



1145 W. Diversey  
Parkway  
Chicago, IL 60614  
(773) 880-1460 phone  
(773) 880-2424 fax  
ncchc@ncchc.org  
www.ncchc.org

March 12, 2010

Clarence Williams, Jr  
Division Director  
Louisville Metro Youth Detention Center  
720 West Jefferson Street  
Louisville, KY 40202

Dear Mr Williams,

Congratulations! The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), during its meeting on March 12, 2010, voted to continue to accredit Louisville Metro Youth Detention Center for its compliance with NCCHC's *Standards for Health Services in Juvenile Detention and Confinement Facilities*. Enclosed are the accreditation report and the Certificate of Accreditation.

NCCHC congratulates you on your achievement and wishes you continued success in the future. It is anticipated that the next scheduled on-site survey of the facility will occur sometime prior to February 2013. If we can be of any assistance to you, please feel free to contact us.

Sincerely,

Jennifer E. Kistler, MPH, CCHP  
Director of Accreditation

Enclosures

CC: Edward A. Harrison, NCCHC President  
Angeleta Hendrickson  
Patrick A Sheridan, MD, MBA, CCHP, Medical Director  
Michele Sharp  
Becky Gentry



National Commission  
on Correctional Health Care

ACCREDITATION REPORT OF  
THE HEALTH CARE SERVICES AT  
Louisville Metro Youth Detention Center  
Louisville, Kentucky

March 12, 2010

National Commission on Correctional Health Care  
1145 W. Diversey Pkwy.  
Chicago, IL 60614-1318  
(703) 880-1460

Louisville Metro Youth Detention Center, KY  
March 12, 2010

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their youth and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On January 5-6, 2010, NCCHC conducted its review for continued accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC's team of experienced certified correctional health professionals utilized NCCHC's 2004 *Standards for Health Services in Juvenile Detention and Confinement Facilities* as the basis of its health services analysis. This report focuses primarily on issues in need of correction or enhancement. It is most effective when read in conjunction with the *Standards* manual.

There are 38 essential standards; 37 are applicable to this facility and 37 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Our findings include:

Essential Standards Not in Compliance

None

Essential Standards Not Applicable

Y-G-03          Infirmary Care

There are 35 important standards; 35 are applicable to this facility and 35 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Our findings include:

Important Standards Not in Compliance

None

Important Standards Not Applicable

None

Decision: On March 12, 2010, NCCHC's Accreditation Committee awarded the facility Accreditation.

## I. Facility Profile

Type of Facility:	Juvenile Detention and Confinement Facility
Total Admissions for 2009:	1538
Design-rated capacity:	96
Average daily population:	84
Average monthly intake:	4
Satellites:	1
Satellite average daily population:	6

### Description of Facility

Opened in 1980, this facility is operated under the authority of the Department of Public Protection. It is a co-educational facility and provides custodial care for up to 96 youth housed on 12 living units. Youth are court-ordered to the detention center when they are determined to be a danger to the community or themselves, or if there is a likelihood of not appearing for a court hearing. The youth detention center has four major program areas: admissions, secure detention, housekeeping, and food services.

The admissions unit provides 24-hour intake and release services. A school program, life skills, recreational activities, a behavioral management program, and health care services are provided to all detained youth.

A total of 89 child care workers are scheduled on duty during three work shifts.

### Juvenile Population Characteristics

On the day of the survey, there were 74 juveniles (69 males and five females)

### Facility's Health Services

Physician service is provided through a contract with a local university. Nursing, mental health, and dental services have been provided by the current national health care services contract vendor since October 1, 2008.

### Staffing

Health staff are on site from 7:00 a.m. until 9:00 p.m. on weekdays and from 8:00 a.m. until 9:00 p.m. on weekends and holidays. A physician is on site three days a week; a dentist conducts weekly dental clinics; and a psychiatrist sees youth at the facility as indicated. At the time of the survey, there were no vacancies.

## III. Survey Method

The on-site survey consisted of touring the clinic area, housing areas, segregation, recreation areas, and the kitchen. Documents reviewed included 26 health records; policies and procedures; provider licenses; administrative and health staff meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and child care worker training records. Interviews were conducted on a structured and confidential basis.

Those interviewed included the division director, responsible physician, nursing supervisor, two nurses, dentist, social worker, food services supervisor, five child care workers (including one supervisor), and six randomly selected juveniles.

### III. Survey Findings and Comments

#### A. GOVERNANCE AND ADMINISTRATION

This section deals with the organization of the health services at the facility and the interface of custody and health services authorities. Although many models of organization are valid, the outcome needs to be a coordinated system of health care for the whole individual in which it is clear who does what, when, and under whose authority. Policies and procedures need to include site-specific operating guidelines. The foundation for operating the health services system are laid in this section; without compliance in these areas, health services staff lack basic parameters within which to practice clinical skills and meet patient needs.

#### Standard Specific Findings

**Y-A-01 Access to Care (E).** Juveniles have access to health care. Patients are seen by a qualified clinician and receive care in a timely manner as ordered for their serious medical, mental health, and dental needs. No fee-for-service program is in place. The standard is met.

**Y-A-02 Responsible Health Authority (E).** The responsible health authority (RHA) is a national contract vendor with an on-site designee (the nursing supervisor). She is on site five days a week. Clinical judgments rest with a designated responsible physician who is on site three days a week. The standard is met.

**Y-A-03 Medical Autonomy (E).** Qualified health care professionals make decisions regarding juveniles' serious medical, dental, and mental health needs in the juveniles' best interests. We noted good cooperation between child care worker and medical staff. The standard is met.

**Y-A-04 Administrative Meetings and Reports (E).** The division director, nursing supervisor, and physician meet monthly to discuss administrative matters. Nurses, mental health staff, child care workers, program social workers, and detention supervisors attend whenever indicated. Health care staff meetings are held monthly. The nursing supervisor submits monthly statistics. The standard is met.

**Y-A-05 Policies and Procedures (E).** The health services policy manual is site-specific. The nursing supervisor last reviewed it in October 2009. The standard is met.

**Y-A-06 Continuous Quality Improvement Program (E).** The physician reviews at least five percent of the health records on a monthly basis. The chart reviews are documented on a designated form. The review findings are discussed during the quarterly administrative meetings. All events and processes that are detailed in the standard are reviewed annually. The standard is met.

**Y-A-07 Emergency Response Plan (E).** Actual disaster incidents were critiqued in each of the last three years. The incidents involved flooding within the facility (two separate years), and a toxic gas leak; each necessitated activation of the disaster plan, with health services staff involvement. Each situation was thoroughly critiqued and the results were shared with all staff.

Actual youth-down situations were documented each of the last three years, critiqued, and shared with all health staff as well. The standard is met.

**Y-A-08 Communication on Special Needs Patients (E).** Communication between designated child care workers, program social workers, and health staff with regard to juveniles' special health needs occurs via direct verbal communication and in writing (memorandum). The standard is met.

**Y-A-09 Privacy of Care (I).** Health care encounters are conducted in auditory and visual privacy. All child care workers have been instructed on matters pertaining to patient confidentiality. The standard is met.

**Y-A-10 Procedure in the Event of a Juvenile Death (I).** There have been no deaths since the last survey. Policies and procedures are in place to complete a mortality review within 30 days of a youth's death (and a psychological autopsy in the case of a suicide). The standard is met.

**Y-A-11 Grievance Mechanism for Health Complaints (I).** The health-related grievance program is integrated with the formal grievance program. On average, 18 formal health-related grievances are filed a year. Responses to grievances are timely and corrective action is taken whenever indicated. The standard is met.

**Y-A-12 Notification in Emergencies (I).** When health staff become aware of a youth's serious illness, injury, or death, they alert designated child care workers of the situation. The standard is met.

**Y-A-13 Federal Sexual Assault Reporting Regulations (I).** The superintendent described the facility as compliant with the 2003 Federal Prison Rape Elimination Act. The standard is met.

## B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

These standards address those aspects of the physical plant and facility operations that are related to maintaining a healthy environment for staff and juveniles alike. Although direct responsibility for several issues considered here belongs to the custody authorities, health staff assist in monitoring and advising when issues arise affecting health and safety.

### Standard Specific Findings

**Y-B-01 Infection Control Program (E).** Infection control matters are addressed during the monthly department head meetings. Juveniles with communicable diseases are transferred to the local hospital when negative airflow isolation is required. Reports are filed in accordance with local, state, and federal laws. The physician reviews and approves the written exposure control plan annually. The standard is met.

**Y-B-02 Environmental Health and Safety (E).** Health staff appear to work under safe and sanitary conditions. Juveniles are housed and receive health care in a clean, safe, and healthy environment. Monthly environmental inspections of the facility are conducted in accordance with the standard. The standard is met.

**Y-B-03 Kitchen Sanitation and Food Handlers (I).** Food is prepared on site by a contracted vendor. Juvenile workers are not employed in the food services operations. The kitchen, food storage, preparation, and dining areas are inspected monthly and the results are documented. The food service operation follows all guidelines set forth by the state juvenile justice department as well as local and state oversight agencies. The standard is met.

**Y-B-04 Ectoparasite Control (I).** Only infested juveniles are treated for ectoparasites, after consideration for possible contraindications. The standard is met.

### C. PERSONNEL AND TRAINING

The focus of this section is on staff -- health staff and custody staff -- and the professionalism with which they meet their responsibilities. The goal is to have appropriately credentialed and skilled health staff of sufficient numbers and types able to meet the health needs of the juvenile population. Custody staff are provided the necessary training to be able to support health services and intervene in an emergency in the absence of health staff. Health staff are oriented to the issues of concern related to providing health care within a correctional environment.

#### Standard Specific Findings

**Y-C-01 Credentialing (E).** Health care personnel who provide services to juveniles have current licenses and other appropriate credentials on file. The standard is met.

**Y-C-02 Clinical Performance Enhancement (I).** Annual clinical performance enhancement reviews were completed for all of the primary care providers and had been shared with them. The standard is met.

**Y-C-03 Continuing Education for Qualified Health Care Professionals (E).** We confirmed that qualified health care professionals have the required number of continuing education credits; all are current in cardiopulmonary resuscitation (CPR) training. The standard is met.

**Y-C-04 Training for Child Care Workers (E).** All of the child care workers who work directly with juveniles have the required training in health-related topics and CPR. Child care workers are trained on behavioral management, child abuse detection, rape/domestic violence, suicide prevention, anger control, and common medical issues. The standard is met.

**Y-C-05 Medication Administration Training (E).** Nurses administer all medications. They have undergone documented medication administration training. The standard is met.

**Y-C-06 Juvenile Workers (E).** Juveniles are not used as workers in any aspect of the health services operation. The standard is met.

**Y-C-07 Staffing Plan (I).** Full-time equivalent health staff includes:

RN	1.0	
LPN	2.0	
LPN	1 P/T	
Social Worker		1.0
Physician	0.15	

Psychiatrist	as needed
Dentist	0.05
Optometrist	once every 4-6 weeks

At the time of the survey, there were no health care staff vacancies. The standard is met.

**Y-C-08 Health Care Liaison (E).** The on-duty supervisor is the designated health care liaison when nursing staff are not on site. The standard is met.

**Y-C-09 Orientation for Health Staff (I).** All health staff undergo a basic orientation on the first day of on-site service and all full-time health staff complete an in-depth orientation within 90 days of employment. The standard is met.

#### D. HEALTH CARE SERVICES AND SUPPORT

These standards address requirements of space, materials and resources for the delivery of health care, whether they are provided within the facility or off site in the community. These are the "tools" with which the health staff provide assessment and treatment services.

##### Standard Specific Findings

**Y-D-01 Pharmaceutical Operations (E).** Pharmaceutical services, which are provided by a local vendor, are sufficient to meet the needs of the juveniles. The health care clinic has a designated, secure area for pharmaceutical storage. The pharmacy is inspected quarterly; medications are stored properly. The facility complies with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals. The standard is met.

**Y-D-02 Medication Services (E).** The responsible physician determines the prescriptive practices at this facility. There is a procedure for identifying, correcting, and reporting medication errors. A keep-on-person (KOP) self-medication program is not in place. The standard is met.

**Y-D-03 Clinic Space, Equipment, and Supplies (I).** The clinic area includes two examination rooms and a dental room, laboratory area, medical records room, nursing station, nursing supervisor's office, medical waiting room, and a storage room. Items subject to abuse are inventoried monthly. Adequate supplies and equipment are available. The standard is met.

**Y-D-04 Diagnostic Services (I).** Finger-stick blood glucose tests, peak flow meters, multiple-test dipstick urinalysis, and pregnancy tests are available. All complex testing needs are referred out to one of several local hospitals. Hard copy test results are returned to the facility in a timely manner. The standard is met.

**Y-D-05 Hospital and Specialty Care Arrangements (I).** Arrangements with a local hospital for inpatient medical and specialized medical outpatient care are documented by a written agreement, which requires that the facility be provided with a summary for the treatment given and any follow-up instructions. The standard is met.

## E. JUVENILE CARE AND TREATMENT

These standards form the core of a health program and include requirements for those health services to be provided to all juveniles at the institution. Here are outlined the assessment and treatment processes, and procedures for obtaining health services. Access to relevant pre-incarceration health histories, care that is provided during incarceration, and arrangement for continuing care upon discharge or transfer are all addressed.

### Standard Specific Findings

**Y-E-01 Information on Health Services (E).** Juveniles are given a handbook of facility rules and regulations and health services during the admissions process. The handbook includes information on how to access health care services and the health-related grievance procedures. The juveniles are also verbally advised by the child care workers on access to health care. Provisions are in place for those who are hearing-impaired or who cannot speak English (local resources for the hearing-impaired and AT&T services for non-English speaking youth). The standard is met.

**Y-E-02 Receiving Screening (E).** Child care workers conduct a preliminary screening of all youth at the time of arrival. Health-trained staff complete the receiving screening immediately upon the youth's arrival if he or she is brought in directly from the street. The receiving screening form contains all inquires and observations as described in the standard. Child care workers immediately refer all youth with identified medical, mental health, and dental problems to the nursing staff. A nurse completes a more in-depth screening of all newly arrived youth within 12 hours of their arrival. The standard is met.

**Y-E-03 Receiving Screening for Transfers (E).** On occasion, youth are admitted from other detention facilities. In such cases, a child care worker completes an initial screening upon the youth's arrival. A nurse conducts a secondary screening within 12 hours; at this time, the health records that accompanied the youth are reviewed and additional medical and mental health information is documented. The standard is met.

**Y-E-04 Health Assessment (E).** All juveniles receive an initial health assessment no later than seven calendar days after their admission, unless they have had a documented health assessment within the past 90 days. If this is the case, the physician reviews the health records and updates them as needed. The health assessment is completed by the physician and it contains all appropriate elements. The standard is met.

**Y-E-05 Mental Health Screening and Evaluation (E).** We noted in our records review that the mental health screening is completed by a licensed social worker within 14 days. The mental health screening forms contain all inquiries described in the standard. Juveniles with positive responses on the mental health screening are referred to qualified mental health professionals for further evaluation. The standard is met.

**Y-E-06 Oral Care (E).** The physician completes the oral screening during the health assessment (within seven days). The dentist provides instruction in oral hygiene and preventive oral education within 14 days of a youth's admission to this facility as part of the full oral examination process. Access to dental care is timely and includes immediate access for urgent or painful conditions. The system of established priorities for oral treatment is not limited to extractions. The standard is met.

**Y-E-07 Nonemergency Health Care Requests and Services (E).** Youth can request health care by speaking directly with the nursing staff during medication administration rounds or with any child care worker, who will relay it to health care staff in a timely manner. Nurses see all youth who have requested a sick call visit within 24 hours, and usually the same day. The standard is met.

**Y-E-08 Emergency Services (E).** Twenty-four hour emergency medical, mental health, and dental services are available seven days a week. Emergency drugs, supplies, and medical equipment are properly maintained. Emergency transportation is available at all times, as are emergency on-call services. The standard is met.

**Y-E-09 Segregated Juveniles (E).** Upon notification that a juvenile is placed in segregation, qualified health care professionals assess the youth for contraindications to segregation. When they are on duty, health professionals monitor segregated juveniles at least once a shift. The program workers and mental health staff see juveniles on their active case load at least weekly. Child care workers monitor juveniles in segregation at least every 15 minutes. The segregation rounds are documented appropriately. The standard is met.

**Y-E-10 Patient Escort (I).** Juveniles are escorted to on- and off-site clinical appointments in a timely manner. Delays and cancellations are not common at this facility. The standard is met.

**Y-E-11 Nursing Assessment Protocols (I).** Nursing assessment protocols, which do not include prescription medications, are utilized. The protocols were most recently reviewed in October 2009; nurses' skills are reviewed annually. The standard is met.

**Y-E-12 Continuity of Care During Incarceration (E).** We confirmed that continuity of care is appropriate. Ordered tests and specialty consultations are completed in a timely manner and health record documentation indicates that the ordering clinician reviews the results. Medications and other therapies are also provided as ordered. The standard is met.

**Y-E-13 Discharge Planning (I).** Discharge planning starts during the initial health screening and assessment processes and is then continued and updated by a designated treatment team that meets weekly. A discharge plan that includes release medications and referrals to community agencies is drafted prior to each youth's departure from the facility. The standard is met.

## F. HEALTH PROMOTION AND DISEASE PREVENTION

This section focuses on a twofold approach to health education: opportunities for all juveniles to learn about and engage in a healthy life style, and specific health teaching for patients regarding their particular health conditions.

### Standard Specific Findings

**Y-F-01 Health Education and Promotion (I).** Brochures and pamphlets on a variety of health topics are available in the medical clinic, library, and through the school programs. Individual

health education and instruction on self care is documented in the health record during clinical encounters. The standard is met.

**Y-F-02 Nutrition and Medical Diets (I).** At the time of the survey, several medical diets were being prepared. A registered dietitian reviews the regular and medical diet menus at least every six months and whenever a substantial change in the menu is made. Should a juvenile refuse a prescribed diet, he or she would receive follow-up nutritional counseling. The standard is met.

**Y-F-03 Exercise (I).** Juveniles are permitted to exercise at least one hour a day, seven days a week. Indoor and outdoor recreation facilities are available to them. The standard is met.

**Y-F-04 Personal Hygiene (I).** All juveniles may shower daily. The standard is met.

**Y-F-05 Use of Tobacco (I).** Tobacco use is prohibited at all times. A prevention and abatement program regarding the use of tobacco products is provided as needed. The standard is met.

## G. SPECIAL NEEDS AND SERVICES

The standards included in this section address specific health needs of those with chronic illness or health conditions requiring multidisciplinary interventions. Age, gender, and illness-related considerations are highlighted, and guidance provided to the health staff in organizing necessary treatment. A special concern with care provided to these patients is that it be in keeping with current community standards.

### Standard Specific Findings

**Y-G-01 Special Needs Treatment Plans (E).** When required by the patient's health condition(s), special needs treatment plans define the individual's care. Treatment plans include the frequency of follow-up for medical evaluation and adjustment of treatment modality; the type and frequency of diagnostic testing and therapeutic regimens; and when appropriate, instructions and accommodations for diet, exercise, medication, and adaptation to the correctional environment. Special needs are listed on the master problem list and a list of special needs patients is maintained. The standard is met.

**Y-G-02 Management of Chronic Disease (I).** The physician has identified the NCCHC's clinical guidelines as those which are used to guide the care of chronic care patients. There are protocols for the management of asthma, ADHD, diabetes, HIV, and tuberculosis disease or infection. Care as reflected in the health record appears in compliance with current community standards. A system is in place to ensure continuity of medications for chronic diseases. The standard is met.

**Y-G-03 Infirmary Care (E).** There is no infirmary at this facility. The standard is not applicable.

**Y-G-04 Mental Health Services (E).** Mental health staffing includes a full-time licensed social worker and a program worker for each housing unit. A contract psychiatrist who is employed by the national contracted vendor sees youth as needed and on referral. Treatment services

include screening, crisis intervention, and psychotropic medication management, as well as individual and group therapy sessions. The standard is met.

**Y-G-05 Suicide Prevention Program (E).** The suicide prevention program addresses each of the 12 key components as described by the standard. There have been no suicides since the facility opened in 1980. The standard is met.

**Y-G-06 Intoxication and Withdrawal (E).** Individuals with symptoms of mild to moderate intoxication or withdrawal are managed on site. Those with severe cases are transferred to the hospital for more intensive assessment and treatment. The management of such patients is in accordance with protocols approved by the responsible physician. The standard is met.

**Y-G-07 Care of the Pregnant Juvenile (E).** Female youths who are pregnant receive day-to-day care from the on-site health care staff. Prenatal care is provided off site at one of the local hospitals. Arrangements for delivery at the local hospital are made as well. The standard is met.

**Y-G-08 Juveniles With Alcohol and Other Drug Problems (I).** There are written clinical guidelines for the management of patients with alcohol and other drug problems. On-site individual counseling, group therapy, and self-help groups are available when indicated. There was evidence of communication and coordination between medical, mental health, and substance abuse staff regarding care. The standard is met.

**Y-G-09 Procedure In The Event Of Sexual Assault (I).** Victims of sexual assault are referred to a community facility for treatment and evidence collection. There has been one allegation of sexual assault since the last survey and it was handled in accordance with established policy. The standard is met.

**Y-G-10 Family Planning Services (I).** Counseling and social services regarding all aspects of sexuality are available in the facility and through referral to a local clinic. The standard is met.

**Y-G-11 Orthoses, Prostheses, and Other Aids to Impairment (I).** Our record review indicated that juveniles have been provided with aids to impairment upon a physician's order. The standard is met.

**Y-G-12 Management of Terminal Illness (I).** Although it would be rare for a terminally ill juvenile to be held at this facility, procedures are in place to make the appropriate accommodations. The standard is met.

## H. HEALTH RECORDS

The complexities of good documentation of health services in the medical record are addressed in this section. The legal requirements for health record contents is included in this section, as well as the special considerations necessary due to the ages and status of the patients within a correctional juvenile setting. There must be adequate means for sharing critical health information on an ongoing basis among the various providers where medical and mental health records are kept separately.

### Standard Specific Findings

**Y-H-01 Health Record Format and Contents (E).** Juvenile medical and mental health records are integrated in hard copy format. The health record contains a problem list, as well as all other critical elements. The standard is met.

**Y-H-02 Confidentiality of Health Records and Information (E).** Health records are maintained under secure conditions. Health staff have received documented instruction in maintaining patient confidentiality. The standard is met.

**Y-H-03 Access To Custody Information (I).** Qualified health care professionals have access to information in the juvenile's custody record when such information may be relevant to the juvenile's health and course of treatment. The standard is met.

**Y-H-04 Availability and Use of Health Records (I).** The health record is available for each planned patient care encounter. The standard is met.

**Y-H-05 Transfer of Health Records (I).** When a juvenile is transferred to a facility external to the system, pertinent health information accompanies him once written authorization has been obtained. The standard is met.

**Y-H-06 Retention of Health Records (I).** The jurisdiction's legal requirements regarding records retention are followed. The standard is met.

## I. MEDICAL-LEGAL ISSUES

These are among the most complex issues facing correctional health care providers. While the rights of the juvenile as a patient are generally the same as rights of a juvenile-patient in the free world, the correctional setting often adds additional considerations to be included in the decision-making process about patient care. Rights of the patient and the duty to protect the patient and others may present conflicting priorities; however, ethical guidelines, professional practice standards, and NCCHC standards are the determining factors regarding these interventions and issues.

### Standard Specific Findings

**Y-I-01 Use of Mechanical Restraint (E).** Clinical restraints are not routinely used at this facility. Handcuffs, waist belts, and a restraint chair may be used by child care workers. Juveniles who are placed in custody-ordered restraints are monitored by health care staff every five to ten minutes (when health staff are on duty) and by child care workers at least every 15 minutes. The standard is met.

**Y-I-02 Emergency Psychotropic Medication (E).** Forced psychotropic medications are not used at this facility. Should a juvenile require that level of care, he or she would be transported to an inpatient mental health unit at a local facility. The standard is met.

**Y-I-03 Forensic Information (I).** Health staff do not collect forensic information. The standard is met.

**Y-I-04 Informed Consent (I).** Informed consent is obtained prior to any invasive procedure or any treatment where there is some risk to the patient. The consent is documented on a form

that includes space for the signatures of the legal guardian and a health staff witness. The standard is met.

**Y-I-05 Right to Refuse Treatment (I).** Refusals of health care are appropriately documented and juveniles are counseled as to possible adverse consequences to their health that may occur as a result of a refusal. Refusals of health evaluations and treatments are appropriately documented. The standard is met.

**Y-I-06 Medical and Other Research (I).** No health-related research is conducted at this facility. The standard is met.