

PARENT HANDBOOK



Indian River Juvenile Correctional Facility

Chris Freeman, Superintendent

2775 Indian River Road SW

Massillon, Ohio 44646

330-837-4211

Date: _____

Dear Parents,

My name is Chris Freeman. I am the Superintendent of Indian River Juvenile Correctional Facility. Your son, _____, has been committed to the Department of Youth Services and was transferred to Indian River Juvenile Correctional Facility on _____. I will be the temporary custodian of your child during his stay here.

Our primary concern at Indian River is the safety of your child and the staff. Our program is designed to give your child an opportunity to examine some of the choices he has made in the past and provide him an opportunity to begin making better choices.

Enclosed you will find information describing the Indian River Juvenile Correctional Facility programs, various rules, a map, and the visitation policy. The visitation schedule outlines the times which you will be permitted to visit your son.

If your son becomes seriously ill and/or needs medications, the Medical Department will notify you. Included in this packet are questionnaires regarding your son's development and medical history. Please complete and return those forms promptly as they provide vital information in the treatment of your son. If you need another form, please feel free to contact your son's social worker, _____. If you have any questions regarding your son, a list of Social Workers, their phone numbers, and their schedules is listed in the enclosed packet.

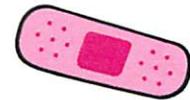
Sincerely,



Chris Freeman
Superintendent



MEDICAL SERVICES



The Indian River Juvenile Correctional Facility Medical Department provides youth medical services utilizing Registered Nurses, a contract Physician, a contract Psychiatrist, an Optometrist, and a dentist. Upon admission to IRJCF a nurse evaluates each youth and a physician reviews his record. The Psychology staff evaluates youth admitted to IRJCF with mental health concerns. The Psychiatrist evaluates youth taking medication for mental health problems. Each youth is oriented to the Medical Department, the available services, the rules of conduct, and how to access health care. Referrals to physician consultants in the community are made to meet the specialized health care needs of youth.

Information regarding a youth's previous medical care is important in meeting his current needs. Communicating the names and phone numbers of physicians that treated a youth in the community provides the medical staff with important information related to a youth's health care needs such as allergies, prior illness/injury, and/or surgery. If there is any medical history that you would like to share, please contact the Medical Department.

Youth have the opportunity to present any health care concerns they may have to a nurse by submitting a form requesting to be placed on the health call list. The nurse is available to answer health care questions and assess physical complaints. Based on physician-approved protocol, the nurse can treat the youth's presenting symptoms or refer the youth for evaluation by a physician. Youth requiring emergency treatment (stitches, fracture, etc.) are transported community hospitals for treatment. A nurse will notify parents or guardians of youth requiring emergency treatment when this occurs.

Youth admitted to IRJCF wearing personal glasses or contact lens are scheduled to be examined by the Optometrist. Following the exam, institutional glasses are ordered. Personal glasses and any contact lens and supplies are then returned to the family or maintained in the department until the youth is released. Youth are not permitted to keep contact lens supplies on their unit. The Medical Department is not responsible for replacing/ordering replacement contact lens for youth.

The IRJCF Medical Staff is responsible for supervising the total health care needs of IRJCF youth. The services provided include:

Annual physicals	Immunizations
Vision Exams	HIV counseling and testing
Medication Management	Emergency Treatment
Health Education	Dental Services
Crisis Intervention	Specialist Referral
Psychology Referral	Diet Recommendations
Illness/Injury Management	Skin Care teaching
CPR/First Aid Instruction	Special needs treatment planning

If you have any medical questions or concerns, please feel free to contact the Health Services Administrator, Dale Lachance, Monday through Friday from 8:00 a.m. to 4:00 p.m. at (330) 236-5683.



EDUCATION



Indian River Juvenile Correctional Facility has a fully accredited high school which is part of the Buckeye United School District. The school offers the standard core curriculum necessary to graduate with a High School Diploma or a GED. The core curriculum is supplemented by vocational offerings, which include Administrative Office Technology, Auto Technology, Roofing and Framing, Family and Consumer Science/Healthy Living, Transitional Skills, and CBI. Graduation requirements include completing 20 credits and passing all 5 areas of the Ohio Graduation test.

Guidance counselors are available to provide academic, social and career support. The special education department includes a team of teachers, psychologists and therapists. Students are provided with options to improve academic performance and direction for educational advancement.

The school works closely with the institution in providing opportunities for growth and incentives to promote student success. Students are also recognized for positive achievements in the classroom through programs including Student of the Week, Honor Roll/Merit Roll, Most Improved Student and the Strength Based Behavioral Management System.



FOOD SERVICE



The Food Service Department provides nutritious and well-balanced meals for the youth in our care. The menu's are written by a registered dietitian and meet all the requirements of the USDA. Meals are prepared within the guidelines of the National School Lunch Program. The focus is to prepare nutritional, youth friendly, low fat, low sodium meals that offer a variety of foods and methods of preparing food with the youth's health in mind. French fries and foods that are typically deep fried are baked. Spices and Mrs. Dash are added to food to reduce the use of sodium. Food is purchased through Sysco's Food. Fruits are encouraged instead of sweet desserts. A variety of vegetables are offered. Low fat milk is offered four times a day. Potato chips and sweet desserts are offered as a variety in limited portions and limited frequency but are not encouraged.

The Food Service Department provides Breakfast, Lunch, Dinner and Evening Snack on a daily basis. If your child has any known allergies, please be sure to specify the allergy on the enclosed Medical Information forms. If your child has any allergies, we will provide substitutions for the foods that your child is allergic to. In addition, if your child belongs to a religious group that requires any dietary restrictions, you will be contacted by the Institutional Chaplain to confirm and your child will be placed on the Religious Diet list.



PSYCHOLOGICAL SERVICES

The Psychology Department provides a wide array of services to both youth and staff at Indian River Juvenile Correctional Facility. A member of the department meets with each youth when he arrives to conduct an intake interview and to explain our services. The Psychology Department provides individual counseling, psychoeducational groups, and psychological testing.

Staff members are available throughout the day and evening. The Psychology Department meets with the families when invited to do so, and are available for family session, when the need is identified by the youth's treatment team. We are available for crisis intervention and work closely with staff to ensure the safety of all youth.

All counseling is confidential within the requirements of Ohio state law. When courts or the Release Authority request individual psychological assessments, we conduct these and forward them as soon as possible.



RECREATIONAL SERVICES

Our recreational program is offered daily to each youth at Indian River Juvenile Correctional Facility. A variety of sports experiences are offered, which includes basketball, softball, and flag football. Intramural games are played both within our facility and between our other two facilities in the state. Recreation is conducted in our full size gymnasium, weight room, game room and outside, making use of our six acres. Our goal is to promote a healthy lifestyle through physical and creative activities. We also emphasize the use of community service through our recreational program. In this way, we teach youth to give of themselves to help someone else. A recreation assessment is completed by our Recreation Administrator upon intake to assist with identifying recreational interests.



RELIGIOUS SERVICES

Indian River Juvenile Correctional Facility has a full-time Institutional Chaplain who provides religious services and spiritual counseling for all youth at Indian River Juvenile Correctional Facility. A Congregate service for each faith is held once a well as well as other spiritual enrichment programs. Many volunteers play an important role in the religious programming. A religious assessment is completed at intake by our Chaplain to assist with identifying each youth's religious services need.



COMMUNITY SERVICE



The IRJCF Community Service Program has developed several initiatives that provide on-going service to the community. These continuous projects have enabled staff to better schedule time and supplies, and give the youth the opportunity to develop a deeper understanding of the impact they have on the community. The organizations in the community welcome the youth's efforts and have participated in programs designed to involve the youth.

Some of the agencies that they have worked with during the past year include:

- The Battered Women's Shelter in Massillon
- Homeless Shelter
- Akron Children's Hospital
- Children's Network of Stark County

Some examples of projects that IRJCF completed during the past year include:

- Fleece blankets
- Craft projects
- Mats for homeless

YOUTH COMMISSARY

Indian River Juvenile Correctional Facility has a contract with a Commissary Supplier, which provides personal hygiene items, snacks, pop, and stationary. These items are offered to the youth at a reduced rate and made available every two weeks. Each youth has a commissary account where parents, relatives, and friends can send money orders to add to these accounts, which can be used to purchase commissary items. Money orders should be made out to your son and mailed to Indian River Attention: Business Office. Include your son's name on the memo line.



ODYS Mission Statement

Improve Ohio's future by habilitating youth and empowering families and communities

Vision Statement

A safer Ohio: one youth, one family and one community at a time

Core Values

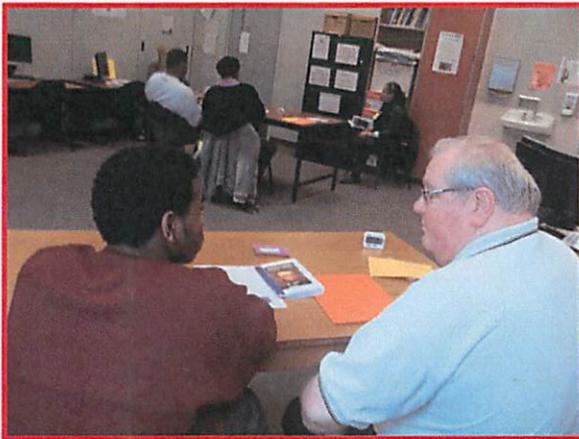
- All people can change.
- Treat everyone the way you would like to be treated.
- Every life matters.
- We strive to provide youth everything they need to succeed.
- We want the best for youth, and we believe in families.
- We believe in being good role models.

Juvenile Correctional Facilities

Circleville Juvenile Correctional Facility
640 Island Road • Circleville, OH 43113
(740) 477-2500

Cuyahoga Hills Juvenile Correctional Facility
4321 Green Road • Highland Hills, OH 44128
(216) 464-8200

Indian River Juvenile Correctional Facility
2775 Indian River Road • Massillon, OH 44647
(330) 837-4211



Alternative Placements

Applewood Centers
Lighthouse Youth Center at Paint Creek
Montgomery County Center for Adolescent Services
Pomegranate Health Systems

Northern Parole Region

District 1
One Government Center, Suite 1016
Toledo, OH 43604
(419) 245-3040

District 2
615 W. Superior Avenue, Suite 860
Cleveland, OH 44113
(216) 787-3350

District 3
161 South High Street, Suite 100 • Akron, OH 44308
(330) 643-3040

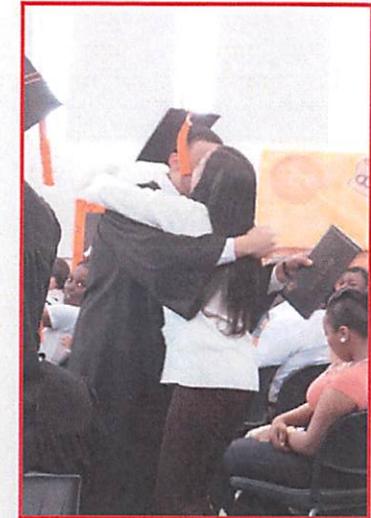
Southern Parole Region

District 1
1133 South Edwin C. Moses Blvd., Suite 400
Dayton, OH 45417
(937) 285-6525

District 2
899 E. Broad St., Suite 200 • Columbus, OH 43205
(614) 466-4676



**30 W. Spring St.
Columbus, Ohio 43215
(614) 466-4314**



www.dys.ohio.gov

www.Facebook.com/ohiodeptyouthservices

Twitter: @OhioDYS

www.YouTube.com/user/OhioDYS



John R. Kasich, Governor

Harvey J. Reed, Director

Agency Overview

Mission: Improve Ohio's Future by Habilitating Youth and Empowering Families and Communities

The Ohio Department of Youth Services (DYS) is the juvenile corrections system for the state of Ohio. DYS is statutorily mandated to confine felony offenders, age 10 to 21, who have been adjudicated and committed by one of Ohio's 88 county juvenile courts.

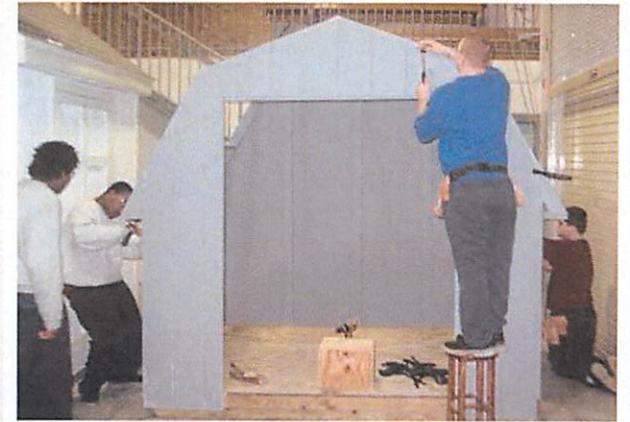
DYS reaches thousands of youth in Ohio. Beyond youth in DYS facilities and those on parole, DYS funds and supports **664 community programs** throughout the state offering more than **88,000 youth** (based on annual program admissions) opportunities and services to impact positive change. These range from prevention and diversion programs to residential treatment and community treatment in areas such as mental health, sex offending and substance abuse.



Habilitating Youth

DYS is committed to providing young people with education, behavioral health care, and other services they need to prevent disruptive behaviors that lead to deeper penetration into the justice system. Our facilities are accredited by the American Correctional Association and provide a variety of services and treatment for youth including a fully-accredited high school, behavioral-health services, unit management, medical and dental care, recreation, religious services, community service opportunities, victim awareness, and reentry services.

Our DYS regional parole offices supervise youth on parole, working with them and their families to provide the guidance necessary for youth to become positive, contributing members of society. Beyond the task of supervision, staff help youth on parole to receive needed services including housing, public assistance, education, and treatment for medical, mental health, and substance abuse. Having access to these services reduces the likelihood of a youth committing a new offense.



Empowering Families

Meaningful engagement of families in their youths' treatment supports rehabilitation, growth, and maturity. DYS supports family involvement at all phases, from a youth's stay in facilities, during the release process, and while on parole. The CLOSE to Home Project (Connecting Loved Ones Sooner than Expected) provides a free, monthly bus service to help connect families and youth. In Fiscal Year 2016, DYS provided a total of 78 bus trips to 795 passengers.

Supporting Communities

In Fiscal Year 2015, approximately \$81 million was provided to communities throughout Ohio through juvenile court grants, as well as funds for a total of 12 Community Corrections Facilities. The funding supports RECLAIM Ohio, the Youth Services Grant, Targeted RECLAIM, and the Behavioral Health/Juvenile Justice Initiative. These community investments encourage a range of community-based options to meet the needs of youth, support evidence-based and model community programs to divert youth from DYS, treat serious juvenile offenders with behavioral health needs, and serve youth who would otherwise be committed to DYS.

These community alternatives for youth promote serving the right youth in the right place with the right treatment. We have worked closely with community partners and judges to expand appropriate options in the community for those youth who do not pose a public safety risk. In 2010, DYS had an average daily facility population of 956 youth. Because of efforts to support communities, the average in 2015 was 465 youth, a decrease of 51%.

2017 Session Dates

8:00 am—5:00 pm

Please feel free to schedule a Session that fits your schedule. If the dates below do not work, please call 614-466-6756 to schedule a date and time.

January 4, 2017

February 1, 2017

March 1, 2017

April 5, 2017

May 3, 2017

June 7, 2017

July 5, 2017

August 2, 2017

September 6, 2017

October 4, 2017

November 1, 2017

December 6, 2017



Ohio | Department of
Youth Services

John R. Kasich, Governor
Harvey J. Reed, Director

2017 Release Authority Family Information Sessions

RELEASE AUTHORITY

30 West Spring Street, 5th Floor
Columbus Ohio 43215-2264

Phone: 614-466-6756
Fax: 614-995-0289
E-mail: ReleaseAuthority@dys.ohio.gov

Family Webcam Informational Sessions

The Release Authority of the Ohio Department of Youth Services invites family members of youth committed to the department to participate in a Webcam Information Session with your son or daughter's assigned board contact.

The Webcam sessions are held once a month on the first Wednesday of the month and are scheduled through your son or daughter's Juvenile Parole Officer (JPO) or other regional office staff. The region will provide the equipment necessary for the webcam session. All you need to do is request a session.

The sessions will be approximately 1/2 hour long. They will provide an opportunity for a member of the Release Authority to share the various release processes and expectations that relate to your child. We will also share with you ways for on-going participation in the process. And, the sessions will provide a forum for you to ask any questions you have about the process.

No matter where you are in Ohio, we can connect with you.



We hope that you will join us for one of these sessions!



To make a reservation, please call your assigned region:

Northern Parole Region

District 1
One Government Center, Suite 1016
Toledo, OH 43604
(419) 245-3040

District 2
615 W. Superior Avenue, Suite 860
Cleveland, OH 44113
(216) 787-3350

District 3
161 South High Street, Suite 100
Akron, OH 44308
(330) 643-3040

Southern Parole Region

District 1
1133 South Edwin C. Moses Blvd., Suite 400
Dayton, OH 45417
(937) 285-6525

District 2
899 E. Broad St., Suite 200
Columbus, OH 43205
(614) 466-4676

Release Authority

30 West Spring Street, 5th Floor
Columbus Ohio 43215-2264

Phone: 614-466-6756
Fax: 614-995-0289
E-mail: ReleaseAuthority@dys.ohio.gov

A TYPICAL DAY IN THE LIFE OF AN I.R.J.C.F YOUTH

The following is a typical schedule that youth at Indian River Juvenile Correctional Facility will follow during his stay. Schedules will vary based on need and educational requirements.

5:00am	Wake up & Wash Time
6:00am	Breakfast/Med Call
7:25am	School -First Period
8:15am	School- Second Period
9:05am	School- Third Period
10:43am	Youth return from school to prepare for lunch
11:58 am	School -Fifth period
12:48 am	School -Sixth Period
1:38 pm	School – Seventh Period
2:26 pm	Return to Unit
3:15pm	Groups
4:30pm	Dinner
5:30 pm	Unit Programming/Recreation/Religious Programming/Social Service Sessions
8:30pm	Showers/Unit Cleanup/Preparation for School
9:00 pm	Bed

Please note that during school, youth that are in the school program, may also be involved in various reentry programming. Youth that have graduated are assigned to work in different areas throughout the facility and are also involved in various recreational activities and volunteer services that can assist and prepare them for release. Each youth's schedule will vary base on need and educational requirements.

If you have any questions regarding your child's daily schedule, please contact the Unit Manager or Social worker assigned to your son.

OVERVIEW

Indian River Juvenile Correctional Facility is a medium security juvenile correctional facility located on 40 acres in Massillon, Ohio. This facility is accredited by the American Correctional Association in areas of services, programs, and operations essential to good correctional management, including administrative and fiscal controls, staff training and development, physical plant, safety and emergency procedures, sanitation, food service, and rules and discipline. During their stay at Indian River, the youth reside in one of eight living units. After the completion of an orientation process, the youth is reviewed by the BHRP (Behavioral Health Review Panel), which assesses his programming needs and assigns them to a permanent living unit. Of the eight living units, four have specialized programs. The Orientation Unit provides an opportunity for the youth to learn department and local policy and procedures. One mental health unit provides individualized needs based programming. In addition, one unit is designated to assist the youth in development of life skills and adaptive functioning in cognitively disabled youth.

I Unit:

- Life Skills Unit

C Unit:

- Mental Health Unit

E Unit:

- General Population

A Unit:

- General Population

S Unit:

- Orientation Unit

B Unit:

- Graduate Population

D Unit:

- General Population

N Unit:

- General Population

John R. Kasich, Governor
Harvey J. Reed, Director

YOUTH VISITATION

Guidelines and Dress Code

1. Visitation is held seven (7) days per week.
2. In accordance with policy, the following visitation limits shall apply:

Minimum Classification Youth

Total of 5 visitors per session
Up to 8 friends/cousins on approved visitation list

Medium Classification Youth

Total of 4 visitors per session
Up to 5 friends/cousins on approved visitation list

Close security level

Total of 3 visitors per session
Up to 3 friends/cousins on approved visitation list

3. Each youth is allowed visits during the scheduled visitation days/times:

Monday through Friday

9:00 am-12:00 pm	Graduate Youth Only
6:00 pm – 8:30 pm	All Youth

Saturdays

9:00am-12:00pm	All Youth
1:00pm -5:00pm	All Youth

Sundays

9:00am-12:00pm	All Youth
1:00pm -5:00pm	All Youth

During intercession, all youth will be permitted to receive visits during the following periods:

<i>Monday through Friday</i>	<i>9:00 am-12:00 pm</i>
<i>Monday through Friday</i>	<i>6:00 pm – 8:30 pm</i>

4. Visitors must enter the facility no later than one (1) hour prior to the close of visiting hours.
5. Only approved Parents, Legal Guardians, Grandparents, Aunts, Uncles, Cousins, Friends, and Siblings (age 3 and over) may visit unless a Special Visit has been approved. All visitors under the age of 18 must be accompanied by a visitor over the age of 21. All visitors 18 years of age and older shall be required to present picture identification. All visitors 17 years of age and younger shall present one of the following: Birth Certificate; Ohio Driver's License; School or Work Photo Identification Card; State Identification Card.
6. Visits with friends are ONLY for the youth on the Good Standing List. If youth are not on the Good Standing List, friends will be turned away at the front desk. It is the responsibility of the youth to notify his friends of their Standing.
7. Social Worker is to ensure that if a person is added to the visitation list is a friend, it will reflect as such. They will provide the name, address, phone number and DOB for each.
8. All visitors must comply with visiting rules as provided and posted.
9. Visitation can be suspended at the discretion of the Superintendent based on youth behavior and/or contraband issues. In the event visits are suspended, you will be notified in writing.
10. All visits shall be logged in the Visitation Log.
11. Special visitation outside any of the above guidelines may be requested by Social Worker/Unit Manager in writing to the Social Worker Supervisor.
12. Visitors will be signed in once identification has been established. The Visitor's identification document will be retained in the binder at the Metal Detector in alphabetical order by the youth's last name. The identification document will be returned to the Visitor after the Visitor's pass is returned to the staff at the Metal Detector.
13. All visitors are required to wear a Visitor Pass. Failure to wear a Visitor Pass may lead to removal from visitation. Visitor Passes must be displayed above the waist area.

14. All visitors are subject to be searched. All visitors must pass through the Metal Detector prior to visitation. Exceptions are by physician statement only. A wand may be substituted.
15. All unacceptable items (contraband list) and any unauthorized personal property will need to be removed prior to entering Indian River Juvenile Correctional Facility. Items will need to be stored in the vehicle during visitation. This includes:
 - a. Tobacco products of any kind, lighters, matches
 - b. Newspapers, letters, and pictures
 - c. Money
 - d. Any other item listed on the Contraband list.
16. During visitation, the only restroom facilities available for visitors will be the restrooms in the visitation room. **THERE WILL BE NO EXCEPTIONS.** The YS overseeing visitation will allow access to the restroom for visitors.
17. If the youth you are visiting is restricted for either medical or disciplinary reasons, your visit will be limited and will be conducted in an area separate from the visiting area. The visit will be limited to 1 hour and at the discretion of the on duty operations manager.
18. No food items or money may be brought in by visitors. Card-operated vending machines are available to purchase snacks and beverages located in the Visitation Room. You may purchase and charge a Vending Card to be used in the vending machines (prior to clearing the Metal Detector).
19. Personal cameras, cell phones, pagers, radios, tape players, recording devices, or any other electronic device will not be allowed in the visitation area.
20. Visitors are expected to dress appropriately
 - a. No wallets, purses, bags, hats, coats, scarves, or do-rags permitted beyond the Metal Detector. Note: Jackets/Coats must be removed and hung in the foyer prior to clearing the metal detector. (Only a driver's license or ID and a Vending Card are permitted)
 - b. No revealing clothing of any type
 - c. Shoes must remain on at all times
 - d. Length of skirts/dresses must be to the middle of the knee or below. Slit cannot be above the middle of the knee and no slits in the front.

- e. Appropriate undergarments must be worn. Sports bras are permitted but must fit tightly at the bottom and be covered with proper clothing.
 - f. Button-up or Wrap around skirts and dresses are not permitted
 - g. Tank Tops, T-Tops, muscle shirts, spaghetti straps, shorts, skorts, or culottes are not permitted. No tops that expose cleavage are permitted.
 - h. Clothing with gang/club insignias, obscene gestures or language is not permitted
 - i. Bare midriffs, see through clothing, and clothing that is torn or has holes in them are not permitted
 - j. No spandex clothing, tights, leggings, or biker shorts
21. No children will be permitted to be left unattended anywhere in the institution at any time. Failure to comply will result in suspension of visitation privileges.
22. During visitation, you are not permitted to bring any items to your son. Everything is provided for him by Indian River JCF. Effective May 1, 2005, money will no longer be accepted during visitation for youth commissary accounts. All money orders for youth accounts must be mailed to the institution in care of the IRJCF Business Office. Be sure to include your child's name on the money order along with their DYS number.
23. Parole Officers cannot authorize visits. The Unit Manager and/or Social Worker and Chaplain, along with Social Worker Supervisor or Designee, must approve all visitors prior to visiting days. If any visitor is not on the approved list, he/she will not be permitted to visit.
24. If there are any questions concerning visitation, please contact the Manager or Unit Social Worker between the hours of 8:00 A.M. to 4:00 P.M. Monday through Friday.

To effectively control the introduction of contraband, or other personal items that could threaten the security and/or safety of the facility, the following personal items will not be permitted to enter the facility without prior, written approval of the superintendent:

1. Cords, ropes, string, wire or chains.
2. Personal electronic, communication, computing & recording devices such as cellular phones, tablets, and still/video cameras.
3. Sharp edge cutting implements such as knives, box cutters, razors and fingernail files/clippers.
4. Firearms, ammunitions and/or any deadly ordinance.
5. Weapons or a facsimile thereof: including, but not limited to: PR-24s, nightsticks, kubatons, flashlights squirt guns or other items that resemble a weapon.
6. Personal handcuffs, cuff keys or other restraining devices not ODYS issued.
7. Electrical equipment and appliances to include heaters, cooking devices, curling irons, fans, etc.
8. Digital, optical or magnetic storage media and recording devices such as compact discs, DVDs, flash storage cards/devices (SD, thumb drive, etc.)
9. Chemical agents (mace, pepper gas, etc.)
10. Any type of metal silverware.
11. Any glass/ceramic items, to include, but not limited to coffee mugs, bottles, jars, vases, mirrors and picture glass.
12. Metal cans, to include, but not limited to aluminum pop cans, coffee cans and food cans.
13. Arts and crafts utensils not the property of the facility (i.e. needles, crochet hooks, sewing kits, scissors, etc.)
14. Personal tools (i.e. screwdrivers, hammers, etc.)
15. Personal chemicals or cleaning supplies (flammable, toxic or caustic agents, air fresheners, aerosol or sprays of any kind.)
17. Prescription and non-prescription medicine/drugs (one day's dosage must be approved as specified in ODYS SOP 301.08.02 Search of Employees.)
18. Alcohol and illegal drugs
19. Cigarettes or any type of tobacco products, ashtrays, incense, lighters, matches, steel wool, candles, or anything else that could be used to start a fire.
20. Ace bandages not prescribed by a physician.
21. Coat Hangers (metal or wire).
22. Lunch containers must be no larger than a six (6)-pack beverage container – (limit 1).
23. Personal carry in containers (brief cases, purses, bags) must be no larger than 18"x4"x12" (limit 2.)
24. Security Threat Group/Gang, pornographic or sexually explicit materials
25. Any object that violates the Ohio Revised Code (ORC).
26. Any other item considered a threat to the security of the facility as determined by the superintendent.
27. Visitors are prohibited from bringing anything into the facility considered as "youth contraband".

SOCIAL WORKER SCHEDULES

Unit	Schedule	Staff	Late Nights	Ext	Supervisors
A	Unit Mgr	Barrett		5738	Hill-Gunn
A	Mon-Fri	Mr. Katusin	Thursday		Freeman
B	Unit Mgr	UM Smith		5737	Hill-Gunn
B	Mon-Fri	Tyson	Thursday	5726	Freeman
C	Unit Mgr	Ms. Robbins		5739	Hill-Gunn
C	Mon-Fri	Ms Quinn	Monday	5734	Freeman
D	Unit Mgr	Ms. Jones			Hill-Gunn
D	Mon-Fri	Ms. Thieme	Monday	5728	Freeman
E	Unit Mgr	GONZALEZ		5743	Hill-Gunn
E	Mon-Fri	Mr. Zeigler	Thursday	5757	Freeman
I	Unit Mgr			5741	Hill-Gunn
I	Mon-Fri	Mr. Sanchez	Wednesday	5723	Freeman
I	Mon-Fri		Wednesday	5723	Freeman
N	Unit Mgr			5741	Hill-Gunn
N	Mon-Fri	Ms. Slade / Tyson		5722	Freeman
S	Unit Mgr	Mr. Blake		5744	Hill-Gunn
S	Mon-Fri	Mr Hanlon	Monday	5758	Freeman
S	Mon-Fri	William Benjamin	Tuesday	5732	Freeman
12.15.16					
Days at least until 5:00 p.m. Evenings at least until 7:30 p.m.					
SWers work one weekend every 10 weeks.					

Dear Parent/Guardian:

During your son's stay at Indian River Juvenile Correctional Facility, we will provide whatever medical care that is essential.

To make this possible, we need your authorization and information concerning any hospitalization insurance covering your son.

Please complete the forms enclosed in this letter and return it promptly to this facility.

Thank you in advance.

Sincerely,

Dale Lachance

Dale Lachance HSA
Health Service Administrator



MEDICAL HISTORY

(Please Print)

Youth's Name _____ DOB _____

Child's Social Security Number ____/____/____ DYS _____

Family Physician: Name _____

Address _____

Telephone (____) _____

IMMUNIZATION RECORD:

(enter date of each dose)

	VACCINE	MONTH	DAY	YEAR
Diphtheria, Tetanus, Pertussis Any combination of DTP, DT, TD (if more than 5 doses, enter only the most recent ones)	1 st DPT/Td	_____	_____	_____
	2 nd DPT/Td	_____	_____	_____
	3 rd DPT/Td	_____	_____	_____
	4 th DPT/Td	_____	_____	_____
	5 th DPT/Td	_____	_____	_____
POLIO	1 st Polio	_____	_____	_____
	2 nd Polio	_____	_____	_____
	3 rd Polio	_____	_____	_____
	4 th Polio	_____	_____	_____
MEASLES MUMPS RUBELLA	Measles	_____	_____	_____
	Mumps	_____	_____	_____
	Rubella	_____	_____	_____
HEPATITIS	First Hep	_____	_____	_____
	Second Hep	_____	_____	_____
	Third Hep	_____	_____	_____

PAST MEDICAL HISTORY:

Is your child taking any medications regularly? Yes No If yes, what medicine(s)?

Is your child ALLERGIC to any medicine? Yes No If yes, what?

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Is your child ALLERGIC to any food, animals, insect bites? Yes No If yes, what?

Please answer the following questions. If you reply "Yes" to any questions, explain your reply as completely as possible in the space provided below. Does your child have, or has he/she ever had:

- | | | |
|--------------------------|--|-------|
| 1. Anemia | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 2. Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 3. Broken Bones | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 4. Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 5. Drug/Alcohol Problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 6. Fainting Spells | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 7. Head Injury | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 8. Heart Condition | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 9. Hernia | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 10. Kidney Infection | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 11. Liver Disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 12. Psychiatric Problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 13. Seizures | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 14. Thyroid Disorder | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 15. Ulcer | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |

Describe any other serious illness, injuries, operations or hospitalizations:

Has your child ever been treated for sickle cell anemia? Yes No

Has your child ever had a positive tuberculosis skin test, or been treated for tuberculosis or tuberculosis infection? Yes No

If yes, describe skin test reaction and treatment given:

FAMILY HISTORY: Has any blood relative or your child (parent, grandparent, brother, sister) had: Put "X" in the blank if yes.

- | | | | |
|--------------------------|---------------------|---------------------------|--------------------|
| ____ Bleeding Disorder | ____ Cancer | ____ Stroke | ____ Heart Trouble |
| ____ High Blood Pressure | ____ Kidney Disease | ____ Tuberculosis | |
| ____ Migraine Headaches | ____ Seizures | ____ Liver Disease | |
| ____ Sickle Cell Anemia | ____ Diabetes | ____ Psychiatric Disorder | |

Parent/Guardian Signature

Date

Relationship

Address

() _____
Telephone Number

Authorization to Provide Treatment

Authorization to Release Medical Information

Youth's Name: _____ Date of Birth: _____

ODYS Number: _____ Social Security Number: _____

Authorization for Medical Treatment

I hereby grant permission for such medical treatment and procedures as are necessary in the diagnosis and treatment of above named youth. As the parent or legal guardian, I agree to allow the Ohio Department of Youth Services to provide medical care and/or treatment when medically necessary.

Parent or Guardian Name: _____

Relationship: _____

Signature: _____ Date: _____

Authorization to Release Medical Information

Permission is granted to any clinic, hospital, physician, or health agency to release information to the Ohio Department of Youth Services pertaining to the health or previous medical care of the above named youth.

Parent or Guardian Name: _____

Relationship: _____

Signature: _____ Date: _____



OHIO DEPARTMENT OF YOUTH SERVICES

Date: _____

Medical Insurance Information Request

Youth's Name: _____ Date of Birth: _____

ODYS Number: _____ Social Security Number: _____

Medical Insurance

Name and Social Security Number of parent under whose health insurance youth is covered:

Name: _____ Social Security Number ____ - ____ - ____

Employer: _____ Insurance Company: _____

Policy Number: _____ Group Number: _____ Plan Number: _____

Dental and Vision Insurance (If separate from Medical Insurance)

Dental Insurance Company: _____

Policy Number: _____ Group Number: _____ Plan Number: _____

Vision Insurance Company: _____

Policy Number: _____ Group Number: _____ Plan Number: _____

Dear Parent/Guardian,

Greetings from the Religious Services Department of Indian River Juvenile Correctional Facility. The Religious Services Program provides worship opportunities and tries to objectively meet the needs of those youth who voluntarily choose to utilize such services. Religious services, religious education and spiritual enrichment programs are provided for each specific faith group. There are several community outreach and prison ministries who provide additional programs, skits, plays and concerts.

Currently, there are Catholic, Islamic, Jehovah's Witness, Protestant and non-denominational services that are offered. Parental/Guardian permission is required for young men under 18 years of age to attend a specific faith group program. Parental/Guardian permission is also required for youth under the age of 18 to change from one faith group to another. The institutional chaplain provides religious materials and appropriate Holy text. However, if you desire to purchase a Holy text from an outside source, you must mail the article in care of the chaplain. Religious medallions (crosses) and necklaces are not to be left or sent to your son while he is at Indian River Juvenile Correctional Facility. A DYS directive stipulates that the only time these items may be worn is during the specific group's religious services. There is a risk factor involved when these items are left unattended on the living units. The institution is not liable for damage, theft or loss of these items.

In order to provide yet another opportunity for home and community involvement, pastoral and family visitation is encouraged. The chaplain always explores the possibility for each youth to receive a pastoral visit from the family minister of record. You must submit a written request for the family minister of record to visit your son. You may have only one minister of record. Clergy visits occur on an appointment basis with the chaplain present.

In order for your son's religious affiliation to be a matter of record, please indicate the faith group affiliation of your family. Your signature will grant permission for your son to attend this faith group's programs (on a voluntary basis). This will also be your son's religion of record until he is 18 years of age, or he requests a change authorized by his parent/guardian.

Sincerely,

Chaplain Neal

Chaplain Neal

RELIGIOUS FAITH AFFILIATION

1. Family faith affiliation: _____

2. Please check one of the boxes below to indicate whether or not your son can participate in religious services.

Youth's Name: _____

YES, my son has my permission to participate in religious services.

NO, my son does not have permission to participate in religious services.

3. Comments: _____



Grievance Process

Dear Parent/Guardian,

ODYS has provided a formal problem solving process for youth in a DYS institution. Your son has the ability to grieve any action, incident, living condition, dispute or application of any policy or practice of the Department that he believes is harmful, unjust, or is a specific violation of his rights.

The grievance procedure is used in part to assist youth in learning and enhancing problem solving skills, as well as to address their concerns. The grievance process may not be used to challenge disciplinary matters or results of Intervention Hearings which have their own appeal processes; release decisions; discharge decisions; legislative decisions; judicial actions; judicial releases; detention credits; or any other matter exclusively reserved to another agency of government.

Each youth that enters ODYS is trained on how to use the grievance process and all youth have access to the grievance process.



Youth Call Out Program Notice

Starting in May Verizon Business, formally known as MCI, will assume the youth payphone service from AT&T, formally known as SBC. Verizon Business will not allow collect calls to be made to telephone numbers that are unable to bill and or collect the associated call charges via the called party's local service provider.

This usually happens when the called party is receiving local service from an Alternative Local Service Provider or a Cellular telephone company rather than directly through the local Bell Operating Company or the area's primary local service company.

If your family is unsure if their carrier has a billing agreement with Verizon Business, formally MCI, have your parents contact their local phone provider to verify that their local phone company has a billing agreement with Verizon Business, formally MCI. If your parent's local phone company does not have a billing agreement with Verizon Business, your parents should contact Verizon Business customer service department at 1-800-231-0193, to set up a direct billing account with Verizon Business.

Those parents, who do not set-up a direct billing account or are not currently with a local service provider that has a billing agreement with Verizon Business, will be blocked from receiving your collect call attempts after the switch is made to the new Verizon Business service.

For more information on Direct Billing, please have your parents call 1-800-231-0193 or visit us at <https://corrections.mci.com/login.aspx>.

DIRECTIONS



FROM NORTH:

I-77 South to 21 South
21 South into Massillon
Exit at Erie St.
Turn Rt. At Erie St. and follow the signs.

FROM SOUTH:

71 North to Route 30 East (Mansfield Exit)
Route 30 East to Route 21 North. (It is the last Massillon exit)
Stay to the right hand side of Route 21 and exit at Erie St. (first exit)
At the end of the off ramp, you will turn left onto Erie St.
Follow Erie around corner and Indian River is on the right.

FROM EAST:

Take Route 30 West to Route 21 North. Stay in Right hand lane and exit on Erie St.
Turn Left on Erie St. and follow around curve. Indian River is on the right.

FROM WEST:

Take Route 30 East to Route 21 North. Stay in Right hand lane and exit on Erie St.
Turn Left on Erie St. and follow around curve. Indian River is on the right.