.g., anchoring points or devices) shall be used to house a resident who is not being restrained in a non-ambulatory mechanical restraint only if the resident is being provided constant supervision.
- (e) Non-ambulatory mechanical restraints shall be restricted to professionally manufactured, standards-compliant restraint beds, restraint chairs, and soft restraint devices.
- (f) A written recommendation from a health care professional or a mental health provider is required for a non-ambulatory mechanical restraint to continue longer than one hour.
- (g) Non-ambulatory mechanical restraints lasting two hours in duration shall be considered a behavioral health crisis and shall result in an immediate referral to a mental health provider or a mental health facility for assessment and possible treatment.
- (h) Under no circumstances shall a non-ambulatory mechanical restraint exceed three hours in duration within a 24-hour period. The collective time a resident spends in multiple non-ambulatory mechanical restraints occurring within a 24-hour period shall not exceed three hours.
- (i) Residents in a non-ambulatory mechanical restraint shall be provided:
 - (1) constant visual supervision by a juvenile supervision officer or juvenile probation officer;
 - (2) an opportunity for expanded physical motion for not less than five minutes at every 30-minute interval;
 - (3) an opportunity to drink water every hour;
 - (4) regularly prescribed medications, unless otherwise ordered by a physician; and
 - (5) an opportunity to eliminate bodily waste at least every hour.
- (j) The constant visual supervision required in subsection (i)(1) of this section may be from behind an architectural barrier, such as a window, as long as the constant visual supervision is not interrupted or impeded.
- (k) Requirements in subsection (i) of this section shall be fully documented and retained in the facility record or resident file. The juvenile supervision officer or juvenile probation officer shall document any instance in which the resident's aggressive behavior prevents staff from providing any of the items listed in subsection (i) of this section.
- (l) The following documentation shall be retained in the facility record or resident file:
 - (1) an assessment of the resident's circulation, positioning, and breathing conducted at least every ten minutes by a specially trained juvenile supervision officer or a health care professional; and
 - (2) documented checks, performed by a health care professional or specially trained staff, of the physical condition of the resident and the placement of the mechanical restraint devices within the first 30 minutes of the restraint and every hour thereafter.

Texas Administrative Code

- (m) The officer responsible for providing the constant visual supervision of a resident in a non-ambulatory mechanical restraint shall have physical possession of the key or other mechanism for releasing the resident from the restraint.
- (n) Any juvenile probation officer or juvenile supervision officer authorized to place a resident in a non-ambulatory mechanical restraint shall be trained in topics that include:
 - (1) monitoring the vital signs and critical circulation points of a resident placed in the non-ambulatory mechanical restraint; and
 - (2) emergency procedures for the removal of a resident from the non-ambulatory mechanical restraint.

§343.816. Chemical Restraints.

Effective Date: 1/1/10

In addition to the requirements found in §§343.802, 343.804, and 343.806 of this chapter, the use of chemical restraints shall be governed by the following criteria:

- (1) chemical restraints shall only be used in response to episodes of resident riot and only then when other forms of approved restraints are deemed to be inappropriate or ineffective;
- (2) the use of chemical restraints shall receive incident-specific authorization from the facility administrator. Standing orders authorizing chemical restraints are prohibited;
- (3) chemical restraints are restricted to professionally manufactured and commercially available defense sprays and vaporizing agents containing either Oleoresin Capsicum (i.e., OC pepper sprays) or Orthochlorobenzalmalonitrile (i.e., tear gas);
- (4) chemical restraint deployment devices shall be stored in a locked area, and the issuance of these devices to juvenile supervision officers shall not commence until the facility administrator's authorization has been provided;
- (5) chemical restraints shall not be used on a resident when he or she is in a personal or mechanical restraint, or otherwise under control;
- (6) immediately following the use of a chemical restraint, the exposed resident shall be visually or physically examined by a health care professional and provided treatment if necessary; and
- (7) chemical agent compatible neutralizers or decontaminants shall be readily available for use on residents who have been exposed to chemical restraints.

§343.818. Preventive Mechanical Restraints.

Effective Date: 1/1/15

For resident, staff, and public safety purposes, a resident may be placed in ankle cuffs, handcuffs, wristlets, or a waist belt absent the imminent threat requirements in §343.802(d) of this title. These types of preventive mechanical restraints are authorized under the following circumstances:

- (1) Mechanical restraints may be used when moving a resident from point to point within the premises of a secure facility. The mechanical restraint devices shall be removed upon completion of the resident's relocation.
- (2) Mechanical restraints may be used when transporting a resident in a vehicle. However, a resident shall not be secured to:
 - (A) any part of the vehicle; or
 - (B) another resident.
- (3) Mechanical restraints may be used when a resident is required to leave the secure confines of the facility.

Texas Administrative Code

- (4) The routine, preventive use of mechanical restraint applications described in this section is exempt from the documentation requirements contained in §343.806 of this title, except when:
 - (A) the resident's cooperation is compelled through the use of a personal or chemical restraint;
 - (B) the resident receives an injury in relation to the restraint event or restraint devices; or
 - (C) the resident's behavior escalates to the imminent threat criteria listed in §343.802(d) of this title.