



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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## GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Casey Gerber

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Name of Individual Certifying this Document/Proposed Document

Director, Office of Juvenile Offender Review

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Title

Casey Gerber

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Signature

06/24/2019

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Date Signed

Department of Corrections – Wisconsin  
Office of the Secretary  
Wis. Stat. § 227.112(6)  
DOC-2910 (6/2019)

 <b>WISCONSIN</b> <b>DEPARTMENT OF CORRECTIONS</b>  <b>Division of Juvenile Corrections</b>  <b>Policy and Procedure</b>	EFFECTIVE DATE 2/1/2017	PAGE NUMBER 1 of 12
	MANUAL REFERENCE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
	DJC POLICY # 500.70.10	Original Date:
	ORIGINATED BY John D Paquin, Administrator	
	X  Date Signed: 2/1/2017	
DISSEMINATION <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Community Facilities</b> <input type="checkbox"/> <b>Institution</b> <input type="checkbox"/> <b>Confidential-Security Related</b> <input type="checkbox"/> <b>Field Offices</b> <input type="checkbox"/> <b>Supervisory Staff Only</b> <input type="checkbox"/> <b>Health Services</b>	PRIORITY <input type="checkbox"/> <b>Policy/Directive</b> <input type="checkbox"/> <b>Information</b> Discuss at Staff Meeting                    Read/Route/Post	
	REPLACES POLICY                    N/A	
<b>SUBJECT: Mechanical Restraints</b>		

**Purpose**

The Division of Juvenile Corrections and the Department of Corrections are committed to providing employees with proper training and guidance on the use of restraints. Restraint equipment is utilized as a temporary and short-term measure to establish and maintain safety when youth are at substantial risk to harm themselves or others. These measures are not intended nor will they be used as a means of punishment. Restraints may also be considered for a youth who has repeatedly self-injured within a short period of time in a manner that has significant medical risks.

**Policy**

The Division of Juvenile Corrections may use mechanical restraints to confine youth at risk of immediate physical injury to self or others.

**References**

- Administrative Code 375 Observation Status in Type I Facility
- Administrative Code 376 Security Procedures in Type I Facility
- Administrative Code 376.09 Mechanical Restraints
- Administrative Code 396.16 Mechanical Restraints
- DJC 300.05.02 Use of Force
- DJC 300.05.14 Use of Body Camera
- Mental Health Standards NCCHC
- NCCHC Juvenile Justice
- Wisconsin Statutes s. 146.38

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**Definitions, Acronym, and Forms**

Administrative Peer Review – Multidisciplinary review of a restraint placement that takes place within 30 days of the conclusion of the placement and constitutes a health care services review as defined in Wisconsin Statutes s. 146.38.

Ambulatory restraint – Commercially manufactured device that reduces the ability of the individual to freely move upper extremities. Examples include, but are not limited to: behavioral control suits, hand mitts, hand tubes, and protective arm sleeves.

Bed Restraints – Multiple point restraints applied to immobilize a youth in a supine (face up) position either on a bed or a TransBoard.

Behavior Management Plan – A non-punitive multidisciplinary plan written on DOC-3642A to address youth’s behaviors that threaten the safety of the youth or others, impair the safe and secure operation of the facility, or result in disciplinary action. The plan shall identify target behaviors, the appropriate staff responses to those behaviors, and guidance to the youth regarding more constructive behaviors. Staff shall also obtain feedback from the youth.

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

DOC-27D – Placement/Review of Offender Restraints

DOC-111J – Review of Placement of Offender in Restraints

DOC-112B – Observation of Offender

DOC-1846 – Incident Report

DOC-3338 – Health Assessment of Patient in Mechanical Restraints

DOC-3642A – Behavior Management Plan

DOC-3657 – Restraint Placement Administrative Review

Health Services Unit (HSU) Staff – Staff classified as HSU Manager, Psychiatrist, Physician, Physician Assistant, Pharmacist, Dentist, Nurse Practitioner, Optometrist, Registered Nurse, Licensed Practical Nurse, Physical Therapist, Radiologic Technician, or any other clinical classification that is directly supervised by Health Services.

Leg restraints – Two large cuff devices attached to each end of a chain used to restrict the feet/leg movements of an youth during transportation, whether inside or outside the facility.

Mechanical restraints – Commercially manufactured devices used according to the manufacturer directions in order to restrict or impede free movement of the youth’s hands/arms, feet/legs, and/or torso. Restraint materials may include leather, vinyl, nylon, canvas, rubber, or other manufacturer approved material.

Mental Health Staff – PSU staff and Psychiatrists.

Psychological Services Unit (PSU) Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate, Crisis Intervention Worker, Psychological

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Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

Qualified HSU Staff – Physicians, Psychiatrists, Nurse Practitioners, Registered Nurses and Physician Assistants.

Qualified PSU Staff – Psychologist Supervisors, Psychologists-Licensed and Psychological Associates.

Restraint Bed – A flat device that secures a youth in a supine (face up) fashion using mechanical restraints.

Restraint Chair – A device that secures a youth in a seated fashion using a combination of restraining straps, handcuffs and leg restraints.

Restraint for Clinical Purposes – Restraint placement that is ordered by Qualified PSU or Qualified HSU staff, is used to immobilize a youth for emergency behavior control related to a mental health concern, and simultaneously places the youth in clinical observation status.

Restraints may only be applied if it is believed that the use of restraints is the least restrictive means to:

1. Protect a youth who poses a substantial risk to self of serious bodily harm or death unless restrained.
2. Protect staff and youth from another youth who poses a substantial risk of physical injury to others unless restrained.
3. Protect a youth who has repeatedly self-injured within a short period of time in a manner that has significant medical risks.
4. Protect a youth who requests voluntary placement in restraints to prevent engaging in acts of self-harm. Appropriate youths may be those who have a history of engaging in self-harm, are experiencing a loss of emotional control, and are having self-destructive thoughts or impulses and less restrictive interventions have been exhausted, including de-escalation attempts by staff. Absent unusual clinical circumstances, a youth's ability to request voluntary restraint placement should be documented in the youth's Behavior Management Plan.

Restraint for Medical Purposes – Restraint use to allow healing of an injury, provide safety during a medical procedure, or provide protection while a medical condition exists. These restraints are generally short-term in nature, but long-term use may be necessary for some chronic medical conditions. Approved restraints may include mechanical restraints, physical holds, or safety devices that patients cannot remove themselves.

Restraint for Security Purposes – Restraint placement ordered by a Security Supervisor.

ROM – Range of Motion

Security Staff – Youth Counselor or Youth Counselor Advanced

Security Supervisor – Supervising Youth Counselor

Spit Mask – A disposable mask designed to prevent a youth from spitting on others while not interfering with breathing.

TransBoard– A mobile backboard/restraint device that can be used for transport and/or restraint of a youth.

Working days – All days except Saturdays, Sundays and legal holidays.

### **Procedure**

- I. General Guidelines
  - A. Restraints shall not be used as a method of punishment.
  - B. Restraint equipment shall include only those devices that are commercially manufactured and may be used only in accordance with manufacturers' recommendations. Restraint equipment is only utilized as a temporary means to regain safety and only when absolutely necessary.
  - C. Metal and hard plastic restraints shall be used for transportation of youth or other temporary restraint purposes as Authorized by the Security Director or designee.
  - D. Any excessively worn or defective restraint devices shall be removed from the supply and not be used to restrain a youth.
  - E. Security Supervisors may select restraint equipment based upon their knowledge of:
    1. Classification status of the youth.
    2. Anticipated transportation and contact with others.
    3. Physical limitations of the youth.
    4. The youth's history of violent or uncontrollable behavior.
  - F. Prior to determining that a youth requires mechanical restraints, staff shall, whenever possible, make efforts to:
    1. De-escalate dangerous behavior.
    2. Gain voluntary compliance.
    3. Use less restrictive options.
    4. Involve Qualified PSU and Qualified HSU staff in the decision for mechanical restraints.
  - G. A Security Supervisor shall personally supervise any placement or removal from bed restraints, chair restraints and the TransBoard.
  - H. Once applied, mechanical restraints shall be considered temporary measures until behavior can be managed with less restrictive options.
  - I. When a bed restraint, chair restraint or TransBoard placement or removal is planned in advance, the event shall be recorded on video, unless extraordinary circumstances prevent it, a video recorder is not available, or there is not enough time to assemble equipment. Video recording should continue throughout the course of the restraint placement and may conclude once the youth is released from restraints.

- J. When a bed, chair or TransBoard restraint placement is reactive in nature, videotaping shall begin as soon as it can be safely done, recording as much of the incident as practical.
  - K. Staff shall make reasonable attempts to maintain the youth's privacy, unless to do so would create a substantial risk of harm to the youth or others.
  - L. HSU and PSU staff shall not participate in the physical application of restraints.
  - M. Youth shall not be restrained in a manner that would jeopardize his or her health, such as face down.
  - N. Youth shall not be restrained in a way that causes undue physical discomfort, inflicts physical pain, or restricts blood circulation.
  - O. Security staff may place a spit mask on restrained youth who are spitting on others, threatening or attempting to spit on others, or have a history of spitting on others.
    - 1. Staff shall monitor the youth for signs of distress, breathing difficulties, and possible aspiration of vomit.
    - 2. The spit mask shall be removed as soon as it is safe and appropriate to do so.
    - 3. Used spit masks shall be properly disposed of.
- II. Clothing and Covering Items
- A. Security staff shall perform a search prior to placement to ensure there are no hidden objects that could be used as a weapon, to inflict self-harm, or to interfere with the restraints. Whenever possible, staff shall allow youth to retain their clothing. If clothing needs to be removed to ensure the youth's safety, staff shall make every effort to have the same sex Security Staff perform this duty.
  - B. If clothing is removed, youth shall immediately be covered with a suicide smock/gown, and/or a suicide prevention blanket.
    - 1. Security Supervisors and/or qualified PSU staff shall consider on a case-by-case basis which clothing/covering items are best suited to balancing youth dignity, youth comfort (appropriate to temperature) and youth/staff safety for any given restraint placement.
    - 2. A towel may be approved for temporary use as a covering until appropriate covering items are applied.
  - C. Blankets, if utilized, shall be placed in such a manner that allows staff to visually observe any restraint devices that are on the wrists, ankles, thighs or chest.
  - D. Decisions regarding clothing or covering items and rationale for them shall be documented on DOC-112B.
- III. Restraint Bed and TransBoard
- A. Youth shall be restrained in a supine position.
    - 1. If the youth is pregnant, obese, an amputee, or suffering from a serious medical condition, Qualified HSU staff may determine that the supine position is medically contraindicated.
    - 2. In such cases Qualified HSU staff shall advise a Security Supervisor regarding alternate restraint positions.

- B. Youth shall be in at least four-point restraints while restrained, except when less restraint or no restraint is deemed appropriate by a Security Supervisor in the provision of meals and toileting.
  - C. Youth, if in a bed restraint, shall be restrained on a standard mattress unless PSU or a Security Supervisor determines a high security mattress or removal of a mattress is necessary for security or safety reasons. PSU or Security Supervisors shall document modifications on the DOC-112B.
- IV. Restraint Chair
- A. A Security Supervisor may use a restraint chair as an alternative to a restraint bed or TransBoard only after all other alternatives have been exhausted.
    - 1. Staff may also use a restraint chair to transport highly assaultive youth who pose a significant risk to self or others within the facility or to offsite locations as necessary.
    - 2. Youth in a restraint chair for transportation shall remain under constant observation by Security Staff.
  - B. When a restraint chair is used for purposes other than transportation, security staff shall lock the wheels and place the youth in full view of unit staff and camera, when available.
- V. Placement
- A. When Qualified HSU or Qualified PSU staff initiate placement:
    - 1. When Qualified HSU or Qualified PSU Staff determines a youth requires mechanical restraints and the behavior may be related to medical or mental illness, or self-harming behavior, they shall contact a Security Supervisor to order restraints for clinical purposes.
    - 2. The Security Supervisor shall authorize and implement restraints for clinical purposes that are ordered by Qualified HSU or Qualified PSU Staff.
  - B. When security staff initiate placement:
    - 1. When security staff determine a youth may require mechanical restraints, a Security Supervisor shall:
      - a. Contact Qualified PSU Staff prior to the application of restraints to discuss the case and determine whether restraints are appropriate; and if so, whether the restraint will be approved as a clinical restraint. If Qualified PSU staff does not approve the restraint as a clinical restraint, and security staff determines restraint is necessary, it shall be a restraint for security purposes.
      - b. Contact Qualified HSU Staff and request an immediate chart review to determine the presence or absence of medical contraindications to restraint placement, which, if present, shall be communicated to appropriate security staff.
    - 2. In an emergency, a Security Supervisor may authorize and proceed with restraint placement prior to discussion with a Qualified PSU or Qualified HSU staff if the health or safety of the youth or staff would be compromised by a delay.
    - 3. As soon as possible after placement, if contact has not already been made, a Security Supervisor shall notify Qualified HSU and Qualified PSU staff to initiate

health and psychological assessments. The Security Supervisor shall notify the Superintendent/designee.

C. Subsequent steps:

1. A minimum of four security staff, in addition to a Security Supervisor, is required to make a bed, chair or TransBoard restraint placement.
2. A Security Supervisor shall personally supervise the placement or removal of a youth from bed, chair or TransBoard restraints.
3. A Security Supervisor shall explain to the youth why he or she is being placed in bed, chair or TransBoard restraints, what is being done during the restraint placement, and what the youth must do in order to be released from bed, chair or TransBoard restraints.
4. Staff shall document bed, chair or TransBoard restraint placements on form DOC-1846, including the details and circumstances surrounding the restraint, reasons for the youth being placed in restraints, and any less restrictive measures that were considered or attempted.

VI. Initial Health and Psychological Assessments

A. Health Assessments

1. Qualified HSU Staff shall conduct a health assessment using the nursing protocol for restraint assessment, including circulation checks.
2. This assessment shall occur as soon as possible, but no longer than one hour after receiving notification of restraint placement.
3. HSU staff shall document findings on DOC-3338, DOC-111J, and DOC-112B.

B. Psychological Assessments

1. Qualified PSU staff shall conduct a psychological assessment as soon as possible, but no longer than two hours after receiving notification of restraint placement.
2. Subsequent reviews (if necessary) shall occur no less than every six hours while a youth is in bed, chair or TransBoard restraints.
3. The psychological assessment shall include a review of the PSU record to determine whether mental health contraindications to placement exist.
4. Qualified PSU staff shall document findings on DOC-111J, DOC-112B and DOC-27D. Qualified PSU staff shall document the reasons that restraints are believed to be the least restrictive intervention given the circumstance.
5. Qualified PSU staff shall assess the situation and the youth to determine if continued placement in restraints is the least restrictive means to maintain safety.

C. If restraints are not the least restrictive intervention and/or the youth does not pose a substantial risk, youth should be recommended for release from restraints immediately. Removal shall be documented on DOC-111J and DOC-27D, with appropriate follow-up plans developed and documented on DOC-27D as well as DOC-3642A as needed.

D. If restraints are the least restrictive intervention and the youth poses a substantial risk, continued restraint is indicated and the PSU staff member shall consult with the Security Supervisor to establish interventions and release conditions, explain the



plan to the staff and make adjustments as necessary based on their input, and inform the youth of the plan and observe the youth's reaction.

- E. If Qualified HSU or Qualified PSU staff determines there are medical or mental health contraindications to restraints or restraints are applied in a manner that jeopardizes the health of the youth, staff shall communicate these concerns immediately to on-site security staff and the Security Supervisor.
1. The Security Supervisor shall authorize adjustment to or the removal of mechanical restraints and/or transportation of the youth to allow for necessary treatment.
  2. If the Security Supervisor disagrees with such recommendations, the Superintendent/designee shall immediately review the case.
  3. If the Superintendent/designee disagrees with the recommendations, he/she shall then make a determination in collaboration with the Psychology Manager/designee.

#### VII. Monitoring of Restrained Youth

- A. Youth in restraints shall be observed in-person, continuously by a security staff member.
- B. The wrists, ankles and head of restrained youth shall remain visible to staff during the period of restraint placement.
- C. A Security Supervisor shall personally evaluate the youth's general physical and behavioral status at the beginning of his or her shift and at least once every two hours during the shift, and shall record his or her observations and rationale for continued restraint on DOC-112B.
- D. Qualified HSU Staff shall conduct circulation checks and health assessments and provide instruction to the youth to perform ROM activities at least every two hours and document on DOC-3338.
1. Qualified HSU Staff shall conduct ROM activities, circulation checks and health assessments with at least two security staff present in the cell.
  2. When assisting Qualified HSU Staff with ROM activities, security staff shall release only one limb at a time and replace the mechanical restraints prior to the next limb being released. If required for security reasons, the limb may remain tethered to the bed or controlled by staff but loosened enough for movement of that limb.
  3. In the event that a youth is combative and it is unsafe to perform a specific portion of the health assessment, Qualified HSU Staff shall document the reason on DOC-3338. Qualified HSU Staff shall reassess the youth at appropriate intervals to determine when a full health assessment can be done.
- E. Mental health staff shall perform assessments at least every six hours (or more frequently if clinically indicated) and document on DOC-27D and DOC-112B.
- F. Time limits
1. An initial placement in mechanical restraints shall last no longer than six hours.
  2. The restraint placement may be extended if an interview and examination are conducted by PSU staff, HSU staff and a Security Supervisor at least every six hours and there are no mental health or medical recommendations against continued placement.

3. Each six-hour extension shall be approved by the Superintendent/designee. The Superintendent shall notify the DJC Administrator of each extension. Extensions shall be documented on the DOC-111J.

G. Personal functions

1. Security staff shall release youth from mechanical restraints to perform bodily functions, when possible. During this time, video recording shall be discontinued for privacy of youth.
  - a. If a youth poses significant risk to self or others and cannot be released, alternative devices such as a urinal or bedpan may be used.
  - b. At least three staff shall be present during release, one of whom must be a Security Supervisor.
  - c. Security staff shall offer a bed-pan or urinal every two hours.
2. Security staff shall offer restrained youth water at least every two hours and meals on a schedule consistent with the usual meal pattern, unless more frequent nourishment or hydration is recommended by HSU staff.
  - a. One arm may be released for meal or fluid consumption as soon as control is evident.
  - b. Youth shall be allowed to sit upright to consume meals when possible. At minimum, youth's head and shoulders shall be elevated when eating or drinking.
3. Staff shall document hydration, feeding, toileting, showering, and range of motion activities on DOC-112B, reflecting the time offered or refused, youth reaction and youth condition.
4. In the event that it is unsafe to provide offered cares because of imminent danger of assault or self-injury, security staff shall document the reasons on the DOC-112B.

VIII. Removal

- A. A Security Supervisor shall consult with Qualified PSU staff prior to removal of restraints for mental health purposes. PSU staff shall recommend restraint removal when less restrictive alternatives appear appropriate. Such recommendations shall be documented by PSU staff on DOC-27D and DOC-111J.
- B. A Security Supervisor shall authorize removal of mechanical restraints. At least three staff members, one of whom is a Security Supervisor, shall be present when mechanical restraints are removed

IX. Administrative Peer Review

- A. Within 30 working days of the conclusion of a bed, chair or TransBoard restraint episode, the Superintendent shall convene an administrative peer review of the restraint placement.
- B. The administrative peer review shall be attended by the Superintendent, Security Director, HSU Manager and PSU Supervisor (or designees).
- C. The administrative peer review shall include an assessment of the rationale for bed, chair or TransBoard restraint placement and/or extensions, availability of alternatives to mechanical restraints, and adequacy of monitoring and documentation.

D. Staff shall document the administrative review on DOC-3657.

X. Special Circumstances

A. Ambulatory Restraints

1. Ambulatory restraints are intended for use as a less restrictive alternative to bed, chair, or TransBoard restraints.
2. In general, staff shall develop a Behavior Management Plan on DOC-3642A prior to using ambulatory restraints. However, in exceptional circumstances, Qualified PSU staff, in collaboration with the Security Director/designee, may direct that ambulatory restraints be used, provided that a Behavior Management Plan on DOC-3642A is developed within two working days.
3. A minimum of two security staff, in addition to a Security Supervisor, is required to place a youth in ambulatory restraints.
4. Youth in ambulatory restraints shall be observed by a staff member at staggered intervals not to exceed 15 minutes, unless the youth is in a status that requires more frequent checks (e.g., 10 minute checks for clinical observation). Observations shall be recorded on DOC-112B.
5. A Security Supervisor shall personally evaluate the youth's general physical and behavioral status at the beginning of his/her shift and at least once every four hours during the shift. Observations shall be recorded on DOC-112B.
6. Qualified HSU Staff shall conduct circulation checks and health assessments at least once every shift and shall record observations on DOC-3338 and on DOC-112B.
7. Mental health staff shall perform assessments at least once per working day and document on DOC-27D.
8. Time limits for ambulatory restraints shall be governed by a Behavior Management Plan on DOC-3642A.
9. Hydration and toileting opportunities shall be offered every two hours. After reapplication of ambulatory restraints, Qualified HSU staff shall check for proper fit.

B. Pregnant females

1. Unless immediate restraint is necessary, security staff shall consult with Qualified PSU and Qualified HSU staff prior to the application of mechanical restraints to a pregnant female.
2. Abdominal restraints that directly restrict the area of pregnancy shall not be used.
3. Pregnant youth shall not be placed in a facedown position in bed restraints.
4. If ambulatory restraints are used, the wrists shall not be restricted in such a manner that prevents the youth from protecting herself in a forward fall. Similarly, leg and ankle restraints shall not hold the legs close together because this increases the risk of a forward fall.

C. Youth at off-site hospitals

1. The use of restraints for clinical purposes on youth in off-site hospitals shall be in accordance with hospital policies and procedures.
2. The use of restraints for security purposes on youth in off-site hospitals shall be in accordance with DOC policies and procedures.

XI. Cleaning and Disinfection

- A. Restraint equipment shall be cleaned and inspected after each use to help ensure it remains in good working order.

- B. Any restraint equipment that has been contaminated with blood or other bodily fluids shall not be reused until it is cleaned and disinfected.
- C. DOC-1846 shall be completed for any incidents of contamination of restraints.
- D. Staff shall utilize universal precautions when handling contaminated restraints, including the use of disposable gloves and other personal protective equipment as determined.
- E. Contaminated restraints shall be placed in a yellow biohazard bag labeled with the area of origin and marked as "Contaminated Restraints."
- F. Metal restraints that are contaminated shall be cleaned and disinfected by the following process:
  - 1. Wash in detergent and water to remove organic material.
  - 2. Soak in 10% chlorine bleach for at least 20 minutes.
  - 3. Allow to thoroughly dry.
  - 4. Lubricate according to manufacturer's recommendations.
- G. Leather, polyurethane, and web restraints that are contaminated shall be cleaned according to the following process:
  - 1. For small amounts of contamination (spots of blood or other bodily fluids), wipe with a cloth or paper towel and bleach solution per instructions on the Blood and Body Fluid Spill Kit. Let air dry.
  - 2. For larger amounts of contamination, all organic material shall be removed using a solution of water and antibacterial detergent. The items shall be allowed to dry completely before reuse.
  - 3. If restraints are completely saturated with blood or body fluid, they shall be disposed of and removed from the restraint inventory.

cc: Office of the Secretary  
DJC Leadership Team

Division of Juvenile Corrections Facility/Region Implementation Procedure	
Facility/Region:	
DJC Policy Number: 500.70.10	
Subject: Mechanical Restraints	
New Effective Date: 2/1/2017	Original Effective Date: [Comments]
Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation	
Superintendent's/Regional Chief's Approval:	

## REFERENCES

## DEFINITIONS, ACRONYMS, AND FORMS

### FACILITY PROCEDURE

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

### RESPONSIBILITY

I. Staff

II. Youth

III. Other