

Dear Parent or Guardian:

Your child has been detained at the Robert J. Kinsey Youth Center, Secure Detention. As a parent of this child you have certain rights and responsibilities. The staff of Secure Detention will be happy to assist you as much as possible during your child's detention.

While being detained, your child will be actively participating in a highly structured program designed to protect them and assure their security while at the same time attempting to meet their on-going educational, physical and emotional needs. We will make every attempt to work with you to continue any on-going counseling and remedial programs that you have initiated for your child. Any medical needs will be addressed immediately as required and you, as the parent, will remain responsible for authorization and financial arrangements.

Educational instruction is provided by Kokomo Center School Corp. Parents are asked to bring their child's textbooks and assignments to the center as soon as possible so that the child will continue to receive their class credits.

Parents are expected to bring **ALL** medications that their child is prescribed to the center as soon as possible. All medications **MUST** be in their original packaging w/legible labeling. The prescriptions **MUST** be dated within 30 days of the child's detention. If the medication is out of date or has a missing label, it will not be given.

Upon admission to the Center, your child will be issued a set of personal hygiene items. They will also be issued a clean set of clothing each day when they shower. They will not need any personal clothing except what they came in with. Your child may purchase hygiene items from the Kinsey Commissary. You may place money in your child's account Monday-Friday 8-4. (cash only)

The Kinsey Youth Center will provide postage for two letters weekly. Additional postage may be purchased through commissary.

Visitation hours will be on **Wednesday evening from 6:30pm to 8:00pm and on Sunday afternoon from 1:30pm to 3:00pm.** You must call ahead and schedule your visitation time. Only approved visitors **with a valid photo ID.** and **over 18 years of age** are allowed to visit as approved by the Probation Officer. The maximum number of visitors at one time is two and detainees may have 30 minutes to an hour depending on their level. **Please leave purses and other items in your car or in lockers provided in the lobby.** You will be subject to search at any time you are in the facility. If your child is leaving for placement he/she is eligible for a one hour special visit. You must call prior to placement to schedule this visit. You may purchase a 20 oz. Soft drink and one snack **from Kinsey** when you come to visit. Soft drinks are \$1.00 and snacks are \$.60.

Phone calls will be made between 6:00pm and 7:30pm on non-visiting days. An additional phone call daily will be allowed when your child reaches Level 5. That call will be placed during the day. If these phone times or visiting times do not fit into your schedule, please call the Program Director or Caseworker to make other arrangements. All phone calls must be made using a phone card. Phone cards are available through Commissary. ***Please note your child is only allowed to make phone calls and cannot receive in-coming calls***. If you would like to discuss your child's detention or any special needs, please contact the Program Director or Caseworker.

Your cooperation and participation are vital. Please make every effort to work with us and for your child.

Release time, at the end of your child's stay, is 1:00pm. We thank you in advance for your cooperation. We are not responsible for any property left at the Center past 30 days.

Thank you,

Tracey Malone, B.A., JSOCC
Program Director

Jamie "Cherisse" Thompson, B.A.
Caseworker

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 to 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, hair dryer
- Please see attached hygiene policy for hygiene information.
- Parents may deposit money into their child's commissary account to purchase name brand items.

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, short waist tops, and shorts that have less than a five inch inseam
- 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 of 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 healthy condition, you are required to arrange for 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 Monday, Wednesday, Friday, Saturday and Sunday **ONLY** between the hours of 6:30pm and 7:30pm. For those residents calling long distance you may purchase a pre-paid phone card through commissary or they may call collect. If you do not have a home phone, you can arrange to call the center or provide an alternate number where your child can call you during phone call hours. **Visitation** is on Tuesday and Thursday evenings beginning at 6:30pm 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 snacks for \$.60. All items **must** be consumed prior to the end of the visit. **Passes** must be arranged by the parent by calling the Shelter Care Unit. Passes begin at 10:00am or 8:00pm and 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. For those residents who have earned level three or higher and are not permitted to go on passes, an additional Saturday visit is allowed. Saturday visits are scheduled to take place at 2:00pm.

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 you 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.

Parents groups are offered at no additional cost. Please check the visitation area for times and topics of these meetings. All parents are invited to attend these sessions. Parents who attend parent group will be permitted to visit their child before or after the meeting.

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,

Julie Watkins, B.A., JSOCC
Program Director

Rosalie Prifogle B.S., JSOCC
Case Worker

PRIVILEGES:

- Level 0: Attend school and group meetings, thirty minute visitation on Tuesday and Thursday evenings at 6:30 or 7:00PM.
- Level 1: Level 0 privileges; participate in unit activities, personal items on room as approved by youth managers.
- Level 2: Level 1 privileges. Five minute phone call to approved contact on Monday, Wednesday, Friday, Saturday and Sunday.
- Level 3: Level 2 privileges, 10 hour home pass as approved by placing agency use of weight room, and 30 additional minutes visitation (60 minutes total).
- Level 4: Level 3 privileges, additional 14 hour home pass (24 hours total), radio with headphones, handheld electronic game (if parent chooses to provide); NO TAPES, CD'S, COMPUTER GAMES, GAMEBOYS, MP3'S OR IPOD's; and may play unit video games on weekends.
- Level 5: Level 4 privileges, additional 24 hour home pass (48 hours total), five dollars per week spending money (if parent chooses to provide), and may go on one hour pass during visitation.
- Level 6: Level 5 privileges, additional 5 minutes during phone calls (10 minutes total), clock radio in room, one hour in room during study/quiet time if homework is complete and passing all classes, may choose to stay up 30 minutes after regular bedtime, five pictures in room of family only, and may have two additional privileges to be determined individually with resident by completing a "request to speak form".
- **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 items are \$.60. 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.
 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.

AUTHORIZATION FORM

Name of Child : _____

Date: _____

I authorize the Kinsey Youth Center staff to release or receive 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 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 or hospital and authorize that person to
give consent for treatment and sign 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

CONSENT FOR MENTAL HEALTH TREATMENT

I, _____, parent or legal guardian of the minor,
_____, do hereby give permission for the personal for 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 MENTAL HEALTH treatment and sign an authorization on my behalf for any
MENTAL HEALTH 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

**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	\$120.00
	Shelter Care Diagnostics	\$310.00 or DCS contracted rate
		\$ 87.30 per billable hour
	Secure Detention	\$130.00
	Secure Detention Diagnostics	\$320.00

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: _____

Parent or Guardian: _____

Address: _____

Phone 1: _____

Phone 2: _____

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.

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