

Dear Parent/Guardian,

Your child has been temporarily detained in the Shelter Care Unit of the Kinsey Youth Center. This letter explains your rights and responsibilities as a parent.

CASE CONFERENCE: It is your responsibility to contact the Shelter Care Unit and speak with either the unit case worker or program director within 24 hours of your child's detention. This can be done during business hours 8:00am to 4:00pm Monday through Friday by calling 765-457-1408 and asking for the Shelter Care Unit.

PROPERTY: Please deliver the following items immediately upon your child's admission.

- Prescription medication with current label, (within the past thirty days)
- Sleepwear appropriate for a co-ed setting
- Four changes of clothing
- Coat appropriate for season
- Two pair of shoes, one for recreation
- School books and necessary school supplies
- Optional items – one pair of post earrings, a watch, curling iron, straightener, hair dryer, make-up
- Please see attached hygiene policy for hygiene information.
- Parents/guardians may deposit money on their child's commissary account to purchase name brand items.
- Parent may provide electric razor.

Except for emergencies, items may be exchanged or replaced **only** at visitation or passes. All items are to be given to and exchanged through youth center staff.

RESTRICTED PROPERTY: The following items will be stored, destroyed or returned to you as they are **not** appropriate for shelter care:

- Tobacco or smoking material of any kind
- Over the counter or expired prescription medication
- Money
- Clothing or items that depict sex, violence, disrespect, drugs, or famous personalities
- Clothing which does not fit properly, tank tops, halter tops, strapless tops, spaghetti strap tops, wife beaters, low-cut tops, short waist tops, shorts that have less than a seven inch inseam, and clothing with holes or depicting rock groups or bands.
- Mirrors, aerosol cans, glass containers, perfume, cologne or body spray
- Items of value or items that are deemed unnecessary or inappropriate by youth center staff, including acrylic or fake nails of any kind.

The Robert J. Kinsey Youth Center is not responsible for lost or stolen property. Property left at the youth center for longer than 30 days will be destroyed or donated to charity.

HEALTH: If your child is under a doctor's care or has a chronic health condition, you are required to arrange a physical exam within 48 hours of their admission. A physical exam is also required if your child is detained longer than 30 days. You are responsible for all fees and transportation. We will provide you the required form for your doctor to complete. This form will need to be returned to the Shelter Care Unit. You are encouraged to continue or initiate counseling with your child as necessary and to notify the Shelter Care Unit of all appointments in advance. Appointment cards are requested to verify appointments.

FAMILY CONTACT: Approved contacts are determined by the placing agency, however are limited to parents or guardians over 18 years of age. A **phone** is available each day of the week for your child to speak to you between the hours of 6:30pm and 7:30pm unless you have had a visit that day. For those residents calling long distance you may purchase a pre-paid phone card through commissary or they may call you collect. You may also call into the center to speak with your child during that time. **Visitation** is on Tuesday, Thursday and Sunday evenings from 6:30pm-7:30pm and Saturday from 2:00pm-3:00pm and is limited to two people at a time. **Visitors will be expected to confirm their identification with a photo ID.** The length of visitation depends on the child's level and ranges between 30 and 60 minutes. If two visitations are needed each visit will be limited to 30 minutes. You may purchase a beverage and/or snack from the vending machines provided by the center for your child to consume during your visit. Beverages will be available for \$1.00 and snack prices vary. All items **must** be consumed prior to the end of the visit. **Passes** must be arranged by the parent. Passes vary in length according to the child's level. A visit in Shelter Care must be observed before a home pass is granted. Please set up your child's pass by 12:00pm on Friday

If you are not available for phone calls or visitation at these times, please contact the Shelter Care unit to make alternate arrangements to have contact with your child. It is important that Shelter Care has a phone number where you can be reached in case of an emergency.

Family contact is intended as an opportunity for you to spend quality time with your child and to work on existing problems. **You are expected to supervise your child the entire time you have signed him/her out of Shelter Care. You are also expected to go directly to and from appointments with no additional stops.** If problems develop and are getting out of control during passes, you may immediately return your child to Shelter Care.

While we encourage you to continue working with your child's school, we occasionally have parents who use school as an opportunity to bypass Shelter Care for things that are not related to school such as extra phone calls or visits. School is not the time or place and these activities can be disruptive to the education environment.

It is our desire to work with you toward the best interest of your child and we ask for your cooperation. Please contact us with any questions or concerns.

Sincerely,

Rosalie Prifogle B.S., JSOCC
Program Director

Leah Sand, B.A., M.P.M
Case Worker

parhdbksc

Zero Tolerance for Sexual Abuse

PRISON RAPE ELIMINATION ACT (PREA)

The Robert J. Kinsey Youth Center is committed to providing a safe and secure environment in which students can work on their individual needs and issues and successfully return to their home or community. The facility adheres to a zero tolerance policy for any and all sexual activity on all units within the facility. If you have been sexually assaulted **REPORT THE ATTACK IMMEDIATELY TO ANY STAFF**. The longer you wait to report the attack the more difficult it is to obtain the evidence necessary for a criminal and or administrative investigation. You will be seen by medical immediately. Do not shower, brush your teeth, use the restroom or change your clothes you could destroy evidence. To support this commitment the facility has implemented several reporting methods for students and families in case of a sexual incident:

- The facility has placed on every unit a student reporting system via the phone. A student can use any unit phone and dial 765-437-7828 and report sexual abuse or misconduct. All reports are taken seriously and investigated thoroughly. Students are encouraged to use this system to report sexual abuse issues or any issues or concerns they may have.
- All Kinsey Staff receive PREA training and are ready to respond to any and all reports of sexual misconduct or abuse. All staff members are trained to respond immediately and report all incidents of sexual abuse or misconduct. Students reporting sexual abuse or misconduct will be free of any staff reprisals and will not have the report affect them negatively in any way.
- The Kinsey Youth Center has a grievance system on each unit. Residents who do not feel comfortable using phone or telling staff can use a grievance to identify sexual misconduct or abuse and submit the grievance into a confidential and secure “lock box” located on the unit. All submitted grievances will be taken seriously and fully investigated.
- Residents who do not feel comfortable talking to staff or using the other reporting methods to report sexual abuse or misconduct can tell their family or community caseworker who can then forward the information to the Youth Center for follow up. The Kinsey Youth Center takes all reports from outside agencies or entities very seriously and will investigate the claims.
- The facility maintains a zero tolerance policy for any and all sexual behavior and pledges to fully investigate any and all claims of sexual misconduct or abuse. Students will be free from staff retaliation and should feel confident that any report or allegation will be handled professionally and in a timely manner. Students and staff identified as engaging in any sexual contact, abuse or misconduct will be disciplined or prosecuted in full accordance with policy, procedure and State Laws.

PRIVILEGES:

- Level 0: Attend school and group meetings, thirty minute visitation on Tues, Thurs, and Sun evenings at 6:30 or 7:00pm and Sat from 2:00-3:00pm, participation in recreation, and writing materials in dayroom during study time.
- Level 1: Level 0 privileges; participate in unit activities, personal items in room as approved by youth managers, and 5 minute phone call to approved contacts on unless a visit takes place and may spend tokens as earned.
- Level 2: Level 1 privileges, 30 minute daily computer time, use of weight room.
- Level 3: Level 2 privileges, 10 hour home pass as approved by placing agency, 30 additional minutes visitation (60 minutes total), and may play unit handheld electronic games during free time.
- Level 4: Level 3 privileges, additional 14 hour home pass (24 hours total), may be checked out for 1 hour during visitation (subject to placing agency approval), additional 5 minute phone call (10 minutes total), and may play unit video games on weekends, holidays and summer break up to 2 hours per shift.
- Level 5: Level 4 privileges, additional 24 hour home pass (48 hours total), unit clock radio in room, may choose to stay up 30 minutes after regular bedtime on Friday and Saturday nights, holidays and summer break, may have five pictures in room of family only, and may have one deck of playing cards in room supplied by parent.
- **Parents will have the opportunity to purchase a beverage and/or snack at the beginning of their visitation time from vending machines provided by the center. All drinks are \$1.00 and snack prices vary. All items must be consumed during visitation. These items will not be permitted on the unit. No outside items will be permitted in the building.**

Robert J. Kinsey Youth Center Shelter Care

Hygiene Products Policy

The policy of the Robert J. Kinsey Youth Center medical department concerning hygiene products is as follows:

The following generic items will be provided by the center upon admission:

1. Shampoo
2. Deodorant
3. Tooth brush and tooth paste
4. Soap
5. Comb/pick/razor
6. Lotion
7. Hair Moisture (African American)

The following name brand items will be available for purchase through commissary:

1. Shampoo & Conditioner or 2 in 1 Shampoo/Conditioner
2. Deodorant
3. Toothbrush and Toothpaste
4. Soap/Bodywash
5. Shaving Cream/Gel
6. Chapstick/lip balm
7. Hair Gel

The family of the resident may provide the following products:

1. Brush/comb or pick (no metal)
2. Hairdryer, curling iron, electric razor
3. Hair tie
4. Basic make-up

All hygiene items must be able to fit into a shoe box size container. Shelter care residents are not permitted to use perfume, cologne or body spray. NO HYGIENE ITEMS WILL BE ACCEPTED WITH THE EXCEPTION OF THOSE FOUR ITEMS LISTED ABOVE.

ROBERT J. KINSEY YOUTH CENTER ADMISSIONS POLICY AND PROCEDURE

POLICY

It is the policy of the Robert J. Kinsey Youth Center to accept those children for admission to any residential unit who are appropriately referred by bonafide persons having detention and placement authority. Priority placement will be given to those Howard County Agencies that have such authority with secondary consideration given to those other jurisdictions as a courtesy when beds are available. All admissions will meet the requirements as specified in the Indiana Juvenile Code for the various forms of detention and will follow law as to the required hearings and process. All admissions other than those coming directly from the court will be cleared through the appropriate authority representing the Robert J. Kinsey Youth Center.

PROCEDURE

1. When a child is deemed appropriate for detention or residency by a Caseworker all required paperwork for admissions is to be completed.
2. The placing caseworker contacts the appropriate authority from the Youth Center to obtain clearance for admission.
3. Once clearance for admission is obtained the child can be transported to the appropriate facility and must be accompanied by the paperwork. No one will be accepted without the appropriate documentation as we require.
4. Information regarding the clearance and arrival of the child will be given to the respective facility by the Youth Center staff giving clearance.
5. The placing caseworker will provide the parent or guardian with the information regarding the place of detention and the policy regarding contact with their child.
6. The placing caseworker will assist the facility in obtaining any necessary medication, clothing, school materials, medical and immunization records.
7. All agencies placing a child in a facility of the Robert J. Kinsey Youth Center will make face to face contact with that child at least once per week throughout the term of stay. Those agencies from outside Howard County can substitute one telephone call weekly for the personal contact.
8. A signed Detention Order is also necessary for placement within 48 hours.

**ROBERT J. KINSEY YOUTH CENTER
AUTHORIZATION FORM**

Name of Child : _____

Date: _____

I authorize the Kinsey Youth Center staff to release or receive educational, medical, social and psychological information when the staff feels it serves the best interests of the above-mentioned child.

Child's Signature

Parent/Legal Guardian Signature

Relationship to Child

Staff Signature/Witness

Date

CONSENT FOR MEDICAL AND MENTAL HEALTH TREATMENT

I, _____, parent or legal guardian of the minor,
_____, do hereby give my permission for the personnel of the Robert J. Kinsey Youth Center to take said minor child to a doctor, therapist or hospital and authorize that person to give consent for MEDICAL and MENTAL HEALTH treatment and sign an authorization on my behalf for any treatment or procedure deemed necessary by the attending physician. I further accept all financial responsibility for costs incurred for treatment.

Parent or Guardian Signature

Date

APPROVED FAMILY CONTACT

Phone:

Name/s

Phone number

Name/s

Phone number

Visitation:

Name/s

Relationship

Name/s

Relationship

**ROBERT J. KINSEY YOUTH CENTER
ADMISSIONS AGREEMENT**

DATE: _____

_____, a licensed child placement agency, does hereby request the Robert J. Kinsey Youth Center to receive for care

_____. I believe that this child poses a threat to self or others only as described below. I further believe that this child is under the influence of drugs or non-prescription drugs only as described below. I agree if the Robert J. Kinsey Youth Center accepts this child for care that:

1. Said child shall remain in the care of the Robert J. Kinsey Youth Center for the time designated by the court.
2. Said child may be visited by approved visitors as stipulated below and under conditions stipulated by the Robert J. Kinsey Youth Center.
3. We, the undersigned, will be available for conferences regarding said child as requested by the Robert J. Kinsey Youth Center.
4. We, the undersigned, agree to provide written documentation of said child as requested by the Robert J. Kinsey Youth Center.
5. Any placing agency outside Howard County agrees to immediately remove any child whose removal is deemed appropriate and/or necessary by the Robert J. Kinsey Youth Center.
6. We, the undersigned, agree to make monthly payments, as billed, at the per diem rate of

PER DIEM:	Shelter Care	\$265.77
	Secure Detention	\$130.00
	Secure Detention Diagnostics	DCS Hourly Rate

PER DIEM IS BILLED FOR THE DAY OF ADMISSION IF PRIOR TO 10:00 PM AND RELEASE DAY IF AFTER 6:00 AM.

7. We, the Placing Agency agrees to assume responsibility for all medical, dental and psychiatric cost. When insurance/Medicaid information is not provided by the Placing Agency.

I believe this child to be a threat to self or others: Y N

EXPLANATION _____

REASON FOR DETENTION:

CHINS: _____ or DELINQUENCY: _____

CHARGES: _____

PRIOR FELONIES? IF SO, WHAT: _____

WE MUST REQUIRE THAT YOU PROVIDE A TELEPHONE NUMBER AND PERSON WHO CAN BE CONTACTED ON A 24-HOUR BASIS.

Contact Person & Title

Telephone Number

Placement Agency Staff Signature

Date

Kinsey Youth Center Staff Signature

Date

**ROBERT J. KINSEY YOUTH CENTER
INTAKE PACKET**

**THE FOLLOWING IS A LIST OF
INFORMATION/NEEDED UPON ARRIVAL:**

- 1. MEDICATIONS MUST BE IN ORIGINAL BOTTLE AND WITH ORIGINAL AND CURRENT PRESCRIPTION.**
- 2. INHALERS MUST HAVE A PRESCRIPTION AND A LABEL.**
- 3. MEDICATION MUST ACCOMPANY THE INTAKE.**
- 4. INSURANCE/MEDICAID INFORMATION MUST BE FILLED OUT. (COPY OF INSURANCE CARD WOULD BE BENEFICIAL).**
- 5. IMMUNIZATION RECORDS.**
- 6. EVERYTHING MUST BE SIGNED!!**

**ROBERT J. KINSEY YOUTH CENTER
HEALTH AND MEDICAL INFORMATION**

Child's Name: _____

Parent or Guardian: _____

Address: _____

Phone 1: _____

Phone 2: _____

Marital Status of Parent/Guardian: _____

Parent or Guardian: _____

Address: _____

Phone 1: _____

Phone 2: _____

Marital Status of Parent/Guardian: _____

Siblings: _____

Name	Address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Address: _____

Phone: _____

Age: ____ Yr ____ Mo **DOB:** _____ **Race:** _____ **Sex:** _____

Birthplace: _____ **SSN:** ____ - ____ - ____

Height: ____ ft ____ in **Weight:** _____ **Hair:** _____ **Eyes:** _____

LIST:

Child's Doctor _____
Child's Dentist _____
Mental Health Provider _____
Insurance Carrier _____
Insurance Number _____
Name of Insured Person _____
SS # of Insured Person _____
Employment of Insured Person _____
Date of Birth of Insured Person _____
Medicaid No. _____
Specific Hosp. Or Doctor _____
Restrictions (explain) _____

Approved Contacts and Relationship to Child:

Phone _____

Visitors. _____
(Please attempt to limit to parents/
guardians or parental figures) _____

Passes. _____
(Shelter Care/Residential) _____

Emergency Name _____
Emergency Phone _____
Religious Preference _____

IS THE CHILD:

Under a physicians care? ___yes ___no
Taking any medication? ___yes ___no
 If yes, list medication: _____

Wearing eye glasses/contacts: ___yes ___no
Allergic to foods/medication? ___yes ___no
 If yes, explain: _____

A user of tobacco products? ___yes ___no
Pregnant/suspect pregnancy? ___yes ___no
Wearing a prosthesis? ___yes ___no

DOES THE CHILD:

Wet the bed? yes no
Have sleep irregularities/
Fall out of bed/sleepwalk? yes no
Have convulsions and/or
seizures? yes no
Have asthma? yes no
Have respiratory conditions? yes no
Have diabetes? yes no
Have a history of tuberculosis? yes no
Have body piercings? yes no
If yes, where? _____

Have a special diet? yes no
Have scheduled medical
appointments? yes no

HAS THE CHILD:

Been exposed to communicable
Disease in the past 3 weeks? yes no
Had the chickenpox? yes no
Been hospitalized? yes no
Had recent injuries requiring
Medical attention. yes no
Had recent illnesses lasting
More than one week? yes no

MISCELLANEOUS:

Medical condition not previously covered _____

Other: _____

LIST DATES OF THE MOST RECENT:

1. Tetanus Shot _____ 2. TB skin test _____

Notes: _____

STATE OF INDIANA

REPORT OF PRELIMINARY INQUIRY

Child's Name: _____ Age: _____ DOB: _____

Address: _____ Phone: _____

Race: _____ Sex: _____ Ht. _____ Wt: _____ Hair: _____ Eyes: _____

Place of Birth: _____ SS#: _____

CURRENT LEGAL STATUS: _____

ALLEGATIONS

(1) Date: _____ Time: _____ Offense: _____ A D

(2) Date: _____ Time: _____ Offense: _____ A D

(3) Date: _____ Time: _____ Offense: _____ A D

(4) Date: _____ Time: _____ Offense: _____ A D

PREVIOUS REFERRALS

(Date/Charge/Detention/Disposition)

1. (/ /) _____

2. (/ /) _____

3. (/ /) _____

4. (/ /) _____

5. (/ /) _____

6. (/ /) _____

7. (/ /) _____

SCHOOL

School Name: _____ Grade: _____
Type: R MMH EH SEH LD

Attendance: _____ Explanation: _____

Grades: A's B's C's D's F's D.A.R.E. Grad: Y N

Suspensions/Expulsions: _____
Habitual Detentions: _____
Extra Curricular Activities: _____

FAMILY BACKGROUND

Mother: _____	Father: _____
Address: _____	Address: _____
Marital Status: S/M/RM/D/W	Marital: S/M/RM/D/W
Employer: _____	Employer: _____
Work Hours: _____	Work Hours: _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____
DOB: _____ SS# _____	DOB: _____ SS# _____

SIGNIFICANT OTHER: (i.e. visitation, support)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Employer: _____	Employer: _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____

NON-CUSTODIAL PARENT INVOLVEMENT: (i.e. visitation, support)

SIBLING(S):

Name: _____	Age: _____	Address: _____
Name: _____	Age: _____	Address: _____
Name: _____	Age: _____	Address: _____

EMPLOYER: _____ Income: _____

HEALTH HISTORY:

Present/chronic health problems: _____

Medications: _____

Mental Health History: _____

Mental Health History in Family: _____

Most Recent In-Patient Treatment (Agency/Date):

Out-patient Therapy: Y N Therapist: _____

AFDC: Y N F.S.: Y N GUARDIAN IS NATURAL PARENT Y N

SOCIALIZATION

Curfew: _____ Abides: _____

Associates: _____

Do Parents Approve? _____

Religious Preference: _____

Physical Abuse: Y N _____

Sexual Abuse: Y N _____

Neglect: Y N _____

Alcohol Use: Experimental Recreational Disruption None

Drug Use: Experimental Recreational Disruption None

Obsession w/Fire: _____

Gang Involvement: Y N Affiliate: _____

CHILDS FUNCTIONING IN THE HOME:

Does Child Respond to Discipline/Authority? _____

Is Child Abusive Towards Family Members? _____

Other: _____

DETENTION:

Detained: Y N When? _____ Where? S.C. SEC. H.O. H.D.

Why: () Unlikely To Appear () Parent Not Found/Unwilling
() Class A or B Felony () Protection Child/Community
() Youth's Request () Other _____

RECOMMENDATION:

() Release After Counseling () File Formal Petition
() Informal Probation () Other _____

Reason for Recommendation: _____

Signature _____ Date _____

Supervisor _____ Date _____

**ROBERT J. KINSEY YOUTH CENTER
DETAINEE RELEASE AUTHORIZATION
REQUEST FOR TRANSPORT**

Detainee Name: _____
Address: _____
Date of Birth: _____

The above named juvenile is to be released from the Robert J. Kinsey Youth Center Pursuant to:

- _____ Court order for change in detention status.
- _____ Charges have not been filed by the prosecutor in the prescribed time period.
- _____ **The detainee is to be transported back to another jurisdiction for a hearing. Date of Hearing: _____ Time: _____**
- _____ Court order that detention is no longer necessary and the detainee is to be released.
- _____ Transfer to Department of Corrections or other placement facility.
- _____ Time served as ordered.
- _____ Temporary release to parent/guardian for medical appointment.

Release/transport is to occur on _____

Authorized Signature _____
Date

Kinsey Youth Center Use Only:

I hereby accept custody and full responsibility of said child for transporting to another jurisdiction, release from detention, or admission to Department of Corrections or other placement facility. I have received medical information and/or medications. While in custody this detainee received medical care in accordance with his or her need.

Signature of Person Accepting Custody _____
Date

Address _____
Phone Number

For Placement Facilities and D.O.C.: I have received medical info. and/or medications.

Signature of Person Accepting Custody _____
Date

I have given the above named detainee a copy of this Release Authorization, showing his/her release from Secure Detention.

Kinsey Youth Center Staff Signature _____
Date