



**Facility Reviewed:** Connecticut Department of Children and Families (DCF) Connecticut Juvenile Training School

**Dates of Site Visits:** January 13, 2016  
January 27, 2016  
February 17, 2016

**Date of Report:** March 16, 2016

**Reviewer:** Walter J. Krauss, Psy.D.  
Mental Health Clinical Program Manager  
Correctional Managed Health Care  
University of Connecticut Health Center

**Purpose of Review:** This site review was conducted at the Connecticut Juvenile Training School (CJTS) at the request of the Connecticut Department of Children and Families (DCF) to evaluate the facility's physical plant from a suicide prevention perspective. The goal is to identify areas of concern related to potential self-injury and suicidal behavior and to provide recommendations on how to improve juvenile safety. This reviewer's approach is typically to inspect areas where youth may potentially be left unattended to identify areas where youth have the opportunity to engage in self-injurious or suicidal behavior; however, DCF requested that this process also include reviewing community areas as well. During this process, direct care staff were encouraged to accompany the reviewer and administrative personnel when available to reinforce the educational aspect of this process.

While the process was in progress, it was noted by the reviewer and staff that the rooms on each unit shared the same structural design and thus inspecting the same room designs on all units was not considered necessary from their perspective. It was also decided that community areas where staff directly observe the juveniles would not need to be reviewed as well. Twenty one rooms were reviewed and Superintendent Rosenbeck indicated that the rooms selected provide a representative sample of the facility's physical plant and no additional rooms or areas would need to be inspected.

**How to Use this Report:** This process is a continuous quality improvement initiative to help improve the safety of a facility from a suicide prevention perspective. While no facility is 'suicide proof', the aim of this process is to identify risk and to continuously work towards the goal of enhancing safety immediately and over time.

This process includes a physical plant inspection to identify potential risk factors from a suicide prevention/self-injurious behavior perspective and to share them with agency/facility administration via a written report. In addition, suicide prevention policies, related procedures, and 10 resident cases were reviewed as well to specifically consider the risk assessment process and how observations by direct care staff are conducted when on a precaution status.

In response to the identified concerns and recommendations, agency/facility administration may either choose one or more of three options: (1) modify the physical plant (2) modify policy and procedure, or (3) choose neither and/or defer making recommended changes and accept the identified risk; however, it is paramount that these findings and recommendations and the agency/facility's response to them are shared with the staff to not only inform them of the risks inherent in the facility, but to also demonstrate further the facility's/agency's commitment to suicide prevention.

**It is important to realize that while facilities, such as CJTS, have many positive attributes, this process and report are designed to focus more on the identification of risks, concerns, and areas in need of improvement related to suicide prevention rather than to focus on those attributes. It is hoped that the readers will read this report with that understanding in mind.**

**Site Visits:** Prior to initiating the process, this reviewer met with Debra Bond, Ph.D., CJTS Clinical Director, on January 13, 2016 to discuss the process and expectations as well as to address any questions or concerns. William Rosenbeck, CJTS Superintendent, had previously met with this reviewer prior to initiating the Pueblo Girls Program inspection on November 13, 2015.

During this initial visit, this reviewer was escorted by various staff to complete the initial set of room inspections, including:

John DiPilla, Assistant Superintendent  
Karen Fowler, Director of Nursing  
Kate Henry, Director of Residential Care  
Diane Reese, Supervising Clinician

After completing an initial draft of the 14 rooms reviewed the first day, this reviewer returned on January 27, 2016 to discuss next steps, review specific details to ensure accuracy, which is typical of this process, and to continue the review process. During this visit, another seven rooms was inspected and the following staff assisted in the process:

Ron Brone, Ph.D., Director of Residential Care / Training Coordinator  
Karen Fowler, Director of Nursing  
Ryan Grealis, Youth Services Officer  
Justin Hart, Youth Services Officer  
Kristy Ramsey, Assistant Superintendent

On February 17, 2016, this reviewer returned to review 10 mental health records of youth who had been placed on Safety Watches and follow up on details of the rooms inspected on January 27, 2016. During this visit, the following staff assisted in the process:

Debra Bond, Ph.D., Clinical Director  
Ron Brone, Ph.D., Director of Residential Care  
Gail Demarco, Ph.D., Supervising Psychologist I  
Rashod Monts, Assistant Unit Leader

It shall be noted that during the site visits, staff were always friendly, professional, responsive to questioning, and interested in learning about the process and how facility and juvenile safety could be improved.

**Description of the Facility:** The Connecticut Juvenile Training School is located on a 32-acre scenic campus at 1225 Silver Street in Middletown, Connecticut. CJTS was opened on August 21, 2001 and has the operational bed capacity to house up to 140 male youth between the ages of 12 and 20. In general, male youth may be admitted to CJTS in one of three ways: (1) new commitments to DCF via the court system, (2) parole relocation or revocation status in which the youth's parole status changes from parole supervision in the community to secure care at CJTS, or (3) a youth from congregate care that is aggressive, receives additional charges, or is non-compliant. These options require the review and approval of the DCF Regional Review team. While the goal for program length is three to six months, the average stay in 2015 was reported to be six months. At the time of the initial site visit, there were 62 male youths residing at the facility.

The Connecticut Juvenile Training School (CJTS) is operated by the Department of Children and Family Services and is the only state operated secure facility for boys adjudicated as delinquent and committed to the Department of Children and Families. The facility has a campus style design with six buildings surrounding a central courtyard with a clock tower in the middle. Concrete walkways link each of the buildings for efficient pedestrian movement. Basketball courts are located in the courtyard and there is a baseball field located between Building 1 and Building 3 on the upper level.

Building 1 is the Administration Building. It serves as the main entrance for both staff and visitors, contains administrative and support staff offices, and is where Master Control, the visitation area, and the operations post are located.

Building 2 is a converted residential building where the rehabilitation department can be found and where residents receive art and music therapy. There is also a teen center named 'The Zone' and the Boys Club, which has a contract with CJTS to provide social services.

Building 3 houses the Walter G. Cady School, the kitchen and dining facilities, the gymnasium, a large multi-purpose room/chapel, the maintenance department, housekeeping department, and the warehouse. In addition, you will find the Intake Processing Unit and Medical Suite that includes a psychiatric office, Director of Nursing's office, dental suite, nurse's station, youth restroom, psychiatric exam room, and the medical exam room. The Director of Nursing reports that youth are only left unsupervised briefly while using the youth bathroom and while awaiting the medical practitioner in the medical exam room. All youth are assigned to one of the three residential buildings: Building 4, 5, or 6.

Per Policy No. 80-4-21 *Intake and Admissions*, each youth stays on the intake unit, which was 4B at the time of inspection, for approximately 30 days before being reassigned to another unit. Readmissions are placed on the intake unit for up to 48 hours for initial observation and then are typically returned to their previous unit in accordance with their age. On the units are multipurpose rooms, dayrooms, media/telephone rooms, staff consoles, offices, four showers, and four bathrooms with each unit having limited handicapped shower/toilet accommodations. There are no handicapped bedrooms on the residential housing units, but there are special needs accommodations in the Building 4 medical suite. Youth will typically stay there briefly following medical procedures. Overall, there are eight residential units, which have seven newly developed Comfort Rooms (on all units with the exception of 4C and 4D) and five padded cells (with the exception of 4C, 4D, 5B, or 6B).

Building 4 has three living units with 18 beds on one unit and 14 each on the other two, office suites, a nursing station, a control station, and a half court gym. Building 5 has two living units of 18 beds

each, the training room, office suites, a nursing station, a control station, and a half court gym. Building 6 has three units of 18 beds each, a nursing station, a control station, and a half court gym.

### **General Findings**

It was clear throughout the inspection that facility administration maintains a dedicated and sincere approach to suicide prevention and learning about this process. They also maintained an open mind to reviewer suggestions and recommendations and were interested in addressing identified concerns as soon as possible.

K. Fowler, Director of Nursing, confirmed that youth have access to 24-hour nursing coverage at CJTS. She added that staff are required to be Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) certified prior to working independently with youth and receive refresher training every other year. There are three AED's within the facility located in the cafeteria, gymnasium, and outside the Operations Post Supervisor's office in the hallway near the sallyport entrance. The one in the cafeteria and the other outside the supervisor's office are checked and logged Monday to Friday by the Director of Nursing, which she explains exceeds the manufacturer recommendations. She adds that the Operation's Post Supervisor conducts checks of the AED in the gymnasium daily and logs it.

The Director of Nursing also reports, and per Policy No. 80-4-8 *Emergency First Aid Kits, Emergency Bags and Exposure Control Kits*, there are at least 30 First Aid kits that include CPR pocket masks/face shields throughout the facility including at each unit console which are checked each shift by residential staff (YSO's) and medical staff as are the four emergency bags within each unit's Medical Office by nursing. The emergency bags each include a J-Hook, which is a rescue tool designed as a seat belt cutter, but used primarily in confinement settings as a cut down tool when youth attach ligatures around their necks during hanging or ligature strangulation attempts. There are 40 rescue tools within the facility, in addition to another 13 that are in the training department.

Medication is stored within each building's 'med' cart within each building's Medical Office. Medication is only administered by medical staff rather than med-certified staff. In addition, youth do not handle or have access to hazardous materials, which are locked in a closet in the supervisor's office across from the console. Sharps are routinely logged and accounted for in accordance with Policy No. 80-3-29 *Tool and Equipment Control*.

### **Access to Care**

Upon intake, youth are provided with a "Resident Orientation Manual" on the first day and evaluated by a qualified mental health professional within one hour of their arrival regardless of the time of admission. The manual is comprehensive and provides the juvenile with an overview of the clinical services provided. Residents are informed that they will be assigned a clinician upon arrival, will meet with that clinician within the week, and to ask unit staff to contact clinical staff if they need to talk.

Regarding mental health services and according to Dr. Bond, youth typically receive one hour of individual therapy and two group sessions of clinical intervention per week in addition to family engagement activities, if and when applicable. During the intake process, all youth are seen by a psychiatrist, whether it is clinically justified or not, to attain relevant history and to assess the potential need for medication. At a minimum, youth requiring psychiatric services or follow-up are

reportedly seen monthly by a psychiatrist if that youth is determined to be stable on their current psychotropic medication regimen.

If a youth is assigned a Safety Watch status, he is re-assessed “on a 24-hour daily basis” via a face to face evaluation by a qualified mental health professional. If it is determined a youth under the age of 18 needs to be hospitalized, staff would work with the Connecticut Behavioral Health Partnership, formerly ValueOptions, to secure a placement at the Albert J. Solnit Psychiatric Center on the same campus. If the youth was 18 years of age or older, that individual would be transferred to the Middlesex Hospital in Middletown, CT for emergent care. Since January 1, 2015 until March 8, 2016, there have been no residents sent to Middlesex Hospital and only one boy admitted to Solnit South for inpatient care twice.

To the right of the console in Unit 4B when looking out towards the youth bedrooms, against the wall there are multiple forms and locked boxes in which youth can submit written comments and/or requests, including one for Medical, the Pastor, and the Director of Residential Care; however, there is no process available for youth to submit confidential written requests for mental health services. Dr. Bond indicated that if youth want to see a clinician, there are two mental health clinicians with offices on each unit or a Youth Service Officer will initiate the request through a handheld radio.

### **Suicide Prevention Training and Policy**

Dr. Bond reported that all staff are trained in DCF / CJTS Policy No. 80-4-34 *Suicide Assessment and Prevention* and the nationally renowned, evidence-informed *Shield of Care* eight hour suicide prevention curriculum prior to staff working independently with youth. Staff receive a two hour annual refresher training on suicide prevention as well. These training requirements are consistent with those recommended by the National Commission of Correctional Health Care (NCCHC) and American Corrections Association (ACA) Standards. Documentation supported the completion of these trainings since the new curriculum was adopted by the facility in 2014.

Upon intake and as stated previously, youth are evaluated by a qualified mental health professional within one hour of their arrival regardless of the time of admission. If the admission occurs after hours, an on-call licensed mental health clinician is required to come to the facility and evaluate the youth and determine the risk level. This practice is impressive, particularly with regard to after-hour admissions.

According to the *Suicide Assessment and Prevention* policy, there are four possible suicide precaution statuses that can be assigned to youth in an effort to ensure their safety: ‘Direct Observation Safety Watch’, ‘Ten (10) Minute Safety Watch’, ‘Five (5) Minute Safety Watch/Special Safety Watch’, and ‘One to One (1:1) Safety Watch’. While many experts recommend having at least two such statuses, CJTS has four that can be assigned to youth based on different levels of suicide risk, including Direct Observation Safety Watch, which may be assigned by any staff member and remains at least until the youth is assessed by a clinician. The policy references use of the Substance Abuse and Mental Health Services Administration (SAMHSA) Suicide Assessment Five-step Evaluation and Triage (SAFE-T) tool in determining a resident’s risk status; however, the policy does not link specifically the SAFE-T risk levels (low, moderate, or high) with the precaution statuses to be assigned.

Along that same line of thinking, it is also essential that staff are clear on how the different statuses are operationally defined with specific criteria, rather than the ambiguous definitions provided. For example, the definition for Ten Minute Safety Watch is “...for those residents who have some risk for

suicidal behavior”, but does not specify operationally what ‘some’ risk would look like clinically. The same applies to the Five Minute Safety Watch, which is assigned by clinical staff and is for “those residents whose risk for suicidal behavior is seen as being significant.” What does ‘significant’ mean in this regard? What clinicians determine to be ‘significant’ would likely vary across practitioners without specific guidelines and direction. While it is important that clinical staff have the autonomy to make clinical judgments and assign statuses outside the specific risk level categories if clinically justified and appropriately documented, it is critical, for example, that staff are clear that a determination of moderate risk generally translates to a specific risk level, i.e. Five Minute Safety Watch.

### **Safety Watch Observations / Documentation**

During this process, this reviewer requested to review the “Safety Watch Log Sheets” and clinical notes for youth who had been assigned different levels of observation based on their assigned precaution statuses. For example and per policy, if a youth is assigned Ten Minute Safety Watch by a clinician, “staff should observe these residents and document behavior at intervals not to exceed every ten (10) minutes (e.g., 5, 7, 10 minutes, etc.).” It was clear from all records that this was the case; however, they were not observed in the manner that one could infer was directed per policy. The policy does not clearly state that youth observations are to be conducted in a random staggered fashion, such that youth are unable to predict the next time an observation will occur. For example, if a youth is being monitored every 10 minutes as required per the Ten Minute Safety Watch assigned, then the youth knows that an observation at 12:00 AM is followed by an observation at 12:10 AM and then 12:20 AM. Thus, the youth knows that after the 12:00 AM observation, he has 10 minutes to engage in self-injurious or suicidal behavior before a staff member returns to observe them. If a staff member conducts the observations at 12:00 AM, then 12:04 AM, followed by 12:11 AM, for example, then that youth cannot predict when the observations will be completed and it is more likely they will not engage in the behavior or they will be caught engaging in that behavior sooner with a quicker medical response provided.

The observations documented on all of the “Safety Watch Log Sheets” were consistently the same across staff. One staff member wrote that the youth “appears asleep” from 11:00 PM through 7:00 AM on January 28, 2016. This reviewer suggested to Dr. Bond that the comments should show evidence of ‘living, breathing flesh’, which is a phrase often used in confinement settings to describe that the individual is actually observed to be alive when the observation was conducted. For example, a staff member may observe the juvenile’s chest rising or some type of movement. It is also suggested that staff document progressive movement over time for the same purpose, i.e. “youth lying on right side with left arm under her head”, followed by “youth lying on left side.” If there are no changes, they could indicate they “observed chest rising”. The reviewer explained that when he provides training on this issue, the participants are asked, “Who else might appear like they’re asleep?” with the answer being someone that is dead.

Review of clinical notes revealed that despite the lack of specificity regarding the statuses in policy, there was frequent communication between clinicians and supervisors. In the ten records reviewed, all of the youth had been placed on either One to One Safety Watch or Ten Minute Safety Watch, or were stepped down appropriately from the former to the latter. In one case where that did not occur, it was caught by another clinician and the status was quickly upgraded to the higher precaution. Unsolicited, one staff member indicated that the Five Minute Safety Watch is rarely used, and it was unclear to this reviewer when it would be assigned instead of a One to One or Ten Minute Safety Watch. There was another case where a youth was briefly placed on a Five Minute Safety Watch, but within hours it was quickly upgraded to a One to One Safety Watch. This emphasizes the need

for clarity with the aforementioned categorical operational definitions and criteria within policy and the need for consultation between providers, the latter already apparent from the review.

### **Video/Camera Surveillance & Electronic Monitoring**

Administration reported that there are approximately 205 surveillance cameras throughout the facility with the capacity for retrieving footage for up to 90 days barring any technical malfunctions or power outages. Administrators, Human Resources (HR), Directors of Residential Care, Electronics Technician II, and Master Control have the ability to monitor all cameras in real time, but do not have the ability to access prior surveillance footage. Directors of Residential Care, law enforcement on occasion, and the Assistant Superintendent review the data obtained from the surveillance monitoring system, including J. DiPilla, Assistant Superintendent, who indicated he reviews incidents daily. From the console monitors in Unit 4B, this reviewer noted that direct care staff have real time access to monitors that cover (1) the padded cell, (2) the area outside the main entrance hallway, and (3) the Multipurpose Room. Staff confirmed that all units had similar monitoring capability at the console, that is to say fixed camera, static coverage, which means the camera view cannot be modified or adjusted.

When a youth is not assigned a Safety Watch status, staff conduct observations or “watch tours” every 20 minutes to ensure the juvenile’s safety according to Policy No. 80-3-28 *Supervision of Residents / Counts*. During sleeping hours, staff utilize an electronic system called Secured State by Creative Technologies to assist in the completion and monitoring of watch tours. In a conversation with the Electronics Technician on 3-7-16, this reviewer was informed that the system has been used since the building opened, but that in the past year it was upgraded. He indicated that between the hours of 9:00 PM and 7:00 AM, the electronic monitoring system is used to conduct watch tours using three separate options: ‘Normal Watch’ (every 20 minutes), ‘Suicide Watch’ (every 10 minutes), and ‘Confinement Watch’ (every 10 minutes). During that time frame, the system is set to initiate watch tours at the designated intervals determined by the option selected. An alarm goes off at the console at those designated intervals letting staff know it is time for the tour to be conducted. Once the console alarm is turned off, a light goes on to the left side of each of the doors to the rooms and Youth Service Workers then conduct their respective tours. Staff are required to press the button next to the room to turn off the light, which prevents an alarm from sounding at the Master Control. Currently, there is no option for staff to activate a tour for Five Minute Safety Watch (five minute intervals). If a Five Minute Safety Watch is assigned, staff reportedly use the Suicide Watch or Confinement Watch option, both which are set at 10 minute intervals, and a clock or watch to assist in the timely recording of observations on the watch sheets. If a youth is in his room between 7:00 AM and 9:00 PM, the system is not used to assist with required observation time intervals and instead a watch is used.

Upon reviewing a print out of a Normal Watch tour, which lists all the designated rooms on the unit, it was noted that some tours would list all the rooms as having been completed, but then for the next 20-minute tour it did not list the rooms and the time it was completed. The Electronic Technician reported that he had not been aware of the problem and that this data is reviewed only upon request, which is “usually never”. He indicated he would contact the programmers to address the issue and reviewed the data with this writer to confirm that the tours had actually been completed at the appropriate interval. When asked for an example of a Ten Minute Safety Watch conducted over the past 90 days to review, he indicated that there had been only one, which was for less than a two hour period. According to Dr. Bond, over the past 90 days, there were 24 instances where residents had been placed on Safety Watches, 11 of which required Ten Minute Safety Watch. None of those residents were monitored using this system. It was determined that staff do not typically utilize the

Suicide Watch (10 minute) option and instead use only the 20 minute Normal Watch to help with timing intervals. Staff typically will use their watches to conduct tours for residents requiring the 5 minute and 10 minute Safety Watches in between the Normal Watch observations assigned to every youth and document their observations on the Safety Watch Log Sheets. This approach increases the likelihood for human error and specifically that observations are not completed at the required intervals. Because the Ten Minute Safety Watches are neither aided with this system nor does it include the 5 minute interval option, it is apparent the system is currently being under-utilized. As a result, the need to verify watch tours are completed appropriately through direct staff observation via unannounced rounds and the frequent review of staff through recorded surveillance cameras increases substantially.

## **Supervision**

*Policy No. 80-3-28 Supervision of Residents/Counts* provides direction for staff to provide supervision. Supervision time interval requirements are as follows:

- 5 minutes when residents are secluded in their rooms; watch sheets completed
- 10 minutes when on Periodic Room Confinement; watch sheets completed
- 15 minutes when in room voluntarily; entries in residential log book
- 20 minutes during sleeping hours; in residential log book if automated watch tour system is not working
- Ongoing dialogue every 5 minutes when in bathrooms or showers
- Staff posted when the Multipurpose Room, computer rooms, and all other leisure rooms are occupied by more than one resident
- 15 minutes when residents are in the Multipurpose Room, computer rooms, and all other leisure rooms alone; entries in residential log book
- Constant supervision while in the padded cell
- Safety watches as stated in the "Suicide Prevention Policy"

In general, staff demonstrated an excellent knowledge base regarding the supervision policy requirements indicated above. Of concern, however, is the fact that residents are permitted per policy to be alone in rooms presenting significant risk for suicidal behavior without direct supervision for up to 15 minutes at a time. These rooms include the Multipurpose Room and the Media/Telephone Room. When there is more than one resident, a Youth Service Worker is posted. While this may help address other safety and Prison Rape Elimination Act (PREA) concerns and it is understood one of the primary goals of the behavior management system is to enhance and promote independence, the risk inherent in those rooms from a suicide prevention perspective is significant. Furthermore, if a youth is assigned a Five Minute or Ten Minute Safety Watch, the youth is permitted to be alone in these rooms for those set intervals as well, which causes concern.

## **Suicide Rescue / Cut Down Tools**

As mentioned earlier, the J-Hook is a rescue tool designed as a seat belt cutter, but used primarily in confinement settings as a cut down tool when youth attach ligatures around their necks in hanging or strangulation attempts. There are 40 rescue tools within the facility, in addition to another 13 found in the training department. The others are located as follows: All residential / operations post supervisors have rescue tools on their duty belts (21), Operations Post (3), console of each occupied unit (5), and 'Rehab Area' (1). There are four Directors of Residential Care (DRC) who have a total of five (5) between them located either on their person or in their office with one of the DRC's having two rescue tools.



The rescue tool located in the console of each occupied unit is secured in a locked drawer, to the right in Unit 4B. The drawer contains many things that could potentially cover or block the rescue tool, which could significantly increase the response time if staff were unable to locate it immediately. Placement of a small divider within the drawer located in a specific location on each unit only large enough to fit the rescue tool or a locked box hanging on the unit wall would ensure staff will know specifically where the tool is located when necessary.

The DRC, multiple staff, the Assistant Superintendent, and Clinical Director confirmed that staff are trained on how to use the rescue tool and are required to demonstrate how to use it as part of the Safe Crisis Management (SCM) training. The information related to the specific locations of the rescue tools and who is assigned to carry them was not provided until after the final site visit, so this reviewer was unable to verify that staff were wearing them as required. This reviewer did verify that the rescue tool located in the console drawer was easily accessed by a Youth Service Worker who used a key that was easily differentiated from other keys on the set.

### **Continuous Quality Improvement**

Dr. Bond reported that there is currently no formal continuous quality improvement process that looks specifically at suicide prevention; however, she did state that in September the facility did start a post incident review process in which all discipline supervisors would attend, review surveillance tapes, and discuss ways in which an incident could have been handled better. During a conference call with Superintendent Rosenbeck and other administrative staff on February 29<sup>th</sup>, 2016, he expressed his intent and commitment to having an outside contractor provide such services after this process had been completed.

## **Facility Inspection**

**Intake Holding Room (Building 3 / D106):** The Intake Holding Room is a corner room located in Building 3 adjacent to the building's side entrance through which youth are admitted to the intake unit. Youth are placed in the holding room briefly while being processed into the facility. In addition to the viewing panel within the door, there are two large windows through which a youth may be observed. When sitting on the wood bench attached to the far wall of the room, there is a window to the right and a desk outside the room from which a Youth Service Officer would view any youths inside.

Findings are as follows:

- The door is made of metal with a viewing panel made of Virginia tempered glass. It is secured on the interior door frame with tamper resistant screws.
- The metal door frame has sharp corners and the door handles protrude, thereby presenting a risk.
- The door hinges protrude to the exterior and the door jambs are appropriate.
- The floor is made of linoleum squares, which are secure and intact.
- The rubber baseboards are secure and intact, but, in general, they are easily compromised by youth.
- The walls are tan/yellow (specifically Wood Lily) in color and are solid and smooth. In the corner to the immediate right upon entrance the paint is chipping and the wall may be cracked, thereby presenting risk.
- The ceiling is 10 feet high. Due to a wooden seat/bench eighteen inches off the ground that extends along the length of the back wall upon entrance, fixtures on the ceiling may be reached although it would be difficult to do so.
- There are two Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure it.
- There are two security-rated lighting fixtures that are each cornered to a wall and the ceiling.
- The light switch plate protrudes within the room, but it is acceptable with the addition of pick-proof security caulking around its perimeter. It is secured with tamper resistant screws.
- The sprinklers are recessed, but not covered. Due to its location on the ceiling and the height, it is out of reach.
- There are two additional windows in the room made of Solar Temp tempered safety glass.
- If a staff member is assigned to observe the youth and sits at the desk currently positioned outside the room to the immediate left when one enters the room, there is a blind spot in the left corner of the room to the left of the window.
- Although there is no camera surveillance within the holding room itself, there are cameras situated outside within the hallway.
- There are no electrical outlets, smoke detectors, access panels, or garbage receptacles in the room.

**Intake Bathroom/Shower area or Youth Shower / Restroom (Building 3 / D107):** The Intake Bathroom / Shower is located between the holding room and the entrance to the medical suite. It is a small combination bathroom/shower room that is handicapped accessible and consists of one toilet, shower, and sink. If a youth is admitted to the facility that is handicapped and is in the medical suite, that youth can use this bathroom if necessary as the one in the medical suite does not have such accommodations. Policy No. 80-3-28 *Supervision of Residents / Counts* states, "Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes."

Findings are as follows:

- The intake bathroom/shower area is tan/yellow (specifically Wood Lily) in color and accessed through a metal door with protruding interior handles that present a hanging risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The floor, baseboards, and  $\frac{3}{4}$  up the wall is made of the same tan tile, all of which are secure and intact. There is peeling paint on the ceiling in the shower area and there appears to be some water damage around the sprinkler within the ceiling near the center of the room.
- The ceiling is approximately 10 feet in height; however, a youth could move and stand on the unsecured garbage receptacles and handicapped bars to access ceiling fixtures.
- There is one vent in the ceiling over the toilet made of plastic with a crate design that has large square openings from which a ligature could be attached.
- There is one security-rated lighting fixture recessed within the ceiling and secured with tamper resistant screws. The perimeter is in need of pick-proof security caulking.
- The light switch plate is located outside of the room and secured with standard screws.
- There is a recessed sprinkler within the ceiling that is not covered and presents a potential tampering / self-injury risk.
- There is a fire alarm that protrudes and is in need of pick-proof security caulking around its perimeter.
- There is also a personal emergency alarm system that utilizes a long pull cord to activate it. The cord is long enough that it presents a risk to tie a ligature. The alarm was tested and is fully operational.
- There is one covered electrical outlet secured with tamper resistant screws. The perimeter is in need of pick-proof security caulking.
- There is one stainless steel mirror secured with tamper resistant screws that is flush with the wall. The perimeter is in need of pick-proof security caulking.
- There is one porcelain toilet with covered plumbing but around which a ligature could be attached. This is the same risk presented by the toilet seat. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof security caulking.
- There is one porcelain sink with exposed plumbing around which a ligature could be attached.
- The sink mixing valves protrude and present a hanging risk. The sink water drain holes are  $\frac{3}{16}$  inches in diameter and are acceptable.
- The gratings in the shower and bathroom floor water drains are secured with tamper resistant screws, but are large enough to affix a ligature, thereby representing a strangulation risk. There are two additional floor water drains that are covered and secured with tamper resistant screws.
- The two shower heads protrude and are not flush with the stainless steel panel.
- The shower has two mixing valves that protrude and present a risk. The top valve handle is currently missing, which presents a risk.
- There is unidentified protruding hardware to the right of the lower shower mixing valve around which a ligature could be easily attached.
- There are no shower curtains or track systems with hooks.
- There are handicapped accessible accommodations, including grab bars / hand rails for the shower and toilet, but they are not suicide resistant.

- There is also a retractable seat in the shower that presents multiple opportunities by which to attach a ligature.
- The toilet paper dispenser is stainless steel and is recessed within the wall, but would benefit from pick-proof security caulking.
- The paper towel dispenser is made of metal, has multiple sharp edges a youth could use to self-injure, protrudes, and has long slats through which a ligature could be tied.
- There is no soap dispenser within the room, but there is a soap dish recessed within the shower panel that would benefit from the application of pick-proof security caulking.
- The shower panel is stainless steel, has rounded corners, and is secured with tamper resistant screws; however, the screw in the lower left corner is missing. The panel also needs an application of pick-proof security caulking around its perimeter.
- There is a wooden seat secured to the wall to the immediate right corner of the room upon entrance. The application of pick-proof security caulking is recommended.
- There are two garbage receptacles in the bathroom, one that is made of black rubber with another that is a large metal receptacle with sharp metal and opportunities a youth could use to self-injure. Both receptacles contained plastic liners that a youth could use to suffocate himself.
- There are no access panels, windows, soap dispensers, smoke detectors, convex mirrors, radiators, or unsecured furniture within the room.

**Medical Suite / Youth Restroom (Building 3 / D120):** Located within the medical suite, there is one youth restroom. As indicated in the previous section, there is no handicapped accommodation in this bathroom, but youth are able to access the intake bathroom/shower adjacent to this suite, if necessary. Policy No. 80-3-28 *Supervision of Residents / Counts* states, "Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes."

Findings are as follows:

- The bathroom is tan/yellow (specifically Wood Lily) in color and accessed through a solid metal door with protruding interior door handles that present a hanging risk.
- There are holes in the door and the door frame where the closing assembly had been secured previously. There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The floor was made of square linoleum tiles, which were secure and intact, and the walls were solid and smooth.
- The baseboards are rubber and were secure and intact. In general, however, rubber baseboards can be easily compromised.
- The ceiling is 10 feet in height; however, a youth could access features on the ceiling if he stood on the sink to do so.
- There is one vent in the ceiling over the toilet made of plastic with a crate design with large square openings from which a ligature could be attached. It is questionable whether a youth could reach the vents to attach a ligature, thus it is a potential risk.
- There is one large access panel in the ceiling with gaps that would benefit from caulking.
- There is one rectangular lighting fixture over the sink that protrudes and presents a risk for self-injury. The unit is secured using tamper-resistant screws. The perimeter is in need of pick-proof security caulking to address the gaps in the unit between the fixture and the wall.
- There is a plastic light switch plate located inside the room that is secured with standard screws and presents a tampering risk.

- There is a recessed sprinkler within the ceiling that is neither covered nor flush with it, but is out of reach due to its location in the room and the height of the ceiling.
- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof security caulking around its perimeter.
- There is one stainless steel mirror secured with tamper resistant screws that is flush with the wall. The perimeter is in need of pick-proof security caulking.
- There is one porcelain toilet with covered plumbing but around which a ligature could be attached. This is the same risk presented by the toilet seat. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There is one porcelain sink with protruding and exposed plumbing around which a ligature could be attached.
- The sink mixing valves protrude and present a hanging risk. The sink water drain holes are 3/16 inches in diameter and are acceptable.
- There are no floor water drains in the room.
- The toilet paper dispenser is stainless steel and is recessed within the wall, but would benefit from pick-proof security caulking.
- There is no soap dispenser within the room, but there is a soap dish recessed within the wall near the sink with gaps between the unit and the wall itself.
- There is one small rectangular rubber garbage receptacle with a plastic liner that a youth could use to suffocate himself.
- There are no access panels, paper towel dispensers, soap dispensers, windows, smoke detectors, personal emergency alarm systems, electrical outlets, convex mirrors, radiators, or unsecured furniture within the room.

**Medical Suite / Exam Room (Building 3 / D122):** Within the medical suite, staff informed this reviewer that youth are sometimes placed in this room and are alone briefly while waiting for the medical provider to evaluate them. For this reason, this room was reviewed.

Findings are as follows:

- The exam room is accessed through a solid metal door with handles that protrude to the interior and present a risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed. Staff indicate the door is never shut unless the medical provider is in the room. If the privacy screen is drawn, that would present a blind spot if unattended as well.
- The door hinges protrude to the interior of the room and present a risk. As a result, unsecured furniture or items in the room could be used to block or barricade the door, preventing staff from entering the room and allowing juveniles to engage in suicidal or self-injurious behavior if left unsupervised.
- No gaps in the door jamb were noted.
- The door bumper is in need of caulking around its perimeter.
- The floor is made of square speckled linoleum tiles, which are secure and intact.
- The baseboards are rubber and were secure and intact. In general, however, rubber baseboards can be easily compromised.
- The walls are solid and are tan/yellow (specifically Wood Lily) in color.
- The ceiling is approximately 10 feet in height and is the drop ceiling variety; however, a youth could move any of the unsecured furniture and/or stand on the counters or the exam table to access ceiling fixtures.

- There is one vent in the ceiling made of plastic with a crate design that has large square openings from which a ligature could be attached.
- There are two lighting fixtures recessed within the drop ceiling with the lens made of acrylic panels and secured with metal tabs that could be tampered with easily.
- The light switch plate protrudes, is located inside the room, secured with standard screws, and could be easily tampered with.
- There is one sprinkler that protrudes from the ceiling that is not covered and presents a potential tampering risk if the furniture was moved to access it.
- There are three electrical outlets, one of which is of the Ground Fault Circuit Interrupter (GFCI) variety. They are all secured with standard screws and present a potential tampering risk. The perimeter is in need of pick-proof security caulking.
- There is one stainless steel sink with protruding mixing valves and a faucet that presents a hanging risk. The plumbing is not exposed as it is contained within a locked cabinet.
- The sink water drain holes are 1/4 inches in diameter, which is larger than the recommended 3/16 inches cutoff.
- The counter has protruding door handles and hinges with multiple supply boxes stored underneath. The counter doors and cabinets were locked/secured during the time of inspection.
- There is a privacy curtain track system with hooks that present multiple risks.
- There is one stainless steel paper towel dispenser that has multiple sharp edges a youth could use to self-injure, protrudes, and has long slats through which a ligature could be tied.
- There is one rectangular stainless steel soap dispenser that protrudes and has an access port that was not secured, thereby presenting multiple additional risks for self-injury.
- There are two large metal garbage receptacles with step-on access mechanisms that present opportunities a youth could use to self-injure and a third large Rubbermaid waste receptacle. All receptacles contained plastic liners that a youth could use to suffocate himself.
- The basic medical equipment presents multiple hazards within the room that a youth could use to self-injure if left unsupervised. These items include, but are not limited to, scales, lamps, metal seats and trays on wheels, Moore Brand / Moore Medical antimicrobial soap, blood pressure equipment, ophthalmoscope wall unit, thermometer and holder, wall mounted equipment and holders, etc.
- There are no access panels, windows, floor water drains, smoke detectors, fire alarms, convex mirrors, mirrors, or radiators within the room.

**Medical Suite Bathroom / Shower (Building 4 / A107):** This bathroom is located within the Medical Suite of Building 4 to care for youth with temporary special needs, such as short-term recovery from surgical procedures. Within this suite is a medical office, exam room, two bedrooms, and a “TV Room”. The Director of Nursing reports that the only space in this area where a juvenile would be left without direct supervision is this bathroom. When in use, staff would sit outside the door. Policy No. 80-3-28 *Supervision of Residents/Counts* states, “Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes.”

Findings are as follows:

- The shower/bathroom area is accessed through a metal door with door handles that protrude to the interior and present a risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed and a youth was left alone. If staff were inside the room while showering, a blind spot would also be the opaque shower curtains.

- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The door has a hydraulic closing assembly unit attached to the inside of the door that protrudes to the interior and presents a risk.
- The floor and baseboards are made of small square slate blue and white ceramic tiles and the wall is composed of larger white square tiles mixed with a blue checker board design in the center of the wall around the room, all of which are secure and intact.
- The ceiling is approximately nine feet in height.
- There are two vents in the ceiling. One is a ligature resistant Safety Concept Security Air Grille located over the shower with no visible screws to secure it and the other has large gratings from which a youth could attach a ligature. The latter is located over the sink and is secured with tamper resistant screws. Each would benefit from the application of pick-proof security caulking around their respective perimeters.
- There are two access panels within the ceiling that are recessed, but are not flush with the ceiling resulting in gaps between the unit and the ceiling that could be addressed with pick-proof security caulking around their respective perimeters.
- There is one recessed ceiling lighting fixture that protrudes slightly and is secured using tamper resistant screws. Adding pick-proof security caulking is encouraged.
- There is no light switch but a light sensor in the room that protrudes from the wall and is secured with tamper-resistant screws. Pick-proof security caulking is recommended around its perimeter.
- There is one recessed sprinkler within the ceiling that is not covered and presents a risk for tampering / self-injury.
- There is one fire alarm that protrudes from the wall and with which a youth could tamper.
- There is one GFCI electrical outlet within the area that protrudes and is secured with tamper resistant screws. Pick-proof security around its perimeter is recommended.
- There is one stainless steel mirror secured with tamper resistant screws.
- There is one porcelain toilet with covered plumbing but around which a ligature could be attached. This is the same risk presented by the toilet seat. The toilet is activated using a push button system that protrudes slightly from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There is one porcelain sink that maintenance staff creatively covered the exposed plumbing to limit that risk and used tamper resistant screws to secure it.
- The sink mixing valve protrudes such that a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable.
- The one shower floor drain and the floor water drain have gratings large enough to affix a ligature, thereby representing a strangulation risk. What appears to have been a third floor water drain has been covered and secured with tamper resistant screws.
- The shower head protrudes as does the shower mixing valve and diverter valve.
- There is a protruding metal bar perpendicular to the floor that allows a hand held shower attachment to slide up and down to assist in showering youth with special needs. The extended water hose presents a risk.
- There is a metal soap holder in the shower that protrudes and has holes that are 3/8 inches in diameter, greater than the 3/16 inches cut off.
- The opaque shower curtains are hung from a metal shower rod with metal hooks, thereby presenting multiple risks for hanging and/or self-injury.
- There are handicapped accessible accommodations, including grab bars and hand rails for the shower and toilet, but they are not suicide resistant. The hardware used to secure these units are a risk as well, including the use of standard screws to secure them.

- There is a retractable seat in the shower that presents multiple opportunities by which to attach a ligature.
- There is one toilet paper dispenser recessed within the wall that would benefit from the application of pick-proof security caulking. It is secured with tamper resistant screws.
- There is one large black rectangular rubber waste receptacle that contains plastic liners that a youth could use to suffocate himself.
- There is one unsecured green plastic chair that youth could use to move around the room and access risk areas on the ceiling.
- There are no personal emergency alarm systems, windows, smoke detectors, radiators, convex mirrors, soap dispensers, or paper towel dispensers in the room.

**Media / Telephone Room (B103):** According to one staff member interviewed during the follow-up visit, a resident is permitted to be in the room alone while staff monitor at least every 15 minutes. Policy No. 80-3-28 *Supervision of Residents / Counts* states that if more than one resident is present, then staff is posted in the room. If only one resident is in the room, then he must only be accounted for every 15 minutes.

Findings are as follows:

The door is made of metal with hinges that protrude to the exterior and door handles that protrude to the interior, the latter presenting a hanging risk for those youth in the Media / Telephone Room.

- There is a long narrow viewing panel within the door made of tempered safety glass (per maintenance staff) secured with by tamper resistant screws on the door's exterior.
- The door jambs are appropriate.
- The floor is carpeted, which is intact, and secured by carpet adhesive.
- The rubber baseboards are secure, with the exception of a missing baseboard to the immediate left upon entrance. In general, rubber baseboards can easily be compromised by youth.
- The ceiling height is nine feet, nine inches.
- There are two Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure them. Pick-proof security caulking is recommended for the perimeters of the vents to eliminate gaps between the vent unit and the ceiling.
- There are two access panels in the ceiling that are in need of pick-proof security caulking around their respective perimeters.
- There is one long large rectangular lighting fixture that is secured with tamper resistant screws.
- The light switch plates protrude but are acceptable if pick-proof security caulking is applied around the perimeter.
- There are no surveillance cameras in the room.
- There is one recessed sprinkler with no cover that could be tampered with by residents.
- There is one smoke detector that is not covered and has large gratings to which a ligature could be attached. It is high on the ceiling but if a youth stood on the desk, it could be reached.
- There is one fire alarm that protrudes and could be tampered with.
- There is one large window made of tempered safety glass adjacent to the left of the door that is secured from the exterior with tamper resistant screws.
- There are three non-GFCI electrical outlets that protrude, but are secured with tamper resistant screws. Application of pick-proof security caulking around their respective perimeters is recommended.
- The room sign is secured to the interior of the room's window rather than its exterior.
- There is one dry erase board secured with standard screws.



- There are two desks that are not secured to the floor or wall, both with carrels that are secured to the main desk. One of the carrel side panels is coming off and needs to be secured.
- There is one unsecured computer table with two personal computers, two mice, and their respective cables.
- There is one standard telephone with a long telephone cord and receiver handset cord.
- There are also four unsecured plastic chairs in the room.
- The unsecured items indicated in the previous four bullets above could all be used in a youth's effort to engage in self-injury or suicidal behavior.
- There were no wastebaskets, radiators, convex mirrors, or personal emergency alarms within the room.

**Multipurpose Room / Unit 4B (B143):** Policy No. 80-3-28 *Supervision of Residents / Counts* states that if more than one resident is present, then staff is posted in the room. If just one resident is in the room, then must only be accounted for every 15 minutes.

Findings are as follows:

- The door is metal with a long rectangular viewing panel made of tempered safety glass and secured outside the door with tamper resistant screws.
- There is a small blind spot to the immediate left of the room between the windows and the door and a large blind spot to the left of the room below the window line.
- The door hinges protrude to the exterior and the door handles protrude to the interior, thereby presenting a risk.
- The door jambs are appropriate, but the interior door frame to the upper left hand corner when looking out into the hallway is irregular in shape and presents a concern.
- There is a door in the back of the room with an interior protruding handle and hinges that present a hanging risk.
- The ceiling is ten feet in height.
- The floor is carpeted and secured with carpet adhesive and the walls are made of cinderblocks painted tan/yellow (specifically Wood Lily) with nine large colorful murals and are intact.
- The rubber baseboards are secure and intact, but, in general, they can be easily compromised by youth.
- There are six Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure them.
- There are six long rectangular security-rated lighting fixtures secured using tamper resistant screws. Pick-proof security caulking around their respective perimeters is recommended.
- There are two windows along the wall closest to the hallway that are made of tempered safety glass and secured with tamper resistant screws. There are no door handles or window tracks as they are windows that open.
- There are three recessed sprinklers within the ceiling that are not covered and present an opportunity for tampering and self-injury. None are flush with the wall and are in need of pick-proof security caulking around its perimeter.
- The smoke detector on the ceiling has no cover, has openings around which ligatures could be attached, can be tampered with, and has gaps between the ceiling and the unit itself that would benefit from pick-proof security caulking.
- There are eight electrical outlets, one of which is GFCI.
- There is a counter in the kitchenette area with cabinets within it. There is also a cabinet system above the counter. All the cabinets have doors with protruding door handles and have no way to

lock them. As a result anything placed in the cabinets could be a potential risk although nothing present at the time the room was inspected was of particular concern.

- Within the counter is a stainless steel sink with built in water fixture and mixing valve and a soap dispenser, all of which protrude and present a risk. The unlocked cabinet doors below permit access to the sink plumbing which presents a risk.
- The gaps between the cabinet doors and the unit itself allow for a ligature to be attached around it.
- There is a large stainless steel paper towel dispenser that protrudes and has gaps within that allow for a ligature to be attached.
- There is a square stainless steel soap dispenser above the sink as well that protrudes and has a locked access port.
- There is one surveillance camera located to the immediate right of the room affixed to the upper corner of the room and a large round speaker in the center of the ceiling secured with tamper resistant screws.
- There is one large black Tenex waste receptacle containing plastic liners that a youth could use to suffocate himself.
- There is a dry erase board secured to the wall with Phillips head screws and two protruding pieces around the two sides around which ligatures could be attached.
- There are two posters secured to the wall with Velcro and tape.
- There are two unidentified black square panels, one small and secured to the ceiling with tamper resistant screws and the other larger and secured to the wall above the television secured with bolts and washers with large holes in the middle.
- There is a microwave with a long cord; refrigerator with a long cord, large glass shelves and a light bulb; a large flat screen television with cords and is wall mounted, a rolling desk chair, two large tables, and 10 Max-Secure Endura Series Club Chairs, each weighing 180 lbs.
- There are no personal emergency alarm systems, call boxes, radiators, convex mirrors, or mirrors in the room.

**Comfort Room:** According to facility guidelines, “A Comfort Room is a space that is designed in a way that is calming to the senses and where a resident can experience visual, auditory, olfactory, and tactile stimuli.” Furthermore, it states, “The Comfort Room is used as a place for residents to emotionally regulate, which in turn reduces episodes of restraint and seclusion.” The “Conditions of Use” require that only one youth at a time can use it, it is voluntary, youth supervision is required, and that the door remains locked when not in use. This addition to the program first became available for youth on August 25, 2015. Six other Comfort Rooms were opened on six other units in September and October 2015.

Youth are observed at least every 15 minutes by staff but are left alone in the room. Staff indicate that youth do not typically stay in the room more than 15 minutes. Although there are guidelines, Comfort Room supervision is not directly referenced in Policy No. 80-3-28 *Supervision of Residents / Counts* as the policy’s last revision was completed March 1, 2015 and Comfort Rooms were implemented in August.

- The door is metal and has hinges that protrude to the exterior. There are no interior door handles.
- The door has a viewing panel that is made of polycarbonate material and is secured with tampered resistant screws to the exterior of the door.
- There is a blind spot to the immediate left of the room, but it is a very small area.
- The door jambs are appropriate.

- The floor is carpeted and is secured with carpet adhesive. There are no baseboards and the walls have two large colorful murals painted on the cinderblock of either side of the room and two additional posters related to “Mindfulness” and “Distress Tolerance” on the other two. The posters are secured with Velcro tape.
- The ceiling is approximately ten feet in height.
- There are two Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure them.
- There is one access panel to the left, but it is secured to the wall. Additional pick-proof security caulking is recommended.
- There is one security-rated lighting fixture that is cornered to the wall and ceiling that is secured with two tamper resistant screws. It would benefit from the application of pick-proof security caulking around its perimeter.
- The light switch plate is located outside of the room.
- There is a surveillance camera that protrudes in the immediate right hand corner of the room, but staff informed this reviewer that it was not operational at the time of inspection.
- There is one sprinkler recessed in the ceiling that is out of reach, but it is not covered and could be tampered with if the furniture is moved to access it.
- The smoke detector (on the ceiling) is covered with a metal cage with holes 3/16 inches in diameter, which is appropriate, and is secured using tamper resistant screws.
- There is a corner wood shelving unit approximately 37 inches tall to the far right of the room that is not secured and is in need of caulk within its own structure. This piece of furniture could be moved to access risk areas on the ceiling.
- While Comfort Rooms can be invaluable tools within a facility for stabilizing a youth’s escalating behavior, it contains multiple items that can be used for self-injurious or suicidal behavior, including, but not limited to, the sound machine and light projector, etc. The presence of these items (and others), the risks identified within the room, and the emotional states that youth may be experiencing at the time they enter the room, emphasizes the need for and critical importance of appropriate supervision while using it. It is reported that staff complete a “Comfort Room-Inventory” on a daily basis.
- There are no fire alarms, personal emergency alarm systems, windows, electrical outlets, curtains/blinds, radiators, convex mirrors, mirrors, or garbage receptacles in the room.

**Padded Cells:** There are currently five padded cells within the facility, which are located in the following units: 4B, 5C, 5D, 6C, and 6D. Because the structure of these rooms is similar for all, only the padded cell on Unit 4B was reviewed. According to Dr. Bond and consistent with policy, youth on safety precautions are only placed in a padded cell if all other alternatives have been attempted and youth cover their windows with their mattresses and/or they cannot be observed. If they are used, it is time limited and closely monitored by staff. Supervision shall be ongoing per the *Padded Cell Procedure* with staff “posted outside the door with ongoing counseling efforts while making checks through the window.”

Findings are as follows:

- The door is metal with a long narrow viewing panel perpendicular to the floor made of tempered safety glass per maintenance staff and coated with Gold Medal Safety Padding. The viewing panel is secured with tamper resistant screws on the door’s exterior.
- There is a blind spot between the door viewing panel and the window.
- The door hinges are on the exterior and there is no door handle on the inside.

- The floor and walls are also coated with Gold Medal Safety Padding, which is tan in color. There is significant graffiti on the walls and the floor.
- The ceiling is ten feet in height and the room is seven feet, one inches in width and nine feet, seven inches in length.
- There is one call box next to the door that is in need of pick-proof security caulking around its perimeter.
- There is one large speaker in the center of the ceiling secured with standard screws, but it is out of reach due to its height on the ceiling.
- There are two Safety Concept Security Air Grille vents that are out of reach due to the height of the ceiling.
- There are no access panels in the room.
- There is one long rectangular lighting fixture that is cornered on the wall and the ceiling secured with tamper resistant screws.
- There is one sprinkler on the ceiling that protrudes, but it is covered with a metal cage that has large gratings and is secured with standard Phillips head screws.
- There is one smoke detector that is covered with a metal cage and is secured with tamper resistant screws. The holes are 3/16 inches, which is acceptable, but it is out of reach due to the height of the ceiling.
- There is a surveillance camera in the immediate top left corner of the room.

It shall be noted that during the final site visit on 2-17-16, an incident occurred involving a juvenile, details of which this reviewer did not become aware of until receiving an e-mail from Dr. Bond dated 2-29-16. According to the e-mail, the padded cell on 6C was awaiting a sprinkler cover to be installed and staff were reportedly informed that the cell was not to be used until it had been. During the incident, the youth was placed in the padded cell after “flipping and throwing” furniture, during which time he “popped the sprinkler head by hitting it with his sweatshirt” and the cell flooded. It is believed that the juvenile took a piece of metal from that sprinkler system and used it to scratch his left forearm. While other issues were involved in this case, which the Child Advocate for the State of Connecticut has reported to DCF in her role as a mandated reporter, this further emphasizes the importance of ensuring these rooms are equipped with suicide resistant equipment if an agency uses padded cells to address behaviors such as this, they should not be used for this purpose, or they should be taken off-line until the modifications are made.

**Housing Unit 4B (B7 / B131):** This reviewer randomly selected this room on Unit 4B for inspection. Housing unit toilets, sinks, showers, and running water are located in separate bathrooms and are not present in the juvenile rooms. The housing unit bathrooms will be reviewed extensively in another section of this report.

Findings are as follows:

- The door is metal with a long rectangular viewing panel made of tempered safety glass and secured outside the door with tamper resistant screws.
- There are small blind spots to the immediate right and left of the room.
- The door hinges protrude to the exterior and the door handles are recessed within the door and secured with tamper resistant screws. Pick-proof security caulking around the handles is encouraged.
- The door jambs are appropriate, but there is a door track door closer that retracts when the door closes which provides an opportunity for youth to affix something to it and use as an anchor, then shut the door to engage in suicidal behavior. The metal arm bar activates a sensor that lets staff know if the door is secured or not.

- The ceiling is approximately nine feet, two inches in height.
- The floor is concrete and the walls are made of cinderblocks painted tan/yellow (specifically Wood Lily) in color and are intact. The paint is peeling in parts of the room with some graffiti evident as well.
- There are two Safety Concept Security Air Grille vents with no screws visible used to secure them. The one by the door is out of reach, but the one by the window could be accessed by youth standing in the gap of the recessed window.
- There is one long rectangular security-rated lighting fixture cornered on the wall and ceiling that is secured using tamper resistant screws. Pick-proof security caulking around its perimeter is recommended.
- There is one recessed sprinkler within the ceiling that is not covered, but would be difficult to reach due to its location in the room and the height of the ceiling.
- The smoke detector (on the ceiling) is covered with a metal cage /screen, is secured using tamper resistant screws, and has holes 3/16 inches in diameter, which is appropriate.
- The long rectangular and recessed window (perpendicular to the floor) is made of Solar Temp tempered safety glass. There are no door handles or window tracks as it is not a window that opens. Also, a youth could step in the recessed window gap to access ceiling features.
- There is a call box next to the door that is secured with tamper resistant screws and is in need of pick-proof security caulking around its perimeter.
- The single bed is one continuous unit that is bolted down with tamper resistant screws within the corner.
- The mattress is manufactured by Correctional Enterprises of Connecticut and made of a Firegard material Herculite Sure-Chek material that is flame resistant and antimicrobial. The seams are internal (other than the end closing seam) and are lock-stitched with Kevlar thread.
- The nylon or polyester pillow has a hole in it and needs to be replaced. It was unclear from the information provided by staff as to whether the pillows are flame and tear resistant; however, the fact that there was a hole in it suggests that the latter is not the case.
- There is a LifeLine Safety Hook for clothes that is secured with tamper resistant screws. The polypropylene hook bends with excessive weight. Pick-proof security caulking around its perimeter is recommended.
- There are two sloped shelving units secured directly to the wall, one with two shelves and the other with four. Youth could use the shelves as steps to reach ceiling features.
- The desk is rectangular in shape and is secured directly to the wall but presents a hanging risk. Though secured to the floor, the cylindrical desk chair presents a strangulation risk. An application of pick-proof security caulking around its base is recommended.
- There are no access panels, electrical outlets, light switches, fire alarms, personal emergency alarm systems, radiators, mirrors, convex mirrors, or garbage receptacles in the room.

**Housing Unit 4B (B13 / B123):** This reviewer selected this room for inspection as well as it is one of the two larger youth bedrooms on the unit. Housing unit toilets, sinks, showers, and running water are located in separate bathrooms and are not present in the juvenile rooms. The housing unit bathrooms will be reviewed extensively in another section of this report.

Findings are as follows:

- The door is metal with a long rectangular viewing panel made of polycarbonate material and secured outside the door with tamper resistant screws.
- There is a small blind spot to the immediate right of the room.

- The door hinges protrude to the exterior and the door handles are recessed within the door and secured with tamper resistant screws. Pick-proof security caulking around the handles is encouraged.
- The door jambs are appropriate, but there is a door track door closer that retracts when the door closes which provides an opportunity for youth to affix something to it and use as an anchor, then shut the door to engage in suicidal behavior. The metal arm bar activates a sensor that lets staff know if the door is secured or not.
- The ceiling is approximately eight feet, eight inches in height.
- The floor is carpeted and secured with carpet adhesive. The walls are made of cinderblocks painted tan/yellow (specifically Wood Lily) in color and are intact. The paint is peeling in two corners of the room.
- There are two Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure them.
- There are two long rectangular security-rated lighting fixtures cornered on the wall and ceiling that is secured using tamper resistant screws. The one on the left side upon entrance was not working at the time of inspection. Pick-proof security caulking around their respective perimeters is recommended.
- There is one recessed sprinkler within the ceiling that is not covered or flush with the ceiling and presents an opportunity for tampering and self-injury.
- The smoke detector (on the ceiling) is covered with a metal cage with holes 3/16 inches in diameter, which is acceptable, and is secured using tamper resistant screws.
- The long rectangular and recessed window is made of Solar Temp tempered safety glass. There are no door handles or window tracks as it is not a window that opens. There is a call box next to the door that is secured with tamper resistant screws and would benefit from pick-proof security caulking around its perimeter.
- The single bed is one continuous unit that is bolted down with tamper resistant screws within the corner.
- The mattress is manufactured by Correctional Enterprises of Connecticut and made of a Firegard material Herculite Sure-Chek material that is flame resistant and antimicrobial. The seams are internal (other than the end closing seam) and are lock-stitched with Kevlar thread.
- There was one nylon or polyester pillow manufactured by Correctional Enterprises of Connecticut (CEC) in the room that was intact. It was unclear from the information provided by staff as to whether the pillows are flame and tear resistant.
- There is a LifeLine Safety Hook for clothes that is secured with tamper resistant screws. The polypropylene hook bends with excessive weight. Pick-proof security caulking around its perimeter is recommended.
- There are two shelving units that are sloped, one with two shelves and the other with four. Both are secured directly to the wall. The application of pick-proof security caulking around their respective perimeters is recommended.
- The desk is rectangular in shape and is secured directly to the wall, but presents a hanging risk. Though secured to the floor, the cylindrical desk chair presents a strangulation risk. An application of pick-proof security caulking around its base is recommended.
- There was one cracked plastic laundry basket in the room with large gaps in its design that presents a risk for self-injury.
- There are no access panels, electrical outlets, light switches, fire alarms, personal emergency alarm systems, radiators, convex mirrors, mirrors, or garbage receptacles in the room.

**Housing Unit 5C (C8 / C118):** This reviewer randomly selected this room for inspection. Housing unit toilets, sinks, showers, and running water are located in separate bathrooms and are not

present in the juvenile rooms. The housing unit bathrooms will be reviewed extensively in another section of this report.

Findings are as follows:

- The door is metal with a long rectangular viewing panel made of tempered safety glass and secured outside the door with tamper resistant screws.
- There is a blind spot to the immediate right of the room and a smaller one to the immediate left of the room.
- The door hinges protrude to the exterior and the door handles are recessed within the door and secured with tamper resistant screws. The lower hinge is not flush with the door frame and needs to be secured. Pick-proof security caulking around the handles is encouraged.
- The door jambs are appropriate, but there is a door track door closer that retracts when the door closes which provides an opportunity for youth to affix something to it and use as an anchor, then shut the door to engage in suicidal behavior. The metal arm bar activates a sensor that lets staff know if the door is secured or not.
- The ceiling is approximately ten feet in height and is solid.
- The floor is concrete and painted gray and the walls are made of cinderblocks painted tan/yellow (specifically Wood Lily) in color and are intact. The paint is peeling in the corner of the room near the bed and the floor paint has been worn down to the concrete.
- There are two Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure them.
- There is one long rectangular security-rated lighting fixture cornered on the wall and ceiling that is secured using tamper resistant screws. Pick-proof security caulking around its perimeter is recommended.
- There is one recessed sprinkler within the ceiling near the center of the room that is not covered and could be accessed if a youth climbed up the larger shelving unit.
- The long rectangular and recessed window (perpendicular to the floor) is made of Solar Temp tempered safety glass. There are no door handles or window tracks as it is not a window that opens. Also, a youth could step in the recessed window gap to access ceiling features.
- There is a stainless steel mirror secured with tamper resistant screws that is not flush with the wall and would benefit from pick-proof security caulking around its perimeter to address gaps.
- There is a call box next to the door that is secured with tamper resistant screws and is in need of caulk around its perimeter.
- The single bed is one continuous unit that is bolted down with tamper resistant screws within the corner.
- The mattress is manufactured by Correctional Enterprises of Connecticut and made of a Firegard material Herculite Sure-Chek material that is flame resistant and antimicrobial. The seams are internal (other than the end closing seam) and are lock-stitched with Kevlar thread.
- There was one nylon or polyester pillow manufactured by Correctional Enterprises of Connecticut (CEC) in the room that was intact. It was unclear from the information provided by staff as to whether the pillows are flame and tear resistant.
- There is a LifeLine Safety Hook for clothes that is secured with tamper resistant screws. The polypropylene hook bends with excessive weight. Pick-proof security caulking around its perimeter is recommended.
- There are two sloped shelving units secured directly to the wall, one with two shelves and the other with four. Youth could use the shelves as steps to reach ceiling features.

- The desk is rectangular in shape and is secured directly to the wall but presents a hanging risk. Though secured to the floor, the cylindrical desk chair presents a ligature strangulation risk. An application of pick-proof security caulking around its base is recommended.
- There was one laundry basket in the room with large gaps in its design that presents a risk for self-injury.
- There are no access panels, electrical outlets, light switches, fire alarms, smoke detectors, personal emergency alarm systems, radiators, mirrors, convex mirrors, or garbage receptacles in the room.

**Housing Unit 4B / Shower 1 (B140):** On each unit there are four showers, including Shower 1, which has limited handicapped accommodations. Two of the four showers on the unit are handicapped accessible. Policy No. 80-3-28 *Supervision of Residents / Counts* states, "Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes."

Findings are as follows:

- The bathroom is accessed through a solid metal door with door handles that protrude to the interior.
- There is a long narrow vertical rectangular viewing panel within the door made of either polycarbonate or tempered safety glass per maintenance staff. It is secured on the interior window frame with tamper resistant screws. Paper was taped to the outside of the window blocking approximately 75 percent of the viewing panel to allow for privacy.
- There is a blind spot to the immediate left of the room when the door is shut.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The floor is concrete coated with gray paint that is currently peeling.
- The walls are cinderblock, painted tan/yellow (specifically Wood Lily) in color, and are solid and smooth.
- The ceiling is approximately 10 feet in height.
- There is one vent in the ceiling over the bathtub that needs to be cleaned. There is a Safety Concept Security Air Grille vent on the ceiling with no visible screws used to secure it.
- It is questionable whether a youth could reach the vents, but because it is ligature resistant, it will not be identified as a risk.
- There are two secured access panels near the floor to the right of the room upon entrance that would benefit from pick-proof security caulking.
- There is one long rectangular security-rated lighting fixture that is secured using tamper-resistant screws. It would be out of reach if there was no unsecured plastic chair in the room. The perimeter is in need of pick-proof security caulking.
- The light switch plate is located outside the room.
- There is a recessed sprinkler within the ceiling that is not covered. It would be out of reach if there was no unsecured chair in the room.
- The smoke detector (on the ceiling) is covered with a metal cage that has holes 3/16 inches in diameter, which is appropriate, and is secured using tamper resistant screws.
- The gratings in the bathtub drain (5/16 inches) and the shower floor (1/4 inches) exceed the maximum 3/16 inch diameter and thus are large enough to affix a ligature, thereby representing a strangulation risk. The floor water drain is secured with tamper resistant screws.
- The shower head and water spout for the tub protrude and present hanging/strangulation risks.
- The shower has one mixing valve with a diverter valve that protrudes and presents a risk.
- There are no shower curtains or track systems with hooks.



- There is one handicapped accessible accommodation, a grab bar or hand rail for the bathtub, but it is not suicide resistant.
- There is a LifeLine Safety Hook for clothes that is secured with tamper resistant screws. The polypropylene hook bends with excessive weight. Pick-proof security caulking around its perimeter is recommended.
- There is one unsecured plastic chair in the room that can be used to access ceiling features.
- There are no fire alarms, personal emergency alarm systems, windows, electrical outlets, mirrors, convex mirrors, paper towel or soap dispensers, wastebaskets, or radiators.

**Housing Unit 4B / Shower 4 (B109):** On each unit there are four showers, including Shower 4, which has handicapped accommodations. Two of the four showers on the unit are handicapped accessible. Policy No. 80-3-28 *Supervision of Residents / Counts* states, “Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes.”

Findings are as follows:

- The bathroom is accessed through a solid metal door with door handles that protrude to the interior.
- There is a long narrow vertical rectangular viewing panel within the door made of either polycarbonate material or tempered safety glass that is secured on the interior window frame.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The floor is concrete coated with gray paint that is currently peeling. The concrete to the right of the shower is cracked and presents a risk for self-injury.
- The walls are cinderblock, painted tan/yellow (specifically Wood Lily), and are solid and smooth. The wall paint is chipping and peeling throughout the room as is some from the ceiling.
- The shower walls are covered with Fiber-Reinforced Polyester (FRP) panels, which are not secured at the bottom and present a tampering risk. Pick-proof security caulking is needed around the whole unit once secured or replaced.
- The ceiling is approximately 10 feet in height. Despite the height of the ceiling, a youth could access features on the ceiling if he stood on the unsecured plastic chair to do so.
- There is one Safety Concept Security Air Grille vent on the ceiling with no visible screws used to secure it. It is rusting, the paint is peeling, and it needs to be cleaned.
- There is one large access panel in the ceiling that protrudes with gaps that would benefit from caulking.
- There is one rectangular security-rated lighting fixture that protrudes from the ceiling and is rusting. The unit is secured using tamper-resistant screws.
- The light switch plate is located outside the room.
- There is a recessed sprinkler within the ceiling that is not covered, but could be tampered with. If the unsecured chair was not in the room, the sprinkler would likely be out of reach due to its location in the room and the height of the ceiling.
- The gratings in the shower and bathroom floor water drains are large enough to affix a ligature, thereby representing a strangulation risk. They are secured with tamper resistant screws.
- The two shower heads protrude and present a hanging risk.
- The shower has two mixing valves that protrude and present a risk.
- There is protruding hardware that remains from what had previously been used for handicapped accommodations, but was since removed. The remaining hardware presents a risk.
- There are no shower curtains or track systems with hooks.

- There are handicapped accessible accommodations, including grab bars and hand rails for the shower, but they are not suicide resistant. There is also a retractable seat in the shower that presents multiple opportunities by which to attach a ligature.
- There is a soap dish recessed within the stainless steel shower panel.
- The stainless steel shower panel is long and narrow, has rounded corners, and is secured with tamper resistant screws. The panel also needs an application of pick-proof security caulking around its perimeter.
- There is a LifeLine Safety Hook for clothes that is secured with tamper resistant screws. The polypropylene hook bends with excessive weight. Pick-proof security caulking around its perimeter is recommended.
- There are no fire alarms, personal emergency alarm systems, windows, electrical outlets, mirrors, convex mirrors, paper towel or soap dispensers, wastebaskets, radiators, or unsecured furniture within the room.

**Housing Unit 4 / Bathroom for Bedrooms 13-17 (B124):** This bathroom is located on the left hand side of the residential living unit when looking at the bedrooms from the console. There is one sink and one toilet, which is handicapped-accessible. Two of the four bathrooms on the unit are handicapped accessible. Policy No. 80-3-28 *Supervision of Residents / Counts* states, “Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes.”

Findings are as follows:

- The bathroom is accessed through a metal with door handles that protrude to the interior and present a hanging risk.
- There is a long narrow rectangular viewing panel within the door that is secured with tamper resistant screws on the panel frame’s exterior.
- The door hinges protrude to the exterior of the room when the door is shut. No gaps in the door jamb were noted.
- There’s a blind spot if the door is closed to the immediate left / left of the sink.
- The floor is made of concrete and the cinderblocks painted yellow. The room is in need of fresh paint as it is peeling throughout the room.
- The ceiling is approximately nine feet, nine inches in height.
- There are two Safety Concept Security Air Grille vents on the ceiling with no visible screws used to secure them.
- There is one security-rated long rectangular lighting fixture that is cornered on the ceiling and the wall. Adding pick-proof caulking is encouraged.
- The light switch is located outside of the bathroom.
- There is one sprinkler that protrudes from the ceiling that is not covered, but it is out of reach due to the height of the ceiling and its location in the room.
- There is one fire alarm that protrudes from the wall and can be tampered with.
- There is one long narrow window parallel to the floor made of polycarbonate or tempered safety glass per maintenance staff recessed within the wall. There are no door handles or window tracks as it is not a window that opens.
- There is one stainless steel mirror secured with tamper resistant screws.
- There is one porcelain toilet with no exposed plumbing around which a ligature could be attached. The plastic toilet seat allows an opportunity for a ligature to be attached. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.

- There is one porcelain sink with exposed plumbing and a protruding mixing valve around which a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable.
- There are handicapped accessible accommodations, including grab bars / hand rails for the toilet; however, they are not suicide resistant.
- There is one stainless steel toilet paper dispenser that is recessed in the wall. Additional pick-proof security caulking around its perimeter is encouraged.
- There is one rectangular stainless steel soap dispenser that protrudes and has a hinged access port that was not secured at the time of the initial inspection.
- There is one stainless steel recessed soap dish within the wall. Pick-proof security caulking is recommended.
- There are no personal emergency alarm systems, smoke detectors, floor water drains, access panels, electrical outlets, unsecured furniture, or garbage receptacles in the room at the time of inspection.

**Walter G. Cady School Bathroom / Building 3 (A185 inside Classroom A182):** Within the Walter G. Cady School are 33 classrooms, all having a bathroom within it, except one. There is no handicapped accommodations in this bathroom, but the school library contains one that does. Policy No. 80-3-28 *Supervision of Residents / Counts* states, "Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes."

Findings are as follows:

- The bathroom is accessed through a solid metal door with protruding interior door handles that present a hanging risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The floor is made of square linoleum tiles that are intact, with the exception of one tile that is cracked, but appear to be buckling in multiple places throughout the room.
- The walls are tan/yellow (specifically Wood Lily) in color, solid and smooth.
- The baseboards are rubber and were secure and intact. In general, however, rubber baseboards can be easily compromised.
- The ceiling is 9 feet, ten inches in height; however, a youth could potentially access features on the ceiling if he stood on the toilet to do so.
- There is one vent in the ceiling over the toilet with large square openings from which a ligature could be attached. It is questionable whether a youth could reach the vents to attach a ligature, thus it is a potential risk. It is secured with Phillips head screws.
- There is one rectangular security-rated lighting fixture that protrudes and has gaps that present a risk for self-injury. The unit is secured using tamper-resistant screws. The perimeter is in need of pick-proof security caulking to address the gaps in the unit between the fixture and the wall.
- There is a standard plastic light switch plate located inside the room that is secured with standard screws and presents a tampering/self-injury risk.
- There is a recessed sprinkler within the ceiling that is neither covered nor flush, but is out of reach due to its location in the room and the height of the ceiling.
- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof security caulking around its perimeter.

- There is one porcelain toilet with covered plumbing around which a ligature could be attached. This is the same risk presented by the toilet seat. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There are no floor water drains in the room.
- The toilet paper dispenser is stainless steel and is recessed within the wall, but would benefit from pick-proof security caulking.
- There are no access panels, electrical outlets, paper towel dispensers, soap dispensers, windows, smoke detectors, personal emergency alarm systems, mirrors, convex mirrors, radiators, surveillance cameras, wastebaskets, clothes hooks, or unsecured furniture within the room.

**Walter G. Cady School Library Bathroom / Building 3 (A145):** Within the Walter G. Cady School are 33 classrooms, all having a bathroom within it, except one. Youth in need of handicapped accommodations may use the school library bathroom. Policy No. 80-3-28 *Supervision of Residents / Counts* states, “Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes.” Library staff indicated that staff “don’t really monitor them when they’re inside.”

Findings are as follows:

- The bathroom is accessed through a solid metal door with protruding interior door handles that present a hanging risk. There is an interior door locking mechanism that protrudes from the door, but it is no longer operational.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps in the door jamb were noted.
- The floor is made of old square linoleum tiles that are secure and intact, but appear to be buckling in some areas. The walls are tan/yellow (specifically Wood Lily) in color and solid and smooth, but the paint is peeling near the sink and soap dispenser.
- The baseboards are rubber and were secure and intact. In general, however, rubber baseboards can be easily compromised.
- The ceiling is 10 feet in height; however, a youth could potentially access features on the ceiling if he stood on the toilet to do so.
- There is one vent in the ceiling over the toilet with large square openings from which a ligature could be attached. It is questionable whether a youth could reach the vents to attach a ligature by standing on the handicapped hand rails, thus it is a potential risk. It is secured with Phillips head screws. There are large gaps in the unit that would benefit from pick-proof security caulking.
- There is one large long rectangular security-rated lighting fixture that protrudes and has gaps that present a risk for self-injury. The unit is secured using tamper-resistant screws. The perimeter is in need of pick-proof security caulking to address the gaps in the unit between the fixture and the wall.
- There is a standard plastic light switch plate located inside the room that is secured with standard screws and presents a tampering/self-injury risk.
- There is a recessed sprinkler within the ceiling that is neither covered nor flush, but is out of reach due to its location in the room and the height of the ceiling.

- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof security caulking around its perimeter.
- There is one personal emergency alarm system with a short pull cord that was tested and is operational.
- There is one stainless steel chrome frame mirror secured with tamper resistant screws.
- There is one porcelain toilet with no exposed plumbing around which a ligature could be attached. The plastic toilet seat also allows an opportunity for a ligature to be attached. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There is one porcelain sink with exposed plumbing and a protruding mixing valve around which a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable.
- There are handicapped accessible accommodations, including grab bars / hand rails for the toilet; however, they are not suicide resistant and a ligature can easily be attached around them.
- The toilet paper dispenser is stainless steel and is recessed within the wall, but would benefit from pick-proof security caulking.
- There is one rectangular stainless steel soap dispenser that protrudes and has a hinged access port that was not secured at the time of the initial inspection.
- There is one stainless steel recessed soap dish within the wall. Pick-proof security caulking is recommended.
- There is an old freestanding table with the top of it cracked, thereby presenting a risk for self-injury. The fact that it is not secured allows youth to move it to access features higher up on the walls or ceiling.
- There is one tall black rubber garbage receptacle with a plastic liner that presents a suffocation risk for at-risk youth.
- There are no access panels, electrical outlets, floor water drains, paper towel dispensers, windows, smoke detectors, convex mirrors, radiators, surveillance cameras, or clothes hooks within the room.

**Gymnasium Bathroom / Building 3 (A112):** Youth using the full court gymnasium have access to the 'Student's Bathroom'. Policy No. 80-3-28 *Supervision of Residents / Counts* states, "Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes."

Findings are as follows:

- The bathroom is accessed through a solid metal door with protruding interior door handles that present a hanging risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the interior of the room when the door is shut. As a result, unsecured furniture or items in the room could be used to block or barricade the door, preventing staff from entering the room and allowing juveniles to engage in suicidal or self-injurious behavior if left unsupervised. At the time of the audit, there were no items or furniture that were unsecured.
- No gaps were noted in the door jamb.
- The floor is made of old square linoleum tiles that are buckling throughout the room and two of which are cracked near the toilet. The walls are tan/yellow (specifically Wood Lily) in color with some damage noted to the left side wall upon entrance.

- The baseboards are rubber and were secure and intact. In general, however, rubber baseboards can be easily compromised.
- The ceiling is 10 feet in height; however, a youth could potentially access features on the ceiling if he stood on the handicapped grab bars or sink to do so.
- There is one access panel on the back wall near the center that was locked and needs caulk around its perimeter. The panel is also secured with tamper resistant screws.
- There is one vent in the ceiling over the toilet with large square openings from which a ligature could be attached. It is likely a youth could reach the vents using the handicapped hand rails to attach a ligature, thus it is a potential risk. It is secured with Phillips head screws and there are gaps in the unit that would benefit from pick-proof security caulking.
- There is one large long rectangular security-rated lighting fixture that protrudes and has gaps that present a risk for self-injury. The unit is secured using tamper-resistant screws. The perimeter is in need of pick-proof security caulking to address the gaps in the unit between the fixture and the wall.
- There is a standard plastic light switch plate located inside the room that is secured with standard screws and presents a tampering/self-injury risk.
- There is a recessed sprinkler within the ceiling that is not covered, but is out of reach due to its location in the room and the height of the ceiling.
- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof s perimeter.
- There is one personal emergency alarm system with a short pull cord that was tested and is operational.
- There is one porcelain toilet with no exposed plumbing around which a ligature could be attached. The plastic toilet seat also allows an opportunity for a ligature to be attached. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There is one porcelain sink with exposed plumbing and a protruding mixing valve around which a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable.
- There are handicapped accessible accommodations, including grab bars / hand rails for the toilet; however, they are not suicide resistant and a ligature can easily be attached around them.
- There is one rectangular stainless steel soap dispenser that protrudes and has a hinged access port that was secured at the time of the inspection.
- There is one stainless steel recessed soap dish within the wall. Pick-proof security caulking is recommended.
- There are no access panels, electrical outlets, floor water drains, paper towel or toilet paper dispensers, windows, smoke detectors, convex mirrors, mirrors, radiators, surveillance cameras, clothes hooks, wastebaskets, or unsecured furniture within the room.

**Boys Club Half-Court Bathroom / Building 2 (A109):** There are four half-courts, one in each of the residential buildings (2, 4, 5, and 6). Building 2 was previously a residential building before it was used for the Boys Club. Each of these half courts has a bathroom that share the same design. It is not handicapped accessible, so if necessary youth can go to Bathroom A111 also within Building 2. Policy No. 80-3-28 *Supervision of Residents / Counts* states, “Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes.”

Findings are as follows:

- The bathroom is accessed through a solid metal door with protruding interior door handles that present a hanging risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the exterior of the room when the door is shut.
- The door jambs are appropriate, but there is a door track door closer that retracts when the door closes but provides an opportunity for youth to affix something to it and use as an anchor, then shut the door to engage in suicidal behavior. The metal arm bar activates a sensor that lets staff know if the door is secured or not.
- The floor is made of six inch square ceramic tile and the walls are tan/yellow (specifically Wood Lily) painted cinderblock, all of which are secure and intact. There are no baseboards in the room.
- There are two holes in the wall where an unknown fixture had been affixed to it, presenting a potential risk.
- The ceiling is 10 feet in height; however, a youth could potentially access features on the ceiling if he stood on the sink to do so.
- There is one Safety Concept Security Air Grille vent in the ceiling over the toilet with large slats, but is ligature resistant in design with no visible screws used to secure it. There are gaps in the unit that would benefit from pick-proof security caulking.
- There is one rectangular lighting fixture recessed within the ceiling that can be reached if standing on the sink. The unit is secured using metal clasps that would allow the unit to be tampered with.
- There is a light switch plate located inside the room that is secured with tamper resistant screws, but is in need of caulk around its respective perimeter.
- There is a recessed sprinkler within the ceiling that is not covered, but protrudes and presents a tampering risk if a youth stood on the sink to reach it.
- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof security caulking around its perimeter.
- There is a stainless steel mirror secured with tamper resistant screws that would benefit from pick-proof security caulking around its perimeter to address gaps.
- There is one stainless steel toilet with no exposed plumbing around which a ligature could be attached. The toilet is activated using a push button system that protrudes slightly from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There is one stainless steel sink with no exposed plumbing but around which a ligature could be attached. The mixing valves are push button and protrude as well. The sink water drain holes are 3/16 inches in diameter and are acceptable.
- There is one stainless steel recessed soap dish within the wall. Pick-proof security caulking is recommended.
- There are no floor water drains, but there is a covered circular access port secured with tamper resistant screws in the floor.
- There are no access panels, electrical outlets, paper towel or soap dispensers, windows, smoke detectors, convex mirrors, radiators, surveillance cameras, clothes hooks, wastebaskets, or unsecured furniture within the room.

**Boys Club Bathroom / Building 2 (8/D118):** Youth using the Boys Club have access to the 'Restroom'. It is not handicapped accessible, so if necessary youth can go to Bathroom A111 also

within Building 2. Policy No. 80-3-28 *Supervision of Residents / Counts* states, "Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes."

Findings are as follows:

- The bathroom is accessed through a metal door that has no interior door handles.
- There is a long narrow viewing panel within the door made of tempered safety glass that is perpendicular to the floor. It is secured to the outside of the door with tamper resistant screws. The window view is limited by the application of a substance on the viewing panel that clouds the view to allow for privacy.
- There is a blind spot to the immediate right front corner of the room.
- The sloped door hinges protrude to the exterior of the room when the door is shut.
- No gaps were noted in the door jamb, but there is a door track door closer that retracts when the door closes but provides an opportunity for youth to affix something to it and use as an anchor, then shut the door to engage in suicidal behavior. The metal arm bar activates a sensor that lets staff know if the door is secured or not.
- The floor is made of concrete painted gray that is peeling in the left corner of the room. The walls are tan/yellow (specifically Wood Lily) painted cinderblock, all of which are secure and intact. There are no baseboards in the room.
- The ceiling is nine feet, ten inches in height; however, a youth could potentially access features, i.e. the vent, on the ceiling if he stood on the sink and/or soap dispenser.
- There is one square Safety Concept Security Air Grille vent in the ceiling over the sink that has large slats but a ligature resistant design with no visible screws to secure it.
- There is one rectangular security-rated lighting fixture that protrudes and is secured with tamper resistant screws. The fixture is caulked appropriately, but it is recommended more caulk is added if the existing caulk is not of the pick-proof variety.
- There is a light switch plate located outside the room.
- There is a recessed sprinkler within the ceiling that is not covered, protrudes, has gaps between the sprinkler and the ceiling, and presents a tampering risk. It could be reached if a youth stood on the sink.
- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof security caulking around its perimeter.
- There is a stainless steel mirror secured with tamper resistant screws that would benefit from pick-proof security caulking around its perimeter to address gaps if the currently applied caulking is not of the pick-proof variety.
- There is one stainless steel toilet with no exposed plumbing around which a ligature could be attached. The toilet is activated using a push button system that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking to address gaps.
- There is one stainless steel sink with no exposed plumbing but around which a ligature could be attached. The mixing valves are push button and the spout protrudes, presenting a risk. The sink water drain holes are 3/16 inches in diameter and are acceptable.
- There is one recessed stainless steel toilet paper dispenser that would benefit from the application of pick-proof security caulking.
- There is one rectangular stainless steel soap dispenser that protrudes and has a hinged access port that was secured at the time of the inspection.
- There is one stainless steel recessed soap dish within the wall. Pick-proof security caulking is recommended.



- There are no access panels, electrical outlets, floor water drains, paper towel dispensers, windows, smoke detectors, convex mirrors, radiators, surveillance cameras, clothes hooks, wastebaskets, or unsecured furniture within the room.

**Cafeteria Bathroom / Building 3 (C105):** Youth using the cafeteria have access to this bathroom. Policy No. 80-3-28 *Supervision of Residents / Counts* states, “Residents in bathrooms and showers shall be monitored with ongoing dialogue every five (5) minutes.”

Findings are as follows:

- The bathroom is accessed through a solid metal door with protruding interior door handles that present a hanging risk.
- There is no viewing window within the door, thus the room itself would be a blind spot if the door was to be closed.
- The door hinges protrude to the exterior of the room when the door is shut and no gaps were noted in the door jamb.
- The floor is made of old square linoleum that is secure and intact. The walls are tan/yellow (specifically Wood Lily) in color with some peeling noted over the soap dispenser.
- The baseboards are rubber and were secure and intact. In general, however, rubber baseboards can be easily compromised.
- The ceiling is approximately nine feet, ten inches in height; however, a youth could potentially access features on the ceiling if he stood on the handicapped grab bars or sink to do so.
- There is one vent in the ceiling over the toilet with large square openings from which a ligature could be attached. It is likely a youth could reach the vents to attach a ligature, thus it is a potential risk. It is secured with Phillips head screws and there are gaps in the unit that would benefit from pick-proof security caulking.
- There is one long rectangular security-rated lighting fixture that protrudes and has gaps that present a risk for self-injury. The unit is secured using tamper-resistant screws. The perimeter is in need of pick-proof security caulking to address the gaps in the unit between the fixture and the wall.
- There is a standard plastic light switch plate located inside the room that is secured with standard screws and presents a tampering/self-injury risk.
- There is a recessed sprinkler within the ceiling that is not covered, but is out of reach due to its location in the room and the height of the ceiling.
- There is a fire alarm that protrudes, can be tampered with, and is in need of pick-proof security caulking around its perimeter.
- There is one personal emergency alarm system with a long pull cord that presents a hanging risk. The system was tested by this reviewer and is fully operational.
- There is one porcelain toilet with no exposed plumbing around which a ligature could be attached. The plastic toilet seat also allows an opportunity for a ligature to be attached. The toilet is activated using a lever that protrudes from a stainless steel square plate that is secured with tamper-resistant screws, but has sharp corners. The unit would benefit from pick-proof caulking.
- There is one porcelain sink with exposed plumbing and a protruding mixing valve around which a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable.
- There are handicapped accessible accommodations, including grab bars / hand rails for the toilet; however, they are not suicide resistant and a ligature can easily be attached around them.

- The toilet paper dispenser is stainless steel and is recessed within the wall, but would benefit from pick-proof security caulking around its perimeter.
- There is one rectangular stainless steel soap dispenser that protrudes and has a hinged access port that was secured at the time of the inspection.
- There is one stainless steel recessed soap dish within the wall. Pick-proof security caulking is recommended.
- There is one tall gray rubber wastebasket with a plastic liner that presents a suffocation risk.
- There are no access panels, electrical outlets, floor water drains, paper towel dispensers, windows, smoke detectors, convex mirrors, mirrors, radiators, surveillance cameras, clothes hooks, or unsecured furniture within the room.

## **Recommendations**

Although only the rooms and areas identified in this report were reviewed during the course of this inspection, staff are reminded that, if applicable, any and all recommendations provided below apply to all youth bathroom or shower areas as well as any rooms designated to house at-risk youth in the facility or rooms where youth could potentially be left unsupervised.

The recommendations provided below are broken down into two main sections: 'Programmatic' and 'Physical Plant'. Due to the number of recommendations within the Physical Plant section, they are further subdivided in an effort to organize them more efficiently: 'Facility-Wide', 'General/Multi-Room', 'Bedrooms', and 'Bathrooms', 'Medical Suite / Exam Room', 'Media / Telephone Room', 'Multipurpose Room', and 'Comfort Room'. Please keep in mind that concerns identified in the Bedroom or Bathroom categories, for example, are specific to those rooms only; however, there are many additional recommendations provided in the Multi-Room or Facility-Wide sections that apply to both, either, or different categories that are not listed separately, but because they applied to multiple rooms and not just the bedrooms or the bathrooms it was added to those sections.

### **Programmatic Recommendations**

1. Ensure that all staff review this report as well as the facility response to it as a means of increasing staff awareness of the potential areas of concern throughout the facility related to suicide/self-injury risk and to demonstrate the facility's commitment to safety. Specific details are listed within this report for each room/area inspected.
2. Continue to ensure that all new staff complete Suicide Prevention training prior to working independently with youth and ongoing annual in-service training for all direct care staff as required per DCF/CJTS policy, including a hands on skill out using the approved suicide rescue tool.
3. Modify Policy No. 80-4-34 *Suicide Assessment and Prevention* to ensure the Safety Watch status definitions are clearly defined and consider making the status assignments consistent with the SAFE-T risk levels referenced in the policy. Ensure all staff are trained on this policy once modified.
4. Consider adopting a clinical protocol for follow-ups by QMHP's after youth have been discontinued from a Safety Watch. It is suggested that follow-ups would be completed if the juvenile was either assigned to a Safety Watch status by a clinician or they were maintained on a status by a clinician after being assigned Direct Observation Safety Watch by a non-clinician. Although there is no current nationally accepted standard for mental health follow-ups following the discontinuation from Safety Watches, some examples that programs have adopted include a one, three, seven day follow-up protocol; a one, three, seven day follow-up protocol with at least monthly evaluations until discharge from the facility; a three, ten, and thirty day follow-up protocol, and three consecutive day protocol.
5. Ensure youth have a method of submitting confidential requests for mental health services into an easily accessible locked box within the residential living unit. Qualified Mental Health Professionals (QMHP's) should triage the requests daily, including weekends and holidays, and respond to those requests in a timely manner. If a QMHP is not on-site, then a trained designee should collect the requests and triage them in their absence. Administration should ensure the availability of mental health request forms, access to approved writing utensils, and the education of all current residents once established.
6. Ensure the Resident Orientation Manual and all related policies and procedures are updated to reflect the additional manner of accessing mental health services via the confidential written request process referenced above.

7. Incorporate the electronic monitoring system into the effective monitoring of residents on Safety Watch whenever a youth is in their respective assigned room. This would require adding a 5-minute time interval option to the system. Integrating the monitoring system into the process, a routine process of supervisory review of surveillance cameras and Safety Watch Log sheets, the completion of unannounced supervisory rounds, and the data from these electronic devices can be used to ensure watch tours and observations are being completed appropriately and on a timely basis.
8. Ensure the monitoring system data glitch is corrected such that every watch tour completed will specifically reference the time each button was pressed on each room for the purposes of supervisory review.
9. Ensure policy clearly states and staff are trained on how to conduct observations in a random/staggered manner to ensure youth cannot predict subsequent staff observations.
10. Ensure staff are trained on how to complete the Safety Watch Log sheets such that they include specific evidence of the juveniles' "living breathing flesh" when in their rooms and/or of progressive movement over time and these sheets are routinely reviewed by supervisory staff.
11. Consider reducing the time requirement for conducting routine watch tours for youth not assigned a Safety Watch status from twenty minutes to fifteen minutes to enhance safety.
12. Revise policy to ensure that youth are never alone or without direct supervision while in the Medical Exam room. This will substantially limit the risk identified within the room, especially the ability to barricade the door and present an opportunity for self-injury or suicidal behavior.
13. Ensure all staff wear their utility belts as required, including a rescue tool, if applicable, and routinely remind staff of the locations of all rescue tools.
14. Ensure requirements for monitoring youth in Comfort Rooms is added specifically to policy and that all staff are routinely reminded of the specific practice and procedure for supervision when juveniles are in the Media/Telephone Room, Comfort Rooms, padded cells, and Multipurpose Rooms and that supervisors routinely monitor that the supervision is occurring as required.
15. Consider modifying the supervision policy for youth using rooms identified as having substantial risk such that residents using those rooms are accounted for more frequently than every 15 minutes if they are not assigned a Safety Watch status and have a staff posted if the resident is on a Safety Watch status.
16. Despite the obvious nature of this statement, please remind staff that when doors without viewing panels are shut in bathrooms, showers, etc., there is no visibility and the room is essentially a blind spot. Ensure policy addresses staff supervision of youth while in all of these areas and that it is routinely reinforced by supervisory staff.
17. Ensure staff are aware that a youth could tie a knot in a sheet or rope, for example, drape it over any door, shut it, and could subsequently use it to hang himself.
18. Consider designating specific rooms on the residential living unit to place youth that are considered to be at-risk for self-injurious or suicidal behavior. When budgetary constraints limit the ability of facilities from making physical plant modifications in all of the resident bedrooms, one option to consider is to use available resources to ensure there are certain rooms on each unit in which as many of the recommendations are addressed as possible and to which at-risk youth may be assigned temporarily.
19. Consider developing a continuous quality improvement program that includes at least quarterly mental health reviews on suicide prevention related topics.

## **Physical Plant Recommendations**

### **Facility-Wide**

1. Ensure edges to which items may be affixed and gaps between the structure of installed units and the ceilings or walls are filled with “pick-proof security caulk”. These areas include lighting fixtures, recessed door handles, mirrors, the base of viewing panels in all housing units, sprinklers, smoke detectors, metal cages around the sprinklers, vents, access panels, shower heads, shower panels, intercom/call boxes, door jamb corners, door bumpers, light switch plates, light sensors, fire alarms, electrical outlets, toilet paper dispensers, soap dishes, shelving units, clothing safety hooks, etc. As a suggestion, one type of security caulk recommended for this purpose is Dynaflex SC, though there are others on the market that might be as effective.
2. Consider removing any unsecured furniture or secure/bolt any necessary unsecured furniture to the floor in rooms where youth can potentially be left unsupervised to limit the potential for youth to move to access areas of risk, barricade doors, or to shield staff vision to engage in self-injury. Of particular concern is the furniture and equipment in the Medical Exam Room, Media / Telephone Rooms, Multipurpose Rooms, and Comfort Rooms.
3. Replace or modify the ceiling vents that have large gratings to which ligatures can be affixed with safer alternatives. Many of the rooms have the Safety Concept Security Air Grille vents that are ligature resistant and are appropriate. Rooms in which the vents present a risk, include, but are not limited to, the Intake Bathroom / Shower area, Medical Suite / Youth Restroom, Medical Suite / Exam Room, and most bathrooms. All vent unit perimeters should be flush with the wall or ceiling, secured with tamper resistant screws (if applicable), and caulked to eliminate any gaps.
4. Modify or replace non security-rated lighting fixtures with security-rated suicide resistant fixtures that limit the opportunity for youth to tamper with the units themselves. Also, as indicated previously, apply pick-proof security caulk to eliminate gaps between the fixture and the wall/ceiling to limit the potential for self-injury. Where possible, use tamper resistant screws to ensure the lenses cannot be removed from the unit by youth.
5. Remove protruding door handles and non-sloped protruding interior hinges throughout the facility where you could potentially be left unsupervised and replace with ligature resistant mechanisms that cannot be locked from the inside. Doors that open inward (with interior door hinges) can present a safety risk if youth barricade the door with unsecured furniture, etc. For this reason, any opportunity to change the interior hinges to hingeless or exterior hinges is recommended. These rooms include, but are not limited to, the Gymnasium Bathroom and the Medical Unit / Exam Room.
6. Consider removing or covering electrical outlets in rooms or areas where youth can potentially be left unsupervised. If those options are not acceptable, ensure all outlets are of the Ground Fault Circuit Interrupter (GFCI) variety and are secured with tamper resistant screws.
7. Cover all sprinklers in rooms where youth may be left unsupervised, especially the padded cells and resident bedrooms.
8. Consider removing the rubber baseboards in rooms where youth can potentially be left unsupervised and/or replace with safer alternatives.
9. Remove all metal garbage receptacles including those with step-on access mechanisms where residents can be left unsupervised and replace with smaller and safer alternatives.
10. Ensure there are no plastic garbage liners within receptacles where residents can potentially be left unsupervised so that a youth cannot use it to suffocate oneself.
11. Consider replacing all standard screws with tamper resistant screws where possible.
12. Ensure staff lock all doors that are required to be and that they are checked routinely.

13. Sand off peeling paint and reapply where necessary, including the Intake Holding Room, Intake Bathroom/ shower area (and water damage around the sprinkler), Padded Cell (graffiti), Housing Unit 4B / B7 (peeling paint and graffiti), Housing Unit 4B / B13, Housing Unit 5C / C8, Housing Unit 4B / Shower 1 (floor paint), Housing Unit 4B / Shower 4, Housing Unit 4 / B124, Walter G. Cady School Library Bathroom, Boys Club Bathroom (floor paint), and the Cafeteria Bathroom.

### **General / Multi-Room**

1. Ensure staff are aware of the risks identified due to the equipment present and referenced in the Medical Suite / Exam Room, Media / Telephone Room, Multipurpose Room, and Comfort Room sections below.
2. Consider adding surveillance cameras to the Media / Telephone Room and Comfort Room that would allow additional monitoring from the unit console as well.
3. Consider installing a locked box that each staff can open with an easily identifiable key on each residential living unit to store a rescue tool. This can be in place of or in addition to the one located in each unit's console drawer. Another option would be to add a divider/compartiment to the front of the console desk drawer only large enough to fit the rescue tool so that staff will always know where it is specifically located within the drawer and it will not be mixed in with other things that might prevent the immediate identification of the tool in the event of an emergency.
4. Consider adding convex mirrors, i.e. DuraVision convex mirrors that have Perimguard as in the Pueblo Unit, to address blind spots and enhance visibility in the bedrooms, Intake Holding Room, housing unit showers, Comfort Rooms, bedrooms, and the Multipurpose Room.
5. Remove the door track closer that retracts within each of the housing unit rooms and Boys' Unit bathrooms in Building 2, which was formerly a residential living unit. These metal arm bars activate a sensor that lets staff know if the door is secured or not. If this option is not possible, staff need to be aware of the potential hanging risk these metal arm bars present.
6. Replace any standard plastic light switch plates in rooms where youth are left unsupervised with a safer alternative that includes tamper resistant screws and applying pick-proof security caulking around its perimeter. Rooms where these were present included the Medical Suite / Youth Restroom, Medical Suite / Exam Room, Walter G. Cady School Bathroom (A185), Walter G. Cady School Library Bathroom, and Gymnasium Bathroom.
7. Consider modifying or removing the wall mounted television and related hardware in the Multipurpose Room such that juveniles cannot self-injure or attach ligatures.
8. Replace or modify the smoke detector in the Media / Telephone Room and Multipurpose Room such that a ligature cannot be attached and/or it cannot be tampered with.
9. Modify or replace the fire alarm units in rooms where residents are left unsupervised to eliminate the tampering risk and such that a ligature cannot be wrapped around it and is acceptable to the local fire marshal. If this is not an option, ensure staff are aware of these risks.
10. Remove the hydraulic door closing assembly mechanisms and relevant hardware in the bathrooms, Media/Telephone Room, and main entrance door in the residential living unit hallway.

### **Bathrooms**

1. Modify or replace the currently installed hand rails, grab bars, and retractable seats in the handicapped accessible bathrooms and shower areas with suicide resistant alternatives. Ensure they are secured with tamper resistant screws and that pick-proof security caulking is applied around the hardware's perimeter.

2. Consider shortening the pull cord used to activate the personal emergency alarm system in the Intake Bathroom/Shower area and the Cafeteria Bathroom such that the cord cannot be used as a ligature.
3. Repair the cracked linoleum tiles in the Walter G. Cady School Bathroom (A185) and the Gymnasium Bathroom.
4. Repair the wall damage in the Gymnasium Bathroom to the left side of the room upon entrance and fill the holes in the wall where an unknown fixture had been attached in the Boys Club Half-Court Bathroom.
5. Remove the protruding interior door locking mechanism, which is no longer operational, from the Walter G. Cady School Library Bathroom.
6. Replace protruding stainless steel paper towel and soap dispensers that have sharp metal and areas to which ligatures can be attached with safer alternatives. At a minimum, ensure the hinged access ports where the soap is added in the metal dispensers are locked. At the time of the audit they were all secured, except for the one in the Medical Suite / Exam Room and the Walter G. Cady School Library Bathroom.
7. Consider replacing porcelain sinks and bathroom toilets with units manufactured with safer material and such as those that do not have toilet seats, protruding flushing levers/mechanisms, exposed plumbing, or other areas around (or to) which ligatures can be affixed. If this is not currently considered an option, modify the toilets and/or surrounding area/framework such that ligatures cannot be wrapped around them.
8. Round off the sharp stainless steel square panel corners of all of the toilet flushing mechanisms and apply pick-proof security caulking around its perimeter.
9. Consider replacing protruding bathroom sink fixtures/mixing valves with safer ligature resistant alternatives.
10. Consider replacing protruding shower heads with safer alternatives.
11. Consider replacing the protruding water spout in the tub of 4B / Shower 1 with a safer option.
12. Repair the cracked concrete to the right of the shower in 4B / Shower 4.
13. Secure the Fiber-Reinforced Polyester (FRP) panels in 4B / Shower 4, which are not secured at the bottom and present a tampering risk. Pick-proof security caulking is needed around the whole unit once secured or replaced.
14. Replace the missing shower mixing valve in the Intake Bathroom / Shower area.
15. Replace the missing tamper resistant screw in the lower left hand side of the shower panel in the Intake Bathroom / Shower area.
16. Apply pick-proof security caulking around the wooden seat secured to the wall in the Intake Bathroom / Shower area to eliminate gaps.
17. Remove the hydraulic door closing assembly and corresponding hardware in the Medical Suite Bathroom / Shower (Building 4).
18. Fill in the holes in the door and door frame of the Medical Suite / Youth Restroom where the door closing assembly had once been attached.
19. Replace or modify the diverter valve between the two shower heads in the Medical Suite Bathroom / Shower (Building 4) and diverter valve of 4B / Shower 1.
20. Remove or modify the unidentified protruding hardware to the right of the lower shower mixing valve in the Intake Bathroom / Shower area such that a ligature cannot be attached.
21. Remove the hardware that had been used for handicapped accessible accommodations in 4B / Shower 4.
22. Replace the metal bar perpendicular with the floor that allows a hand held shower attachment to assist in showering youth having special needs with a suicide resistant alternative that includes a detachable extended water hose.
23. Remove, modify, or replace the metal soap holder that has holes 3/8 inches in diameter with a safer alternative. The guideline is 3/16 inches in diameter or smaller.

24. Replace the shower curtain track system in the Medical Suite Bathroom / Shower (Building 4) that has metal hooks with a safer alternative. Consider replacing the opaque shower curtains with safer alternatives, i.e. translucent shower curtains allow some privacy but a silhouette of the youth can be observed if the youth was engaging in self-injurious behavior. Many facilities use a modified Velcro system to secure the curtains rather than rods and rings.
25. Replace or modify the shower and floor water drains that have large gratings/holes with those having openings 3/16 inches or less to limit the opportunity for ligature strangulation.
26. Remove the freestanding table with the cracked top in the Walter G. Cady School Library Bathroom. In addition to the risk of self-injury the cracked top presents, the fact that it is not secured allows youth to move it to access features higher up on the walls or ceiling.

### **Bedrooms**

1. Replace the pillow with the hole in it Room 4B/B7 with a new pillow and consider using tear resistant and fire retardant pillows in all resident rooms.
2. Modify the desks in the housing unit rooms to address the hanging risk the units present as well as well the cylindrical desk chair that presents a strangulation risk. If this is not considered to be an option, an application of pick-proof security caulking around its base is recommended and staff need to be made aware of these risks.
3. Repair the lighting fixture on the left side of Room 4B / B13 as it was not working during the inspection.
4. Secure the lower door hinge in Room 5C / C8 such that it is flush with the door frame.
5. Remove the cracked plastic laundry basket in Room 4B/B7 and replace all laundry baskets with safer alternatives as they are made of plastic and have large gaps within their structure.

### **Comfort Room**

1. Secure the corner wood shelving unit, approximately 37 inches tall to the far right of the room, and apply pick-proof security caulking around its perimeter and within its own structure. Currently, this unit can be moved to access areas of risk on the ceiling.
2. While Comfort Rooms can be invaluable tools within a facility for stabilizing a youth's escalating behavior, it contains multiple items that can be used for self-injurious or suicidal behavior, including, but not limited to, the sound machine and light projector, etc. The presence of these items (and others), the risks identified within the room, and the emotional states that youth may be experiencing at the time they enter the room, emphasizes the need for and critical importance of appropriate supervision while using it. Ensure staff are aware that all of these items could be used in a youth's effort to engage in self-injury or suicidal behavior.

### **Intake Holding Room**

1. Round off the sharp corners of the door frame in the Intake Holding room.

### **Medical Suite / Exam Room**

1. Consider removing, replacing, or modifying the drop ceiling in the Medical Suite / Exam Room, which by design presents an opportunity for hanging and self-injury.
2. Replace the lighting fixture recessed within the drop ceiling with a security-rated ligature resistant alternative. The panel is acrylic and is only secured with metal tabs, which presents risk for self-injury.



3. Replace or modify the sink water drain that has large holes (1/4 inches) with one that has openings 3/16 inches or less to limit the opportunity for ligature strangulation.
4. Replace the protruding door handles and hinges of the cabinet doors with safer alternatives. The counter doors and cabinets were locked/secured during the time of inspection.
5. Remove the privacy curtain track system with the hooks that present multiple risks and replace with safer alternatives.
6. Consider storing the basic medical equipment in locked cabinets or in another room until it is needed as youth could use to self-injure if left unsupervised. These items include, but are not limited to, scales, lamps, metal seats and trays on wheels, Moore Brand / Moore Medical antimicrobial soap, blood pressure equipment, ophthalmoscope wall unit, thermometer and holder, wall mounted equipment and holders, etc. Remove or replace with safer alternatives where applicable and possible, but at a minimum ensure staff are aware that all of these items could be used in a youth's effort to engage in self-injury or suicidal behavior.

### **Media / Telephone Room**

1. Consider removing the room sign secured to the interior of the room's window and instead secure it to the exterior of the window in the hallway, if possible.
2. Secure the computer table and desks to the floor or wall and secure the carrel side panel for the main desk, which is coming off.
3. There are two personal computers, two mice, one standard telephone with a long telephone cord and receiver handset cord, and of the respective cables for these items that present risk. There are also four unsecured plastic chairs in the room. Remove or replace with safer alternatives where applicable and possible, but at a minimum ensure staff are aware that all of these items could be used in a youth's effort to engage in self-injury or suicidal behavior.

### **Multipurpose Room**

1. Address the interior door frame/jamb in the upper left hand corner, which is irregular in shape and presents a concern.
2. Remove or replace the cabinet door handles such that a ligature cannot be placed around them. Add a non-protruding locking mechanism to ensure the contents within are secured, including the ones within the counter that permit access to the exposed plumbing.
3. Address the gaps between the cabinet doors and the unit itself.
4. Remove entirely or replace the Phillips head screws used to secure the dry erase board secured to the wall with tamper resistant screws and address two protruding pieces around the two sides around which ligatures could be attached. Apply pick-proof security caulking around its perimeter.
5. There are two unidentified black square panels, one small and secured to the ceiling with tamper resistant screws and the other larger and secured to the wall above the television secured with bolts and washers with large holes in the middle. There is a microwave with a long cord; refrigerator with a long cord, large glass shelves and a light bulb; a large flat screen television with cords and is wall mounted, a rolling desk chair, two large tables, and 10 Max-Secure Endura Series Club Chairs, each weighing 180 lbs. Remove or replace with safer alternatives where applicable and possible, but at a minimum ensure staff are aware that all of these items could be used in a youth's effort to engage in self-injury or suicidal behavior.

**Please keep in mind that the by addressing the recommendations listed above, the risk of self-injury and/or suicidal behavior may be reduced, but it will in no way be eliminated.**

In addressing these recommendations, there are many products on the market and companies that can assist you in meeting your organization's or facility's physical plant needs. One resource that may be helpful in this process can be accessed by using the following link for the Facility Guidelines Institute:

[http://www.fgiguide.org/pdfs/DesignGuideBH\\_7.0\\_1505\\_rev.pdf](http://www.fgiguide.org/pdfs/DesignGuideBH_7.0_1505_rev.pdf).

**On this website, you may access the 2015 *Design Guide for the Built Environment of Behavioral Health Facilities*, which will provide you with a list of companies and products that can be purchased to address your concerns.**

Respectfully Submitted,

Walter J. Krauss, Psy.D.  
Mental Health Clinical Program Manager  
University of Connecticut Health Center  
Correctional Managed Health Care