VISITATION POLICY

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY
SUBJECT;	Visitation Policy
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DATE:	10/21/2015
APPROVED BY: DATE:	Ross Armstrong, Deputy Administrator – Juvenile Justice Services
APPROVED BY: DATE:	Jane Gruner, Acting Administrator - Division of Child and Family Services
SUPERSEDES:	NYTC 15-3
REFERENCES:	ACA:3-JTS-5H-17, 3-JTS-5H-18, 3-JTS-5H-12, 3-JTS-5H-13, 3-JTS-5H-15, JTS-5H-16
ATTACHMENTS:	A:Visitor Sign in Sheet B: PREA Family Zero Tolerance

I. SUMMARY:

A. This policy is to establish a process through which youth may receive visits from family members or other support systems from their communities.

II. DEFINITIONS:

As used in this document, the following definitions shall apply:

- A. <u>Attorney:</u> Any member of the legal profession licensed under the State bar retained by or for a youth.
- B. <u>Community Support System</u>: Any responsible adult who is identified by either the youth, the family, or the Parole Officer that supports positive lifestyle changes that will help the youth to find new hobbies and social recreation activities.

- C. <u>Electronic Devices</u>: Any electric or battery operated devices including; but not limited to: cameras, cell phones, tablets, radios, IPod, etc.
- D. <u>Facility:</u> Caliente Youth Center, Nevada Youth Training Center, Summit View Youth Center or any other facility operated by the Division of Child and Family Services.
- E. <u>Immediate Family</u>: The family of a youth is his/her mother, father, sibling, children, grandparents, legal guardians including "step" through marriage or "half" through lineage or adoptive relationship.
- F. <u>PREA-Prison Rape Elimination Act</u>: Passed in 2003, the purpose of the act was to "provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape."
- G. <u>Visitation</u>: In-person contact between a youth and another individual.

III. FACILITIES TO ALLOW VISITATION:

- A. Each facility shall establish regular visitation days and times with at least four distinct times each week.
- B. Each facility shall notify the youth and the parents or guardians of each youth of the visitation dates for that facility within fifteen days of the youth's arrival at the facility.
- C. Visitation shall be permitted for only the following individuals:
 - a. Immediate family
 - b. Youth's attorney
 - c. Member of the youth's Community Support System approved by the youth's assigned Youth Parole Officer.
 - d. Any other individual approved in writing by the Deputy Administrator
- D. All visitations shall be documented by the Facility in UNITY.
- E. Each facility and the Youth Parole Bureau shall establish certain visitation procedures which must be consistent with this policy.

IV. VISITATION RULES:

- A. Requirements
 - a. All visitors must be approved by the Superintendent or designee.
 - b. All visitors must provide a government issued photo identification or birth certificate upon arrival to the facility unless the visitor is a child between the ages of infant to 12 years old. Any exception must be approved in writing by the Superintendent or designee.
 - c. All visitors are subject to search of their personal property and vehicle.

- d. All visitors must sign the visitation log upon arrival and sign out when departing.
- e. All visitors and their possessions, including their vehicle is subject to search.
- f. All food brought into the facility by visitor must be inspected by facility staff and must be consumed during the visit.
- g. The youth's attorney may visit during non-regular visiting hours.
- B. Prohibitions
 - a. No prescribed or over the counter medications.
 - b. No electronic devices.
 - c. No tobacco, alcohol, drugs, firearms, or other weapons.
 - d. No contact with other youth at the facility.
- C. Termination of Visit
 - a. The Superintendent or designee may terminate the visit for any of the following reasons:
 - i. Reasonable belief that the visitor is in possession of a weapon
 - ii. Visitor is under the influence of a substance
 - iii. Use of aggressive or inappropriate language or behavior that is a threat to the safety and security of the youth, staff, or facility
 - iv. Visitor in possession of contraband
 - v. Any criminal behavior
 - vi. Violation of visitation rules.
 - b. In the event the Superintendent or designee terminates a visit:
 - i. A summary of the events shall be submitted to the Deputy Administrator within 24 hours
 - ii. Future visitation by that individual shall not be permitted without the express written permission of the Superintendent.
- D. Procedures
 - a. Each facility and the Youth Parole Bureau shall adopt procedures consistent with this policy.

State of Nevada Division of Child and Family Services Juvenile Justice Services

Facility: ______

VISITOR SIGN IN SHEET

<u>Date</u>	Name	<u>Time in</u>	<u>Time out</u>	Purpose
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N1				
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Attachment A 9/25/2015

STATE OF NEVADA Division of Child and Family Services Juvenile Justice Services

I _______ understand that the Division of Child and Family Services/ Juvenile Justice has a ZERO TOLERANCE policy against sexual assault/misconduct. Sexual assault is defined as:

- 1. Any **completed**, **attempted**, **threatened**, or **requested** touching of the genitalia, anus, groin, breast, inner thigh, pubic area or buttocks with the **intent to arouse or gratify** sexual desire.
- 2. Any **act of exposing** the genitalia, anus, groin, breast, inner thigh, pubic area or buttocks with the **intent to arouse or gratify** sexual desire.
- 3. Any act of **photographing**, **videotaping**, **filming**, **digitally recording** or otherwise **viewing**, with or without a device, a youth with the **intent to arouse or gratify** sexual desire. This includes undressed or partially undressed or while urinating defecating.

Any family/guardian, visitor or contractors who sexually assaults a juvenile WILL face criminal charges. All staff are mandated to immediately report ANY type of sexual assault to either the Superintendent or the Statewide PREA Coordinator at ______

Name of Youth:	
Parent/Guardian/Visitor signature	Date:
Staff Signature	Date:
Institution Name	