Facility Reviewed: Connecticut Department of Children and Families (DCF) Girls Secure Residence Program / Pueblo Girls Program

Dates of Site Visits: November 13, 2015
December 7, 2015
December 14, 2015

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 Pueblo Girls Program at the request of the Connecticut Department of Children and Families (DCF) to evaluate the facility's physical plant from a suicide prevention perspective 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.

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. Areas where youth would require staff supervision were reviewed as requested; however, the detail was not as extensive as it was in areas where youth have the potential to be left unsupervised. In addition, suicide prevention policies and related procedures were reviewed as well. In addition, suicide prevention policies, related procedures, and 11 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 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 the agency's/facility's commitment to suicide prevention.

It is important to realize that while facilities, such as the Pueblo Girls Program, 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 the following staff on November 13, 2015 to discuss the process and expectations as well as to address any questions or concerns:

William Rosenbeck, CJTS / Pueblo Unit Superintendent
Debra Bond, Ph.D., CJTS / Pueblo Unit Clinical Director
Cherril Smellie, Unit Leader

Accompanied by facility staff, each room was reviewed and next steps were discussed. After completing an initial draft of this report, this reviewer returned on December 7, 2015 to review specific details to ensure accuracy, which is typical of this process, and to follow-up on various issues. During this visit, the following staff assisted in the process:

Cherril Smellie, Unit Leader
Kenneth Demoranville, Maintainer
Sarah Prenetta, Youth Services Officer
Rafael Borges, Youth Services Officer
Jessica Collins, Unit Leader
Barbara Taylor, Youth Services Officer

On December 14, 2015 this reviewer returned to the facility once again to review records and to meet with staff from the maintenance department. The following staff assisted this reviewer in that process.

Jason Kaczmarek, Plant Facility Engineer I
Jessica Collins, Unit Leader
Barbara Taylor, Youth Services Officer

It shall be noted that 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 Pueblo Girls Program is located on the Connecticut Juvenile Training School's 32-acre scenic campus at 915 River Road in Middletown, Connecticut. The Pueblo Unit was opened on March 19, 2014 and has the capacity to house up to twelve female youth between the ages of 12 and 20. In general, female youth may be admitted to the Pueblo Unit in one of two ways: parole relocation or revocation status in which the youth's parole status changes from parole supervision in the community to secure care at the Pueblo Unit or a youth within congregate care status due to persistent non-compliance, absence without leave (AWOLs), or significant aggressive behavior. This option requires the review and approval of the DCF Regional Review team. While the goal for program length is three to six months, the average stay has been 52 days since the program's inception. At the time of the site visits, there was one female youth residing at the facility.

Overall, the facility includes the main and basement floors of the building, with all nine bedrooms located in the residential living unit on the main floor. The facility is accessed through two sets of secure locked double doors, which lead into the unit lobby. To the right is a set of locked double doors used to access the residential living unit and to the left is the visitors' check-in point where a metal detector is used to screen visitors. Beyond is the conference room, visitation room, and the admissions wing, which includes the resident's exam suite, nursing office, administrative offices, a staff break room with staff bathroom, youth admission bathroom/shower, staff office, the resident's admissions suite, and clinician's offices. Only the youth bathroom in these areas, however, was reviewed during this process as youth are not permitted in the other rooms without staff being present.

Upon entrance through the locked residential living unit doors, there is a laundry room to the immediate right and a media/telephone room to the left. Beyond those rooms is the console, located in the center of the housing area, with one padded cell on either side of the console and supervisor offices. Directly across from the console are the nine youth bedrooms and a bathroom/shower area on each side of the bedrooms in addition to a resident grooming station. When standing behind the console and looking towards the bedrooms, there is a large dining/community area, staff kitchenette, and recently opened Comfort Room to the left.

There are two stairwells, one accessed on the main floor through the lobby area and the other within the community area to the left of the console area when looking at the bedrooms, both which can be used to access the basement programming areas, including the outside court yard, rehabilitation area, and school classrooms. All stairwell doors are locked. Youth are only permitted in the stairwell accessed within the lobby area if there is an emergency situation that required its use.

Pueblo Unit has a total of nine residential bedrooms with three of the nine having the capacity for double occupancy: Rooms 1A/1B, 2A/2B, and 9A/9B. Staff informed this reviewer that while there are three double rooms, they have never had more than one youth in a room at a time since the facility opened in March 2014.

Down Stairs Rehab Area/ School Wing: The basement consists of a large rehabilitation or 'rehab' area, a large open space that rehab uses for various activities with the residents, and the school area. The residents are transitioned from the stairwell and rehab area through that open space to the school side of the building. On the school side is an elevator that would transport a youth up to the Lobby area. Across from the resident bathroom is a classroom on the right, next to the classroom is the copy room, and to the right of the copy room is the second classroom. Across the hall from the last classroom is a staff locker room/bathroom, which is locked and not utilized by the juveniles according to staff.

General Findings

It was clear throughout the initial inspection that facility administration has a dedicated and sincere approach to suicide prevention and learning about this process. They also maintained an open mind to reviewer suggestions and recommendations. In fact, multiple modifications were made immediately following concerns identified by this reviewer, including the immediate removal of a large glass mirror in the school bathroom and the hydraulic closing assembly units attached to the residential living unit bathroom doors.

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. The facility's AED is located in the Assistant Unit Leader's office so that all staff have access to it should the need arise. It is checked and documented daily by a nurse. Three First Aid kits containing CPR pocket masks/face shields are available in the basement First Aid kit lock box in the school hallway, one behind the console, and another in the supervisor's office, the latter two located on the main floor. Medication is stored in the locked medication room located behind the console with access only authorized for medical staff. 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 hallway across from the console. Sharps are maintained in the Unit Leader's office and are accounted for each shift by staff and logged. Sharps include razors, a pair of surgical scissors, and the J-hook located in a locked drawer in the console desk.

Access to Care

Upon intake, youth are provided with an "Orientation Handbook" 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 handbook is comprehensive and provides the juvenile with an overview of the clinical services provided; however, it does not indicate specifically how to contact a mental health provider, if necessary. It is essential that residents are made aware of how to specifically access such services, which should be specified within the Orientation Handbook.

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, she 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 the program opened in March 2014, there have been three incidents (two individuals) that have required such placements.

In the hallway across from and to the right of the console when standing behind it, there are multiple forms and locked boxes in which youth can submit written comments and/or requests, including one for the Assistant Superintendent and Medical; 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, it is likely 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* 8-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 program opened in March 2014.

As stated previously and upon intake, 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: These options are '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, Pueblo Unit 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 cannot 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 also knows that after the 12:00 AM observation, she likely 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. When a supervisor was asked why this practice was recommended, the individual was unaware of its importance, but supported the need to have them conducted in that manner.

During sleeping hours, staff utilize a hand held alarm system set for designated, but specific intervals, (5 minute or 10 minute intervals) to remind them of their need to conduct the required observations of youth. Unless there is direct staff supervision to ensure these observations are occurring as required, this system is not as reliable as other systems currently available on the market, including The Pipe Monitoring system and the Morse Watchman. These systems allow supervisors to download observation times that occur while youth are sleeping or in their rooms and to review the observations to ensure that direct care staff conduct required observations at the appropriate times because they know the observation is recorded and will be reviewed. When a youth is not assigned any kind of Safety Watch or precaution 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.

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 sleeping" from 10:50 PM through 6:40 AM on July 25, 2015. This reviewer suggested to a supervisor that the comments should show 'living, breathing flesh', which is a phrase often used in confinement settings to describe that the individual is actually observed to be alive when conducting observations. 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 also 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 sleeping?" with the answer being someone that is dead.

In the eleven clinical records reviewed, all of the youth had been placed on either One to One Safety Watch or Ten Minute Safety Watch. There were no cases where a youth was placed on a Five Minute Safety Watch, although it was not clear as to why it did not apply in some cases. 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.

Safety Watches in general were typically downgraded from One to One Safety Watch directly to Ten Minute Safety Watch, and then to a routine precaution status. This represents a gradual downgrade process, but does not include the use of the Five Minute Safety Watch status. It shall be noted that the most current record reviewed was from 12-19-14, so changes in how clinical notes are completed or how residents are downgraded would not be reflected. Finally, when residents have their Safety Watches discontinued completely, there is currently no clinical protocol for follow-up, although Dr. Bond indicated they have had recent discussions to initiate that process.

Video/Camera Surveillance

The Unit Leader reported that there are 32 surveillance cameras that are reviewed periodically or as needed by the Assistant Superintendent. In a telephone conversation with Kristy Ramsey, Assistant Superintendent, on December 17, 2015, she stated that she reviews the surveillance footage weekly or as needed if there is a restraint or a youth complaint, but direct care staff cannot use those cameras to aid in monitoring youth in real time. Within the console, which is the facility's control center, are four monitors that all staff can utilize to view four different areas of the facility in real time: (1) Front Door-Main Entrance (2) Intake Door (3) Recreation Room (basement) (4) and School Hallway (basement).

Each of the views these monitors provide is static, the views cannot be modified or adjusted, and are limited in terms of the coverage provided. For example, the area between the school and the rehab area has multiple blind spots and a large system of pipes, drains, and protrusions that present significant risks if a youth were left unsupervised. Although policy requires staff to accompany youth when in the basement, the basement area in general has risks too numerous to mention that could be used for self-injurious or suicidal behavior if there was a momentary lapse of supervision. In addition, there are electrical outlets, electrical appliances with cords (including a large television set and freestanding fans), exposed wiring, large hanging rectangular lighting fixtures, drains, unsecured chairs, desks, cabinets and art easels, sink fixtures, protruding door handles and hinges, and a rehab supply room that was not locked at the time of inspection. These areas have camera surveillance coverage that can only be accessed by the Assistant Superintendent. As stated earlier, other than the four monitors indicated above, direct care staff do not have real time capability to view camera coverage of these high risk areas.

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 were aware of the supervision policy requirements indicated above with some inconsistencies noted. Of concern, however, is the fact that residents are permitted per policy to be alone in rooms presenting with significant risk for suicidal behavior without direct supervision for up to 15 minutes at a time. This includes the Media/Telephone Room, which has two doors that open to the interior and contains furniture, such as desks and computer tables, that can easily be wedged between the doors and serve as a barricade preventing staff from entering the area allowing residents to engage in self-injurious / suicidal behavior. When there is more than one resident in the room, a Youth Service Worker is posted. While this latter provision 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 this room 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

Within the facility there are two suicide rescue or cut down tools, referred to as 'J-hooks'. One is located in a locked drawer to the far right of the console desk and another carried on a belt by the Unit Leader. There is no cut down tool located in the basement area, which could significantly increase the response time if staff have to wait for a supervisor to arrive at the scene or another staff access the suicide rescue tool upstairs. In addition, on two separate occasions the supervisor did not have the rescue tool on them as reportedly required when the issue was discussed. Two other direct care staff members on different occasions were asked to show the reviewer the rescue tool and they were easily able to access it at the time. Both the Assistant Superintendent and Clinical Director indicated that staff are trained on its use and are required to demonstrate how to use the tool as part of the Safe Crisis Management (SCM) training.

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 the incident could have been handled better. Since it started, she states there have been no incidents requiring such a follow up.

Facility Inspection

Intake Bathroom/Shower area: The Intake Bathroom / Shower is located on the Main Floor outside of the housing unit where the clinician and medical offices are found. It is a small combination bathroom/shower room that is handicapped accessible and consists of one toilet, shower, sink, and vanity.

According to one staff member interviewed during the follow-up visit, staff are posted outside the door when youth shower or are using the bathroom with the door shut but unlocked. Staff will frequently knock multiple times to ensure they respond. Most often juveniles are reportedly not in this room for more than ten minutes. If youth are being searched, there is one female staff member inside the area and another staff posted outside with the door shut. 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 light tan in color and accessed through a wood door with suicide resistant handles.
- 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 and baseboards are made of tile and the walls are solid, smooth, and intact.
- The ceiling is approximately eight feet in height.
- There is one vent in the ceiling secured with tamper resistant screws that is designed in such a way as to prevent ligatures from being attached and is flush with the ceiling and has its perimeter caulked. If it is not caulked with pick-proof security caulking, then an additional application would be recommended using the pick-proof variety.
- There is one access panel behind the toilet that is recessed and secure, but 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 suicide resistant long rectangular lighting fixture in the center of the ceiling with a lens that is secured using tamper resistant screws.
- The light switch protrudes, but is sloped and includes a motion sensor, which youth may tamper with. Caulking is recommended around its perimeter.
- There is one sprinkler that is not covered and presents a risk for tampering / self-injury.
- There is one Ground Fault Circuit Interrupter (GFCI) outlet.
- 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 exposed plumbing and a plastic toilet seat around which a ligature could be attached. The toilet is activated using a push button system. That unit would benefit from pick-proof caulking and the set screws used to secure the unit protrudes underneath with a sharp edge.
- There is one Bradley manufactured ligature-resistant lavatory/sink, which is exemplary; however, a ligature could be attached around the unit itself. There are no sink mixing valves.

Instead there is an automatic sensor with a faucet that is sloped. It is secured with tamper resistant screws and the water drain holes are 3/16 inches, which is acceptable.

- The gratings in the shower and bathroom floor water drains are large enough to affix a ligature, thereby representing a strangulation risk.
- The shower head is sloped and flush with the wall, but in need of caulk, and the mixing valve is suicide resistant.
- There is an opaque shower curtain that utilizes a track system with plastic hooks, thereby presenting multiple risks for hanging and/or self-injury.
- There are handicapped accessible accommodations, including suicide resistant grab bars and hand rails for the shower and toilet.
- The toilet paper dispenser is made of plastic and protrudes from the wall.
- The paper towel dispenser is made of metal, protrudes, and has multiple sharp edges and parts by which youth could self-injure.
- The rectangular soap dispenser is made of metal, protrudes, and has a locked hinged access port.
- There are two garbage receptacles in the bathroom, one that is small and made of 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 herself.
- There is one unsecured plastic chair that youth could use to move around the room and access risk areas on the ceiling.
- There are no windows, smoke detectors, fire alarms, convex mirrors, or radiators within the room.

Media / Telephone Room: According to one staff member interviewed during the follow-up visit, the phone base is left outside, the door is shut for privacy, and the phone cord extended under the door for phone calls. Staff either walk up and down the hallway or sit on the combination desk/chair across from the console while youth use the room. The Unit Leader informed this reviewer that if youth are using the computer, staff are required to be present at all times so that they do not access unauthorized websites. 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.

- The door is made of solid hardwood with hinges and door handles that protrude to the interior. There is a viewing panel within the door made of a polycarbonate material secured within a frame by tamper resistant screws.
- Upon entering the room, there is a secured system of cabinetry that spans from the floor to within 8.5 inches of the ceiling along the immediate left side of the wall that creates a blind spot in the left hand corner of the room. All doors to the extensive cabinet system were locked at the time of the inspection.
- In the blind spot referenced above is another door that leads into the lobby area that opens into the room with a protruding door handle, hinges that are within the door frame (not exposed), as well as a protruding light switch on the side. There is also a protruding hydraulic door closing assembly for that side door that presents opportunity for self-injury and suicidal behavior.
- Because both doors open to the interior and the unsecured furniture in the room, the unsecured furniture and items 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.

- The door jambs are appropriate.
- The blue speckled floor is made of cement and the walls are cinderblock, painted yellow, and intact.
- The rubber baseboards are secure, but can easily be compromised.
- The drop ceiling is approximately eight feet in height with multiple ceiling tiles in disrepair due to reported water damage. Some tiles had been removed exposing the sharp metal framework / structure of the drop ceiling. Of primary concern, was one tile with significant water damage that suggested water had accumulated in the center of the panel and then began leaking where the wall mounted television, computer station, and the related electrical connecting wires were located during this audit. This concern was brought to Dr. Bond's attention, who immediately contacted maintenance to ensure the leak(s) and the tiles would be addressed immediately. During a follow-up visit a Plant Facility Engineer indicated that the damage was related to roof ice dams from the previous winter and that a roofing company had previously come out on two prior occasions to repair it. He explained that unless the issue develops once again, they will not know for certain if the leak has been rectified.
- There are three vents of various sizes within the drop ceiling, all with large slats around which ligatures could be attached.
- There are four lighting fixtures recessed within the drop ceiling that could be easily tampered with by youth and used to self-injure. A light sensor in the ceiling was neither flush with the ceiling nor secure.
- The two light switch plates overlap gaps between the cinderblocks in the wall, thereby creating an opportunity for a ligature to be tied around each of them.
- There is a surveillance camera that protrudes in the right corner by the window with gaps between the unit and the wall it is attached to.
- There are four recessed and covered sprinklers within the drop ceiling that could be easily tampered with by youth not only because they are recessed within the drop ceiling but because one of those panels appears to have broken in half, likely due to water damage, and is more exposed than it was likely intended.
- The large windows are made of SunTemp safety tempered glass. The handles are sharp and there is miscellaneous hardware that would allow for a ligature to be attached.
- There is a curtain / blind system that utilizes cords and a track system with plastic hooks, thereby presenting multiple risks for hanging and/or self-injury.
- There are four non-GFCI electrical outlets, one of which connects to a surge protector with multiple outlets, and six media-related outlets that not only protrude, but the electrical lines are run through metal conduit, referred to as wire or channel raceways, that protrudes and is attached to the walls with standard metal screws and brackets. Due to the design of the cinderblock wall and the gaps between them, there are multiple areas along each channel raceway around which a youth could secure a ligature and hang oneself.
- There were two unsecured wooden padded chairs, one plastic chair, and two metal desks, all which could be used to barricade the doors or self-injure.
- There was one telephone with long cords, computer, and television with what appears to be a Plexiglas panel, with sharp corners, secured with double-sided tape. This could all be used to attempt suicide or engage in self-injurious behavior.
- There was one small wastebasket at the time of this inspection, which was appropriate, but has a plastic liner that presents a suffocation risk.
- There are no smoke detectors, fire alarms, radiators, or emergency alarm systems with pull cords in this 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 in August 2015.

There is some inconsistency among staff on the supervision requirements. Specifically, does supervision require constant monitoring from within the room with the juvenile or can they leave the youth alone and monitor them routinely. The latter could potentially be more problematic if the youth is assigned a Safety Watch status and they go in the room alone. 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 made of solid hardwood with hinges that protrude to the interior. 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.
- The door handles protrude, but are suicide resistant in design.
- The door has a viewing panel that is made of polycarbonate material and is secured with what appears to be small finishing nails that were countersunk.
- There is a blind spot below the door due to the frosted viewing panel that covers approximately eighty percent of the viewing panel area.
- The door jambs are appropriate.
- The floor is made of laminate and the walls are cinderblock, painted purple with a scenic waterfall mural on the far wall. Both are secure and intact. There is a purple area rug as well.
- The rubber baseboards are secure, with the exception of the right corner of the shelves. In general, rubber baseboards can be easily compromised.
- The drop ceiling is approximately eight feet in height. In general, drop ceilings are problematic because of the metal framework juveniles could tamper with to self-injure, ease by which a ligature could be attached, and easy access to what is within the drop ceiling under the panels.
- There are two vents in the ceiling, both with large gratings/slats to which ligatures could be attached.
- There is one access panel within the ceiling with a hole in it and gaps around its perimeter.
- There is one lighting fixture recessed within the drop ceiling that is secured with two tamper resistant screws. It has gaps between the fixture and the ceiling itself. A second lighting fixture is on the wall immediately to the left of the door upon entrance that provides ambient lighting. The lenses of both are secured with tamper resistant screws. Both fixtures are in need of pick-proof security caulking around their respective perimeters.
- The light switch plate is located outside of the room.
- There is a surveillance camera that protrudes in the left corner by the window upon entrance.
- There are three recessed sprinklers, one in the ceiling that is covered and two in the modified closet / shelving system that are each covered with a metal cage that has sharp metal corners. Pick-proof security caulking around the cages is recommended.
- There is a smoke detector within the ceiling that has large openings to which ligatures could be attached.

- The large windows are made of SunTemp safety tempered glass. The handles are sharp and the metal piece in the track that prevents the window from being opened has sharp corners.
- There are two non-GFCI electrical outlets within the room. Staff report that the outlets can be controlled at the console and are always off unless there is a specific need for its use.
- Upon entering the room, there are two separate modified shelving units to the right that are recessed within the wall and were previously closets.
- 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, light projector, trampoline, massage mat cord, water fountain, 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.
- There are no fire alarms, personal emergency alarm systems, curtains/blinds, radiators, mirrors, or garbage receptacles in the room.

Community Area (Main Floor): The main floor community area is located to the left of the console and is where you will also find the entrances to one of the padded cells, the Comfort Room, a staff kitchenette (youth restricted from entering), and an exit door that leads to the basement where additional programming takes place. This area would not be typically reviewed during this process because direct care staff are reportedly always present in this area or are viewing residents from the console when youth are in the area; however, the review of this area was requested.

- The cinderblock walls are secure, intact, and painted 'eggshell' with the solid sections up higher matching that color.
- The door hinges for the staff kitchenette room and the dining room side padded cell protrude while those for the Exit door and Comfort Room do not. As a result, unsecured furniture or items in the room could be used to block or barricade the door, preventing staff from leaving or entering the room and allowing juveniles to engage in suicidal or self-injurious behavior if left unsupervised.
- All of the door handles protrude and present a risk, but the door handle for the Comfort Room is suicide resistant in design.
- The floor is made of cement that is generally blue speckled in color with some yellow speckled areas as well.
- The rubber baseboards are secure, but in general, rubber baseboards can be easily compromised.
- The ceiling height is such that many of the risks cannot be readily accessed, although near the windows the height of the ceiling is approximately eight feet.
- There are five vents high up on the walls with large gratings to which ligatures could be attached, but are out of reach due to the height of the ceiling.
- There is one access panel in the sitting area high up on the wall that is out of reach due to the height of its location.
- There are six out of reach lighting fixtures that hang from the ceiling and multiple recessed lighting fixtures with the ceiling variation that is approximately eight feet and surrounds the windows. The lighting units are part of a drop ceiling that has panels that would allow them to be tampered with.
- The emergency lighting system near the padded cell protrudes from the wall and presents a risk as does the fire alarm.

- There are light switch plates that cover areas in the cinder block walls where there are gaps and through which a ligature could be attached.
- There are two surveillance cameras in the area that protrude from the wall, but are not a risk due to their height.
- There is a blind spot in the right corner of the area when looking from the console.
- There are seven sprinklers that protrude from the ceiling and two within each of the three skylights that are not within reach due to its height. Six other sprinklers are recessed and covered near the lower ceiling variation, four of those by the windows.
- There are no smoke detectors in the area.
- There are three large window sections made of SunTemp safety tempered glass. The handles are sharp and the metal piece in the track that prevents the window from being opened has sharp corners.
- There are curtains that utilize a track system with plastic sliders, thereby presenting multiple risks for hanging and/or self-injury. Youth could also secure ligatures around the tracks themselves if left unsupervised.
- There are four non-GFCI electrical outlets within the area.
- There is a television secured to the wall with protruding and sharp hardware. The electrical line is run through metal conduit, referred to as spider or channel raceways, that protrudes, as does the covered outlet/junction box and is attached to the walls with standard metal screws and brackets, presenting multiple concerns. Due to the cinderblock wall design, the television is covered with what appears to be a Plexiglas cover with corners that were rounded off and that was secured with a glue or epoxy.
- There are no shelving units, mirrors, personal emergency alarm systems, or radiators in the room.
- There was a large yellow hard rubber “Brute” garbage receptacle on wheels and with a plastic liner, presenting a risk for suffocation.
- There are two picture frames with fire safety information within that protrude and present a risk mostly because of the cinderblock design and gaps between each of them.
- There is one desk attached to the wall that has a structure allowing a small seat to rotate out when in use. The metal structure presents a risk.
- There is one love seat, two couch-like pieces with two partitions creating three individual seats, four separate individual seats, and two ottomans, none of which are secured to the floor.

Hallway off Main Entrance of Unit: Upon entrance on the right side beyond the laundry room one finds separate closets for cleaning supplies, linens and house supplies, and hygiene products. The door to the laundry room has door handles and hinges that protrude and a viewing panel made of polycarbonate material secured with tamper resistant screws. There is also a non-GFCI electrical outlet. The metal boxes used to submit grievances and requests protrude and present opportunities for self-injury, but are located directly across from the console.

On the left side before the Media/Telephone Room, there is a unit attached to the wall consisting of a series of cubbies with collapsible hooks. Those hooks can be jammed and therefore a ligature could be attached. The entrance door also has a hydraulic closing assembly that protrudes and an exit sign that hangs down and presents opportunities for self-injury.

The “Grooming Station” has three stainless steel mirrors secured with tamper resistant screws, a table secured against the wall with standard Phillips head screws, and legs that would allow a ligature to be attached. On either side there are two protruding GFCI outlets with electrical channel raceways perpendicular to the floor.

Padded Cells: There are two padded cells within the residential living unit, one on the dining room side and the other on the housing unit side. From this point forward the padded cell on the housing unit side will be referred to as 'Padded Cell A' and the one on the dining area side 'Padded Cell B'. According to Dr. Bond, 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."

Staff report that Padded Cell B is currently off line and not available for use at this time. Because the structure of both rooms is similar in design, the findings are combined below but differentiated where necessary:

- The doors are solid with a viewing panel made of polycarbonate material and coated with Gold Medal Safety Padding. The viewing panel in each door is secured with standard Phillips head screws.
- The door hinges are on the exterior and there is no door handle on the inside.
- The floor and wall are also coated with Gold Medal Safety Padding, which is tan in color.
- The ceiling is eight feet, five inches in height and the room is seven feet, nine inches in length and width.
- There are two vents with large slats in the ceiling of Padded Cell B and three in Padded Cell A. Three of the vents in the padded cells are secured with standard Phillips head screws. All have gaps around their respective perimeters.
- There are two access panels in the ceiling of each padded cell with a gap between the perimeter of each unit and the ceiling itself. There are also gaps where the panel opens that present a potential risk.
- Each has a lighting fixture recessed within the ceiling secured with tamper resistant screws. The perimeter of each has gaps that would benefit from pick-proof security caulking.
- There is one sprinkler in each room with a metal cage around Padded Cell B, but nothing covering the one in Padded Cell A to protect it from tampering.
- There is a convex mirror in the far right corner of Padded Cell B to address the blind spot to the immediate right of the door upon entrance and another in the right hand corner of Padded Cell A to address the blind spot to the immediate left. Both convex mirrors have gaps that need to be addressed with pick-proof security caulking.
- There is a surveillance camera in Padded Cell A but not in Padded Cell B.

Housing Unit Room # 5: It was agreed that one bedroom would be selected and inspected by this reviewer. There was one juvenile in the facility at the time, so the bedroom she was assigned (Bedroom #5) was the room chosen by this reviewer. Housing unit toilets, sinks, showers, and running water are located in two separate bathrooms and are not present in the juvenile rooms. The housing unit bathrooms will be reviewed extensively in another section of this report.

- The door is metal with a viewing panel made of tempered safety glass that is covered with 3M Safety & Security Window Film on the exterior of the room and secured outside the door with tamper resistant screws. The sloping door hinges protrude to the exterior and the door handles are ligature resistant in design.
- The door jambs are appropriate, but above the door frame in the left corner is a sharp piece of an unidentified material that would allow the opportunity for self-injury.
- The ceiling is approximately eight feet in height.

- The floor is laminate with rubber baseboards that are secure and intact, with the latter easily compromised.
- The walls are cinderblock, painted 'eggshell', and are intact.
- The two vents are of the suicide resistant variety and are secured with tamper resistant screws.
- There are two access panels within the ceiling with gaps around their respective perimeters that would benefit from caulking.
- There are two long rectangular suicide resistant lighting fixtures on the ceiling with lenses that are secured with tamper resistant screws, but have gaps between the fixtures and the ceiling itself. A third lighting fixture is on the wall immediately to the right of the door upon entrance that provides ambient lighting. All fixtures are in need of pick-proof security caulking around their respective perimeters.
- There is one recessed sprinkler within the ceiling that is not covered and presents an opportunity for tampering and self-injury.
- The smoke detector (on the ceiling) is covered with a metal cage that has gaps between the ceiling and the unit itself that would benefit from pick-proof security caulking. The metal cage/screen has holes 3/16 inches in diameter, which is appropriate.
- The windows are made of SunTemp tempered safety glass. The window frame has sharp protruding Phillips head screws up top with tamper resistant screws on the sides. The curtains are secured with Velcro. There is no metal piece in the track that prevents the window from being opened, but there was a large mass of what appeared to be epoxy that served that purpose. The handles could be used to self-injure.
- There is one GFCI electrical outlet secured with tamper resistant screws within the room. Staff report that the outlets can be controlled at the console and are always off unless there is a specific need for its use.
- The single bed is one continuous unit that is bolted down with tamper resistant screws.
- The mattress is manufactured by Correctional Enterprises of Connecticut and made of a 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 shelving unit is sloped and attached over and within a converted closet. There are gaps around the perimeter of the wood, with sharp edges created by splintered wood. Pick-proof security caulking is recommended.
- There is a DuraVision convex mirror with Perimguard secured with tamper resistant screws that would benefit from pick-proof security caulking.
- There is a desk bolted down with tamper resistant screws that has a weighted chair that could be moved to access areas of risk. Where the desks are secured to both the floor and the desk would benefit from caulking.
- There is a cracked laundry basket with large slats that could be used to engage in self-injury.
- There are no fire alarms, personal emergency alarm systems, radiators, mirrors, or garbage receptacles in the room.

Housing Unit Room # 9 (A & B): Although the agreement requires that only one bedroom would be selected and inspected, the reviewer inspected a double room as well. As indicated above, Housing Unit toilets, sinks, showers, and running water are located in two separate bathrooms and are not present in the juvenile rooms. The housing unit bathrooms will be reviewed extensively in another section of this report.

- The door is metal with a viewing panel made of tempered safety glass that is covered with 3M Safety & Security Window Film on the exterior of the room and secured outside the door

with tamper resistant screws. The door hinges protrude to the exterior and the door handles are ligature resistant in design.

- The door jambs are appropriate.
- The ceiling is approximately eight feet in height.
- The floor is laminate with rubber baseboards that are secure and intact, but could be easily compromised.
- The walls are cinderblock, painted 'eggshell', and are intact.
- The two vents are of the suicide resistant variety and are secured with tamper resistant screws.
- There are two access panels within the ceiling with gaps around its perimeter.
- There are three long rectangular suicide resistant lighting fixtures on the ceiling with lenses that are secured with tamper resistant screws. It has gaps between the fixture and the ceiling itself. A second lighting fixture is on the wall immediately to the left of the door upon entrance that provides ambient lighting and is secured using flathead screws. All fixtures are in need of pick-proof security caulking around their respective perimeters.
- There are two recessed sprinklers within the ceiling that are not covered and present an opportunity for tampering and self-injury.
- The smoke detector (on the ceiling) is covered with a metal cage. Pick-proof security caulking around the cage is recommended.
- The windows are made of SunTemp safety tempered glass and the window frame has sharp protruding screws. The curtains are secured with Velcro. One of the metal pieces added to the track that prevents the window from being opened has sharp corners.
- There is one non-GFCI electrical outlet within the room. Staff report that the outlets can be controlled at the console and are always off unless there is a specific need for its use.
- There are two single beds that are continuous units bolted down with tamper resistant screws.
- The mattresses are manufactured by Correctional Enterprises of Connecticut and made of a 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 were two pillows as well.
- There are two shelving units that are sloped by design and attached over and within a converted closet. There are gaps around the perimeter of the wood and thus pick-proof security caulking is recommended.
- There is a Dura Vision convex mirror with Perimguard secured with tamper resistant screws in the left corner of the room to address the blind spot. Pick-proof security caulking application is encouraged.
- There are two desks bolted down with tamper resistant screws that have weighted chairs that could be moved to access areas of risk. Where the desks are secured to both the floor and the desk would benefit from caulking.
- There is one cracked laundry basket with large slats that could be used to engage in self-injury.
- There are no fire alarms, personal emergency alarm systems, radiators, or garbage receptacles in the room.

Housing Unit Bathroom for Bedrooms 1-4 (*Henceforth will be referred to as 'Bathroom A'*):
This bathroom is located on the right hand side of the residential living unit when looking at the bedrooms from the console. There are two separate areas within the same room, one for the bathroom and another for the showers. There are two bathroom stalls and two showers, one of which is handicapped-accessible in each area. 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 wood door with door handles that protrude but are suicide resistant.
- 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.
- The door hinges protrude to the interior of the room when the door is shut and thus present a risk. No gaps in the door jamb were noted. As a result of the interior hinges, 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. At the time of the inspection, there was no unsecured furniture in the room.
- The door has a hydraulic closing assembly unit attached to the inside of the door that protrudes to the interior. Upon return it was noted this had been removed in response to reported concerns.
- There is a door bumper that would benefit from caulking around its perimeter.
- The floor and baseboards are made of tile and the wall is composed of larger light tan colored tiles, all of which are secure and intact.
- The ceiling is approximately eight feet in height.
- There are five vents in the ceiling secured with standard screws all of which have slats large enough to allow for a ligature to be attached. There are also gaps between the vent units and the ceiling itself.
- 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 are seven long rectangular wall lighting fixtures with lenses that can easily be tampered with and one ceiling lighting fixture near the shower that protrudes and from which something could be affixed. The light switch protrudes but the cover is sloped. Adding pick-proof caulking is encouraged.
- There are four sprinklers that are recessed, but not covered, and present a risk for tampering / self-injury.
- There is one fire alarm that protrudes from the wall.
- There is one clear window pane in front of a second translucent window in the shower area. The clear pane is made of tempered safety class and covered with 3M Safety Film.
- There are two covered outlets that are secured with tamper resistant screws, but no electrical outlets within the area.
- There are four mirrors in the area, one that is stainless steel with sharp corners, two acrylic mirrors and one large mirror that has acrylic in the back covered by a polycarbonate panel against the far wall in the bathroom area. The perimeter of each is in need of pick-proof security caulking to address significant gaps between the mirrors and the walls themselves. They are all secured with tamper resistant screws.
- The room design is such that there are two blind spots, one that is addressed with a convex mirror. The second is located near the handicapped-shower, but is not addressed.
- The convex mirror located near the middle of the room is secure, but has gaps around its perimeter.

- There are two radiators, both with metal panels/covers secured with standard screws that have large slats around which ligatures may be attached. There is a thermostat that protrudes from each of the covers and presents a risk.
- There are two toilets, both of which are porcelain at the base with a stainless steel tank activated by a push button system. There is no exposed plumbing, but the design of the toilet and the plastic toilet seat in both units allows an opportunity for a ligature to be attached. Staff are trained on how to turn off the water from an outside location if youth engage in related inappropriate behavior.
- The partition system separating the bathroom stalls and the stall doors have multiple spots from which a youth could hang oneself.
- There are three porcelain sinks that have three faucet/mixing valves around which a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable. The double sink and single sink set up have vanities that cover the plumbing. The double sink has a piece of trim missing to the right, which allows youth to potentially remove other trim pieces and use to self-injure.
- The one shower floor and four bathroom floor water drains are large enough to affix a ligature, thereby representing a strangulation risk.
- The shower head is sloped and flush with the wall and the large cone-shaped mixing valve in the handicapped shower stall are both suicide resistant.
- The valve that diverts the water between the two shower heads in the handicapped shower protrudes.
- There is an unidentified protruding metal bar with sharp pieces protruding from it that is perpendicular to the floor and is attached to the wall of each of the two showers.
- There are two opaque shower curtains that utilize a track system with plastic hooks, thereby presenting multiple risks for hanging and/or self-injury.
- There are handicapped accessible accommodations, including suicide resistant grab bars and hand rails for one shower and one toilet.
- There is one toilet paper dispenser in the non-handicapped-stall that is made of metal and protrudes from the wall.
- There is one paper towel dispenser that is made of metal, protrudes, and has sharp edges.
- There are two plastic soap dispensers that protrude from the wall as well as a square stainless steel version that protrudes and has a secured hinged access port.
- There are two metal garbage receptacles with sharp metal attached to each stall that a youth could use to self-injure. Both receptacles contained plastic liners that a youth could use to suffocate herself. A third large black rubber receptacle is in the area as well, also with a plastic garbage liner inside of it.
- There is one unsecured 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, smoke detectors, or electrical outlets.

Housing Unit Bathroom for Bedrooms 5-9 (*Henceforth will be referred to as 'Bathroom B'*):
This bathroom is located on the left hand side of the Housing Unit when looking at the bedrooms from the console. There are two separate areas within the same room, one for the bathroom and another for the showers. There are two bathroom stalls and two showers, one of which is handicapped-accessible in each area. 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 wood door with door handles that protrude, but are suicide resistant.
- 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.
- The door hinges protrude to the interior of the room when the door is shut, thereby presenting a risk. No gaps in the door jamb were noted. As a result of the interior hinges, 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. At the time of the inspection, there were two plastic chairs in the room.
- The door has a hydraulic closing assembly unit attached to the inside of the door that protrudes when the door is shut. Upon return it was noted this had been removed in response to reported concerns by this reviewer.
- The floor and baseboards are made of tile and the wall is composed of larger tan colored tiles, all of which are secure and intact.
- The ceiling is approximately eight feet in height.
- There are three vents in the ceiling secured with standard screws both of which have slats large enough to allow for a ligature to be attached. The units are not flush with the ceiling and thus there are gaps between the vent units and the ceiling itself.
- There is one access panel recessed within the ceiling over the handicapped toilet, but is 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 are five long rectangular cornered wall lighting fixtures with lenses that can easily be tampered with and two ceiling lighting fixtures near the shower that protrude. The light switch protrudes, but the cover is sloped. Adding pick-proof caulking is encouraged.
- There are four sprinklers that are recessed, but not covered, and present a risk for tampering or self-injury.
- There is one fire alarm that protrudes from the wall.
- There is one clear window pane in front of a second translucent window in the shower area. The clear pane is made of tempered safety class and covered with 3M Safety Film.
- There are two covered outlets secured with tamper resistant screws.
- There are two acrylic mirrors above the sinks secured with tamper resistant screws. The perimeter of each is in need of pick-proof security caulking.
- The room design is such that there are two blind spots, one that is addressed with a convex mirror. The second blind spot is located near the bathtub area and is not addressed.
- The convex mirror located near the middle of the room is secure, but has gaps around its perimeter that would allow a youth to pull it down and perhaps use to self-injure.
- There is one radiator with metal panels/covers secured with Phillips head screws that have large slats around which ligatures may be attached. There is a thermostat that protrudes from the cover and presents a risk.
- There are two toilets, both of which are porcelain at the base with a stainless steel tank activated by a push button system. There is no exposed plumbing, but the design of the toilet and the plastic toilet seat in both units allows an opportunity for a ligature to be attached. Staff are trained on how to turn off the water from an outside location if youth engage in related inappropriate behavior.
- The partition system separating the bathroom stalls and the stall doors have multiple spots from which a youth could hang oneself.

- There are two porcelain sinks that have three faucet/mixing valves around which a ligature could be attached. The water drain holes are 3/16 inches in diameter and are acceptable. The double sink has a vanity with base that covers the plumbing.
- The one shower floor and three bathroom floor water drains are large enough to affix a ligature, thereby representing a strangulation risk. The bath tub drain has no cover.
- The three shower heads are sloped and flush with the wall and the two large cone-shaped mixing valves are suicide resistant.
- The diverter valve between the two shower heads in the handicapped shower protrudes as does the drain stopper in the tub.
- The bathtub water spout protrudes and presents a risk.
- The clothes/towel hook designed to collapse with light weight was not working appropriately during the audit. Regardless it can be jammed and used to attach a ligature.
- There are two opaque shower curtains that utilize a track system with plastic hooks, thereby presenting multiple risks for hanging and/or self-injury.
- There are handicapped accessible accommodations, including suicide resistant grab bars and hand rails for one shower and one toilet.
- There is one toilet paper dispenser in each bathroom stall that is made of metal and protrudes from the wall.
- There is one paper towel dispenser that is made of metal, protrudes, and has sharp edges.
- There is a plastic soap dispenser that is not secure and protrudes from the wall as well as a square stainless steel version that protrudes, is not flush with the wall, and has a secured hinged access port.
- There are two small metal garbage receptacles attached within each stall as well as a large black rubber receptacle, all containing plastic liners.
- There are two unsecured plastic chairs that youth could use to move around the room and access risk areas on the ceiling or use to barricade the door.
- There are no personal emergency alarm systems, smoke detectors, or electrical outlets.

School Bathroom: This bathroom is located in the basement school area in the hallway. There are two bathroom stalls, one of which is 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 area is accessed through a wood door with door handles that protrude, but are not suicide resistant. There is a locker room access within the bathroom adjacent to the door entrance with handles that protrude as well, but it is locked and juveniles do not use it.
- 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.
- The door hinges protrude to the interior of the room when the door is shut, but no gaps in the door jamb were noted. As a result of the interior hinges, 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. At the time of the inspection, there was no unsecured furniture in the room.
- The door has a hydraulic closing assembly unit attached to the inside of the door that protrudes and presents a hanging risk.
- The floor is made of tile and the tan wall and baseboards consist of larger tiles, all of which are secure and intact.

- The ceiling is less than eight feet in height in height and is of the drop ceiling variety. As a result of the structure and framework of a drop ceiling in general, there is a risk for hanging and/or self-injurious behavior.
- There are two vents in the ceiling secured with standard screws both of which have slats large enough to allow for a ligature to be attached. The units are not flush with the ceiling and thus there are gaps between the vent units and the ceiling itself.
- There is one access panel located against the far wall (in need of pick-proof security caulking) around the perimeter.
- There are two long rectangular lighting fixtures, one cornered over the sink and another cornered over the toilet with plastic lenses that could be easily tampered with. The one over the toilet extends out beyond the lower ceiling, thereby protruding and presenting a risk. There is a third fixture at the door that is circular and protrudes down from the ceiling and a light sensor that is located towards the center of the room. All fixtures need to be caulked around their respective perimeters.
- There is one light switch that protrudes and is secured with standard screws that can be easily tampered with and needs perimeter caulking.
- There are two sprinklers that are recessed and covered, but still present a risk for tampering or self-injury.
- There is one GFCI outlet near the double sink that is secured with standard screws.
- There is one fire alarm that protrudes and is not flush with the wall.
- Above the sinks, there is one large glass mirror that is attached to the wall with Phillips head screws and plastic clips, but is not secured to the wall appropriately. The large gaps between the mirror and the wall itself allow for a youth to easily pull it off the wall and perhaps engage in self-injury.
- The room design is such that there are two blind spots around the two corners. There are no convex mirrors within the room.
- There is one radiator with metal panels/covers that have large slats around which ligatures may be attached. There is a thermostat that protrudes from the cover and presents a risk.
- There are two porcelain toilets with exposed plumbing, activated by a protruding lever system. Each also has a plastic toilet seat that allows an opportunity for a ligature to be attached.
- The partition separating the bathroom stalls has multiple spots from which a youth could hang oneself and there are metal jacket hooks that protrude from the stall doors.
- There are two porcelain sinks with water drain holes that are 3/16 inches and are acceptable. The vanity does not cover the sink plumbing below, thereby presenting a risk.
- The one floor water drain has gratings large enough to affix a ligature, thereby representing a strangulation risk.
- The two sink mixing valves protrude and present a risk.
- There is one handicapped accessible stall that includes grab bars and hand rails, but they are not suicide resistant and ligatures could easily be attached.
- There is a metal toilet paper dispenser in each bathroom stall that protrudes from the wall.
- There is also a toilet seat protector unit that protrudes form the wall.
- There are three plastic soap dispensers that protrude from the wall as well as a square stainless steel version that protrudes and has a secured hinged access port.
- There is one rubber garbage and two metal receptacles attached to the wall that protrudes, both with plastic liners within.
- There was one unsecured plastic chair that youth could use to move around the room and access risk areas on the ceiling or use to barricade the door.
- There are no windows, personal emergency alarm systems, or smoke detectors.

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'. 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* policy 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 1,3, 7 day follow-up protocol; a 1,3,7 day follow-up protocol with at least monthly evaluations until discharge from the facility; a 3, 10, and 30 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 Orientation Handbook 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. 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.
8. Consider implementing The Pipe, Morse Watchman, Secured State, or similar electronic monitoring system as a way of ensuring staff observations are being completed on a timely basis and as required. Supervisory review of surveillance cameras, Safety Watch Log sheets, and the data from these electronic devices can be used to ensure watch tours are being completed appropriately.
9. 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.
10. Consider reducing the time requirement for conducting watch tours for youth not assigned a Safety Watch status from twenty minutes to fifteen minutes to enhance safety.
11. Although CJTS Policy No. 80-3-28 *Supervision of Residents / Counts* reportedly applies to the Pueblo Unit as well, there are areas specific and unique to this facility that are not accounted for in policy. Ensure policy is updated and staff are trained on the procedure for supervision in all areas, but specifically when residents are in the Comfort Room, Media/Telephone Room, when transitioning through stairways, and when participating in basement programming. There was some inconsistency in their responses regarding the requirements among staff, which is understandable as there was no specific policy found. Administration should ensure that supervisors routinely monitor that the supervision is occurring as required.
12. Consider modifying the supervision policy for youth using rooms identified as having substantial risk, including the Comfort Room and the Media/Telephone Room 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.
13. Ensure all staff wear their utility belts as required, including the J-Hook/rescue tool, if applicable.
14. Ensure staff are aware that a juvenile 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 oneself.
15. 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 monitoring of youth while in all of these areas and that it is routinely reinforced by supervisory staff.
16. 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.
17. 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, convex mirrors, mirrors, sprinklers, smoke detectors, metal cages around the sprinklers

and smoke detectors, vents, access panels, shower heads, door jambs, door bumpers, light switch plates, 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 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.
3. Modify / round off the metal sprinkler cages such that the edges are not sharp.
4. Cover all sprinklers in rooms where youth may be left unsupervised, especially the padded cells and resident bedrooms.
5. Remove or modify the window handles with sharp edges in the bedrooms, Media/Telephone Room, Comfort Room, and community area; remove the miscellaneous hardware around the window that a youth could tamper with.
6. Replace or modify the sharp edges of the metal piece in the window track of the bedrooms and community area that prevents the window(s) from being opened.
7. Remove the curtain/blind systems that utilize long cords and track systems with plastic sliders and/or replace with a safer alternative.
8. Ensure there are no plastic garbage liners throughout the facility that a youth could use to suffocate oneself.
9. Consider removing any unsecured furniture or secure/bolt any non-secure 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 are the desks in the Media/Telephone Room that could be wedged into the gaps within the cinderblock walls and used to barricade the doors.
10. Remove protruding door handles/knobs and non-sloped protruding hinges throughout the facility and replace with ligature resistant mechanisms that and cannot be locked from the inside.
11. Remove the rubber baseboards in the Media/Telephone Room, Comfort Room, community area, bedrooms, and/or replace with safer alternatives.
12. Remove any picture frames on the walls along with the hardware used to attach them.
13. Replace or modify the ceiling vents, most notably but not limited to the padded cells, such that ligatures cannot be affixed through the large gratings and round off sharp edges such that youth cannot self-injure. All vent unit perimeters should be flush with the wall or ceiling, secured with tamper resistant screws, and caulked to eliminate any gaps.
14. Modify or replace non-security-rated lighting fixtures with recessed or 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.
15. Consider replacing standard screws with tamper resistant screws where possible.

General / Multi-Room

1. The area between the school and the rehab area has multiple blind spots and a large system of pipes, drains, and protrusions that present significant risks if a youth were left unsupervised. Although policy requires staff to accompany youth when in the basement, the basement area in general has risks too numerous to mention that could be used for self-injurious or suicidal behavior if there was a momentary lapse of supervision, especially considering all pipes, drains, electrical outlets and wiring, large hanging rectangular lighting fixtures, and protrusions in the area from which a youth could self-injure and/or attach ligatures. In addition there are electrical appliances with cords (including a large television set and freestanding fans), unsecured chairs, desks, cabinets and art easels, sink fixtures, protruding door handles and hinges. While it is

unlikely that all these concerns will be addressed, at a minimum ensure staff are aware of these concerns, policy is specific regarding staff supervision, and that administration routinely monitors that the supervision is occurring as required.

2. Consider reconfiguring the current monitoring system or add monitors such that staff have the capability to view the area between the rehabilitation and classroom areas and the community area on the main floor from the monitors behind the console.
3. Consider adding a monitor/surveillance camera to Padded Cell B.
4. Consider installing a locked box that each staff can open with an easily identifiable key on the 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/compartment 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.
5. Add convex mirrors to address blind spots and enhance visibility in the areas between (1) the rehabilitation and classroom area (2) the community area on the main floor; (3) the left corner of the Media/Telephone Room; (4) below the viewing panel in the Comfort Room; (5) near the handicapped shower in Bathroom A; (6) near the bathtub area in Bathroom B; and (7) two blind spots in the school bathroom. Additional blind spots staff need to be wary of include all rooms where the doors have no viewing panels, i.e. bathroom doors, and the doors are closed with no staff present within.
6. Relocate and secure the suicide rescue or cut down tool, currently located in a locked drawer behind the console, to a location (perhaps on the console area wall) such that the tool cannot be moved inadvertently. This would likely reduce the opportunity for additional confusion if a staff member cannot find it in the event of an emergency. All staff should be able to access the tool with an easily identifiable key.
7. Consider adding another suicide rescue or cut down tool in the basement area to reduce staff response times if it was needed.
8. Ensure staff lock all doors that are required to be and that they are checked routinely.
9. Address the gaps created by the light switch plates secured over the gaps between the cinderblock wall bricks in the Media/Telephone Room, community area, etc.
10. Modify the location/set up of the surveillance camera in the Media/Telephone Room and Comfort Room such that a youth could not attach a ligature. Consider removing, replacing, or modifying the drop ceiling in the Comfort Room, Media/Telephone Room, and school bathroom, which by design presents an opportunity for hanging and self-injury.
11. Replace or modify the 'Exit' signs such that they do not protrude and they cannot be tampered with.
12. Consider removing the metal desks with the seats that rotate and extend outward that are attached to the wall in the housing unit and community area.
13. Consider removing, replacing, or modifying the drop ceiling in the Comfort Room, Media/Telephone Room, and School Bathroom, which by design presents an opportunity for hanging and self-injury.
14. Until a decision has been made on how the concerns regarding the drop ceilings might be addressed, replace the multiple ceiling tiles in disrepair in the Media/Telephone Room due to reported water damage. Some tiles had been removed exposing the sharp metal framework / structure of the drop ceiling. Of primary concern, was one tile with significant water damage that suggested water had accumulated in the center of the panel and then began leaking where the wall mounted television, computer station, and the related electrical connecting wires were located during this audit. This concern was brought to Dr. Bond's attention, who immediately contacted maintenance to ensure the leak(s) and the tiles would be addressed immediately.

During a follow-up visit a Plant Facility Engineer indicated that the damage was related to roof ice dams from the previous winter and that a roofing company had come out twice to repair it. He explained that if or until the issue develops once again, they will not know for certain if the issue has been effectively rectified. For this reason, consider moving the computer and television station to another part of the room where there was no leak.

15. Consider modifying or removing the wall mounted television hardware in the community area and Media/Telephone Room such that juveniles cannot self-injure or attach ligatures.
16. Remind staff of the risks inherent in having a freestanding computer, televisions, telephone with a long cord connecting the phone to the base, and the long wires used to operate such equipment.
17. Apply pick-proof security caulking around the electrical channel raceways in the Media/Telephone Room, community area, and grooming station and replace the sharp metal hardware and standard screws used to secure them with safer alternatives and tamper resistant screws.
18. Remove the surge protector with the long cord and multiple outlets in the Media/Telephone Room and cover the unused media-related outlets to limit tampering unless policy is changed to require direct and constant supervision in this room.
19. Modify or replace the request boxes in the main entrance hallway and replace with safer alternatives.
20. Remove or replace the clothes hooks in the main entrance hallway cubby with safer alternatives. These hooks can be jammed and allow ligatures to be wrapped around them.
21. Consider replacing the convex mirrors in the padded cells with the DuraVision convex mirrors that have Perimguard as in Room #5, secure with tamper resistant screws, and apply pick-proof security caulking. If this is not done, at a minimum ensure the perimeter is caulked appropriately.
22. Remove, modify, or replace the grooming station table and the legs such that a youth cannot attach a ligature.
23. Fill in the hole in the access panel in the Comfort Room and add pick-proof security caulking to its perimeter as well as the access panels in the padded cells and housing unit bedrooms and bathrooms.
24. Replace or modify the smoke detector in the Comfort Room and the sprinkler heads and fire alarms in the bedrooms, bathrooms, Media/Telephone Room, and community area such that they do not protrude and a ligature can be attached and/or it cannot be tampered with. Add a cover to the sprinkler in Padded Cell A and address the emergency lighting system in the community area as well.
25. Ensure the large yellow garbage receptacle on wheels is secured in a locked closet when not under direct supervision of staff and/or remove it entirely.
26. 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.
27. Remove, replace, or modify the light sensor in the Media/Telephone Room and school bathroom such that it is secure and flush with the ceiling. Regardless, because of the drop ceiling it will remain a risk unless it is removed entirely.
28. Consider removing the finishing nails and Phillips head screws and instead secure the polycarbonate viewing panel in the Comfort Room and padded cells, respectively, with tamper resistant screws.
29. Replace or modify the radiator cover in the housing unit and school bathrooms such that the thermostat and vent gratings do not allow for a ligature to be attached or tampered with.

Bedrooms

1. Fill in the gaps around the bedroom shelving units with pick-proof security caulking.
2. Address the sharp protruding screws from above the window frame(s) in the bedrooms.
3. Address the sharp piece of unidentified material in the left corner of the door frame in the interior of Room #5.
4. Remove the cracked plastic laundry baskets from all the bedrooms and replace with safer alternatives.

Bathrooms

1. Modify or replace the currently installed hand rails and grab bars in the school bathroom handicapped stall with suicide resistant grab bars and hand rails.
2. Remove the large glass mirror in the school bathroom (reportedly completed in December) as well as the sharp hardware used to secure it.
3. Round off the edges of the stainless steel mirrors in the housing unit bathrooms and apply pick-proof security caulking around all mirrors.
4. Consider shortening the pull cord used to activate the personal emergency alarm system in the intake bathroom/shower area such that the cord cannot be used to affix a ligature.
5. Replace the light switch plate sensor in the intake bathroom/shower area with a safer alternative so that youth cannot tamper with it and self-injure. Secure it with tamper resistant screws and provide pick-proof security caulking around its perimeter.
6. Replace the light switch plate in the school bathroom with a safer alternative and caulk the perimeter.
7. Consider replacing ceramic sinks and bathroom toilets with units manufactured with safer material and such as those that do not have toilet seats, protruding flushing levers/mechanisms, 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. Replace or modify the vanity (or the plumbing system) in the school bathroom such that the exposed plumbing cannot be used to attach a ligature.
9. Consider replacing or filing down the set screws that protrude with sharp edges and that are used to secure the push button toilet flushing mechanism. Caulking the perimeter of the unit is encouraged.
10. Although the Bradley manufactured ligature-resistant lavatory/sink in the intake bathroom / shower area is exemplary, a youth could still tie a ligature around the unit. It is recommended that the area below the unit itself is modified such that a ligature would not be attached.
11. Replace the housing unit bathrooms and school bathroom sink fixtures/mixing valves with safer ligature resistant alternatives.
12. Replace and secure the missing trim to the right of the double sinks in Bathroom A and caulk the perimeter.
13. 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.
14. Replace or modify the diverter valve between the two shower heads in the handicapped showers of the housing unit bathrooms as well as the drain stopper in Bathroom B.
15. Remove or modify the unidentified protruding metal bar with sharp protruding pieces attached to the wall of each of the two showers in Bathroom A.
16. Replace the shower curtain track system that has the plastic 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.

17. Replace protruding metal toilet paper, paper towel, and soap dispensers that have sharp metal 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.
18. Remove or replace the protruding metal toilet seat protector in the school bathroom with a safer alternative.
19. Remove all metal waste receptacles with sharp metal that are secured to the stalls/walls in the bathrooms and replace with safer alternatives.
20. Remove or replace the clothes/towel hooks by the shower in Bathroom B with a safe alternative. Clothes hooks of this design can be jammed and allows ligatures to be wrapped around them.
21. Remove the clothes hooks on the stalls in the school bathroom.
22. Modify or replace the bathroom stalls and stall doors with safer alternatives such that ligatures cannot be attached to or around them.
23. Consider installing a bathtub drain cover to the 3/16 inches or less in Bathroom B.
24. Replace the protruding non-sloped bathtub water spout in Bathroom B.

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.fgiguidelines.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