

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES	
Subject: MISSIONS & VISION STATEMENT	Policy Number: 1
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS) to incorporate the following Mission and Vision Statements which reflect our goals and philosophy.

II. DEFINITIONS

None

III. PROCEDURE

MISSION STATEMENT

The mission of DYS is to provide leadership for change for youth, family units, and communities. It operates by creating legitimate alternative pathways to adulthood through equal access to services that are least intrusive, culturally sensitive, and consistent with the highest professional standards.

VISION STATEMENT

Our vision is that every child experience success in caring families and nurturing communities that cherish children and teach them to value family and community. Our vision is guided by the fact that our decisions and actions affecting children today determine the quality of our life tomorrow.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: MDHS DIVISION OF YOUTH SERVICES EMPLOYMENT	Policy Number: 2
Number of Pages: 2	Section:
Attachments: A. Statement of Understanding B. Release of Information C. Child Abuse Central Registry D. Time Limited Acknowledgement	Related Standards & References: AP-3
Effective Date: June 1, 2012	Approved:  <hr/> James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS) to provide employment opportunities to as broad a range of candidates as possible. The best qualified person to meet program needs will be selected from the group. Selection, retention, and promotion will be based on policy set forth in directives from the parent agency and State Personnel Board policies.

II. DEFINITIONS

None

III. PROCEDURES

All applicants will be given fair and equal employment opportunity. Appointments will be made without regard to sex, age, race, religion, or national origin. All prospective applicants being considered for employment must sign a Release of Information form in order to conduct a criminal records and Child Abuse Central Registry check (see forms attached).

As a new Mississippi Department of Human Services, Division of Youth Services employee the Personnel Office will need additional information with regards to benefits, payroll, personnel, and background data. With the assistance of the immediate supervisor, the new hire data should be completed and forwarded to the Office of Personnel.

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Mississippi Department of Human Services, Division of Youth Services employees will be given a copy of the Job Content Questionnaire (JCQ) and the Performance Standards for the assigned position. All forms will be explained verbally. In addition, each new employee will be instructed to read and become familiar with copies of the following: MS State Employee Handbook dated March 1, 2010 and the Mississippi Department of Human Services, Division of Youth Services Policies and Procedures Manual. Each new supervisor will be instructed to read and become familiar with copies of the following: MS State Employee Handbook dated March 1, 2010 and the Mississippi Department of Human Services, Division of Youth Services Policies and Procedures Manual.

As a stipulation of employment, the employee will be required to sign a Statement of Understanding.

An employee may request a transfer or be requested to transfer from one position to another. Requests for transfers must be made in writing and submitted through appropriated administrative procedures. The requests are made effective only upon approval by the Division Director.

An employee who wishes to terminate employment with the Mississippi Department of Human Services, Division of Youth Services should submit a letter of resignation to the appropriated supervisor at least fourteen (14) calendar days before the last working day. Employment with MDHS-DYS can be terminated for a probationary status employee with cause. Termination of employment for a permanent status employee will be based on certain violations of policy as outlined in the handbooks previously described.

NOTE: To be used in conjunction with the MDHS Administrative Policy AP-3 Revised February 1, 2011, on interview and selection guidelines and MDHS Memorandum Number 6155 dated, February 1, 2011 RE: Notifying Applicant of Recommendation for Employment.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
STATEMENT OF UNDERSTANDING**

Name: _____

Location: _____

Title of Position: _____

Through my signature on this document, I certify that copies of the Mississippi State Employee Handbook, Mississippi Department of Human Services, Division of Youth Services Policies and Procedures Manual, and Section 43-27-20(b) re: residency requirements and (c) re: statutory duties of the Mississippi Code of 1972 have been shared with me and that I thoroughly understand the policies and procedures, etc., therein explained. Further, I certify that I have received a description of the job, as well as a complete explanation of my job elements and standards, hours to be worked, leave policies, employment status, liability insurance coverage responsibilities, the Employee Performance Appraisal System. I am a probationary employee for one year and can be terminated with cause.

I accept this job fully understanding and accepting the aforementioned.

Employee's Signature

Date

RELEASE OF INFORMATION

TO: Whom It May Concern
FROM: Mississippi Department of Human Services

For Division of Program Integrity Use Only	
Sex Offender Registry	
Findings Yes _____	No _____
Child Abuse Central Registry	
Findings Yes _____	No _____
Mississippi Justice Information Center (MJIC)	
Findings Yes _____	No _____
National Crime Info. Center/Fingerprint (NCIC)	
Findings Yes _____	No _____
Approved _____	Disapproved _____

The Mississippi Department of Human Services is conducting a background check to verify information which I have provided in conjunction with my application for employment in the following county in the State of Mississippi: _____.

In order that the investigation may be completed, I hereby authorize the Mississippi Department of Human Services and any of its designated employees to receive and collect information from any previous employer, law enforcement agency, educational institution, the Child Abuse Registry, or persons named by me as references.

(Please print or type below)

Applicant's Complete Name	Social Security Number	Drivers License Number
Street Address		Date
City, State, and Zip Code		Race and Sex

(Please sign your legal name below)

Applicant's Signature	Date	Signed
-----------------------	------	--------

Date _____

TO: Child Abuse Central Registry
Division of Family & Children's Services
Office of Social Services
P.O. Box 352
Jackson, MS 39205

FROM: Name _____
Title _____
Agency _____
Address _____

Please check the central registry for the following applicant for:

- Foster/Adoption: _____
- MDHS Employee: _____
- Relative Resource Parent: _____
- Priority Processing (relative resource parent only): _____
- Volunteer Internship: _____
- Other: _____ (please specify) _____

PLEASE PRINT

Name _____

Address _____

DOB _____

Social Security Number _____

Telephone number where applicant can be reached _____

I understand that this information must be kept confidential with my agency. I have on file a signed release form from the above applicant(s) for this information.

To be completed by MDHS Office of Family and Children's Service Staff

Findings:

_____ No information found in the central registry.

_____ The following information was found in the central registry.

Signature _____ Date _____

**TIME LIMITED POSITION
ACKNOWLEDGEMENT**

It is my understanding that this is a time-limited position which is excluded under the Mississippi Code of 1972, Section 25-9-107 (XIV) and is classified by law as non-state service. Therefore, permanent state service cannot be attained by me while I am serving in this position. I further understand that the agency director is not obligated to continue my services in this position and my employment may be discontinued, at anytime, without cause.

(Printed Name)

(Signature)

(Date)

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: CONFIDENTIALITY OF RECORDS (CLIENTS AND EMPLOYEES)	Policy Number: 3
Number of Pages: 2	Section:
Attachments: A. Client Consent to Disclose B. Confidentiality of Record Form	Related Standards & References: AP-34 Mississippi Code Annotated 1972, Section 43-21-257 through Section 43- 21-267 HIPAA Regulations
Effective Date: June 1, 2012	Approved:  James MacCarone, Director

I. POLICY

CLIENTS

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (MDHS-DYS) that any records involving clients and the contents thereof, maintained by a MDHS-DYS employee, shall be kept confidential and shall not be disclosed for public inspection. "Any person who shall disclose or encourage the disclosure of any records involving children or the contents thereof without the proper authorization... shall be guilty of a misdemeanor and punished, upon conviction, by a fine of not more than one thousand dollars (\$1,000.00) or by imprisonment in the county jail of not more than one (1) year or by both such fine and imprisonment." Mississippi Code Annotated 1972, Section 43-21-257 through Section 43-21-267. (Emphasis added.)

Furthermore, that all HIPAA laws and regulations are followed.

It is also policy that all DYS Counselors will have proper documentation in the form of a Confidentiality Release, that all HIPAA laws are followed, and permission has been granted by the Judge of Jurisdiction, before there is any release of information.

EMPLOYEES

Any agency records involving employees, and the contents thereof, maintained by the Mississippi Department of Human Services, Division of Youth Services shall be kept confidential and shall not be disclosed for public inspection.

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Knowledge of consents in employee records will be evidenced by the employee's signature. By appointment, an employee may view his/her record.

Administrators and Supervisors shall view only those records of the personnel they supervise.

The Community Services Director shall view all Community Services employee records.

All HIPAA laws and regulations should be followed in the matter of employee records.

II. DEFINITIONS

None

III. PROCEDURES

None

CONSENT TO DISCLOSE INFORMATION

1. I, _____, hereby authorize _____
_____ to release the

information described below to:

2. _____ Attention _____

Address: _____

City/State/Zip: _____

3. The purpose or need for the disclosure is: _____

4. The specific information to be released is: _____

I understand that I may revoke this consent at any time except to the extent that action has been taken thereon.

5. I further understand that this consent will expire upon _____,
and cannot be renewed without my written consent.

(Signature of Client)

Date

(Signature of Parent of Guardian)

Date

Note to program receiving this information:

This information has been disclosed to you from records whose confidentiality is protected by the Federal Law. Federal regulations prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

CONFIDENTIALITY OF RECORDS

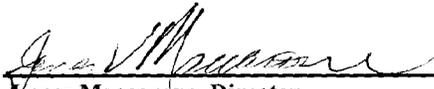
Any record of information involving clients of the _____ County Youth Court, maintained by _____ County Youth Court, shall be kept confidential and shall not be disclosed for public inspection/discussion. "Any person who shall disclose/discuss or encourage the disclosure/discussion of any records involving children or the content thereof without the proper authorization... shall be guilty of a misdemeanor and punished, upon conviction, by a fine of not more than one thousand dollars (\$1,000.00) or by imprisonment." Mississippi Code Annotated, 1972, Section 43-21-257 through 43-21-267.

I acknowledge by my signature below that I have read, discussed and understand the law regarding the confidentiality of records.

SIGNATURE

DATE

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: DESTRUCTION OF RECORDS	Policy Number: 4
Number of Pages: 7	Section:
Attachments: NONE	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that all records will be maintained and/or destroyed according to the MS Department of Archives and History Records Management Control Schedule. The destruction of records pertaining to children shall be handled by the appropriate means as specified by the Youth Court Act, Mississippi Code of 1972 Annotated, Section 43-21-265.

Penalties for offenses involving records, "the theft or deliberate alienation, alteration or destruction of records by any persons in a manner not authorized by an applicable records control schedule, or the unlawful divulging of restricted information under this chapter shall constitute a misdemeanor, punishable by a fine of not less than five hundred dollars (\$500.00) and not greater than one thousand dollars (\$1000.00)". Mississippi Code 1972, Annotated, Section 25-59-23 through Section 23-59-31.

The Schedule provided on the following pages will be used as a guide for disposal of various records maintained. The schedule provides the following information:

- A. The Record Series Title
Example: Statistical Sheets
- B. Series Description
Example: Documents relating to coded forms used by each counselor for statistical reports. File is arranged by county.
- C. Arrangement of File
Example: By county
- D. How Long To Maintain Records
Example: Cut-off: Fiscal; Hold in current: 3 years

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A. Other Instructions:

Example: Destroy hard copy; maintain computer tapes permanently.

I. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Record Series Title - The title of the document to be destroyed.

Series Description - Means detail description of the title to be destroyed.

Arrangement of Files - How the files set up is to be arranged.

Cut-Off and Hold Current - How long to maintain file.

Other Instruction – Gives detail on what records to destroy, what records not to destroy, and how to destroy the records.

III. PROCEDURES

(See Next Page)

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**DESTRUCTION OF RECORDS
FOR
CENTRAL OFFICE/COMMUNITY SERVICES**

Series Title: **STATISTICAL REPORTS (ANNUAL YOUTH COURT REPORT)**
Series Description: Documents relating to statistical data. Included are number of dispositions per county, source of referral, age by type of referral, and reason referred by disposition.

File Arrangement: Chronologically
Cut-Off: Calendar
Hold in Current: No
Other Instructions: Permanently. Transfer 1 copy to Archives.

Series Title: **STATISTICAL SHEETS**
Series Description: Documents relating to coded form used by each counselor for statistical reports.

File Arrangement: By County
Cut-Off: Calendar
Hold in Currents: 3 years
Other Instructions: Destroy hard copy. Maintain computer tapes permanently.

Series Title: **BOARD REPORTS**
Series Description: Documents relating to copies of the board minutes and monthly reports from institution.

File Arrangement: By institution
Cut-Off: Calendar
Hold in Current: 5 years
Other Instructions: Then destroy

Series Title: **COURT SUITS**
Series Description: Documents relating to Attorney General opinions, working papers of the case, grievances, and final judgment.

File Arrangement: Chronologically
Cut-Off: Continue
Hold in Current: No
Other Instructions: Permanently

Series Title: **MINUTES**
Series Description: Documents relating to minutes. Included are register of children at the training schools.

File Arrangement: Chronologically
Cut-Off: Continue
Hold in Current: 10 years
Other Instructions: Then to Archives

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Series Title: **SUBJECT FILE**
Series Description: Documents relating to correspondence, PEER committee investigations, referrals of students, and internal investigations of staff and students programs.
File Arrangement: Alphabetically by subject
Cut-Off: Fiscal
Hold in Current: No
Other Instructions: Purge unnecessary material every 3 years. Material not purged after 3 years, Keep in file as long as needed, then destroy.

Series Title: **CORRESPONDENCE**
Series Description: Documents relating to correspondence pertaining to daily operations of the school. Included are memos.
File Arrangement: Alphabetically by subject
Cut-Off: Continue
Hold in Current: No
Other Instructions: Purge unnecessary material every 3 years. Material not purged after 3 years, keep in files as long as needed.

Series Title: **IN-SERVICE FILES**
Series Description: Documents relating to continuing education and training seminars of employees.
File Arrangement: Alphabetically by employee
Cut-Off: Fiscal
Hold in Current: 1 year
Other Instructions: Transfer to Communique Files.

Series Title: **BLUEPRINTS**
Series Description: Documents relating to blueprints of the grounds, buildings, and water lines.
File Arrangement: Chronologically
Hold in Current: No
Other Instructions: Permanently. Suggest microfilming for security purposes; microfilm to be retained in Department of Archives and History.

Series Title: **BUILDING AND GROUNDS RECORDS**
Series Description: Documents relating to bids, blueprints (copies of the originals), specifications, correspondence from Building Commission.
File Arrangement: Numerically by the project number
Cut-Off: Continue
Hold in Current: 1 year

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Other Instructions: Transfer to storage area on campus and maintain 5 years, then destroy.

Series Title: **INVOICES**
Series Description: Documents relating to purchase invoices of equipment.
File Arrangement: Chronologically
Cut-Off: Continue
Hold in Current: No
Other Instructions: Destroy after equipment is deleted.

Series Title: **TELEPHONE CALL LOGS**
Series Description: Documents relating to phone calls. Included are listings of phone calls made by students and listing of long distance phone calls made by staff.
File Arrangement: Chronologically by day
Cut-Off: Fiscal
Hold Current: 1 year
Other Instructions: Destroy 1 year after call is made.

Series Title: **PROPERTY INVENTORY FILES**
Series Description: Documents relating to monthly inventory reports. Included are Form C, Furniture and Equipment Additions; Form D, Deletions of Furniture and Equipment; Form F, Inventory Statement.
File Arrangement: Chronologically
Cut-Off: Fiscal
Hold in Current: 3 years
Other Instructions: After release of audit, destroy. Permanent copy is maintained by Property Control Division. Hold current computer printout until updated in current files.

Series Title: **REQUEST TO PURCHASE (IN-AGENCY)**
Series Description: These documents may be found in agencies requiring in – agency approval prior to issuing a purchase order. They generally will contain description of item, quantity, vendor, catalog number, and price.

Hold in Current: 1 year
Other Instructions: Then destroy.

Series Title: **PERSONNEL FILES - ACTIVE**
Series Description: Included are application for employment, personnel data summary, attendance record, personnel actions, performance evaluations, cumulative leave records, discipline record, letters of commendation, payroll deduction data, bond, training records, etc.

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Hold in Current: Until employee is separated
Other Instructions: Transfer to PERSONNEL FILES – SEPARATED EMPLOYEES. Active personnel files may be routinely purged of the following material 3 years after receipt: Request for leave, Cumulative Leave Records, and Performance Evaluations.

Series Title: **PERSONNEL FILES - SEPARATED EMPLOYEES**
Series Description: Included are application for employment, personnel data summary, attendance record, personnel actions, performance evaluations, cumulative leave records, discipline records, letters of commendation, notice of separation/resignation, payroll deduction data, bond, training records, other records relating to an individual's employment.

Other Instructions: Personnel files may be destroyed after 6 years provided personnel reference data is maintained by agency for all employment activity prior to 1978. The information retained must include employee name, social security number, date of birth, race, sex, job titles, dates held, salary history, and termination date. This information is maintained by the State Personnel Board for personnel actions after 1977. Personnel reference information should be retained for a period of fifty-five years. Personnel summary data may be retained in any format and media selected by the agency. NOTE: Personnel files for separated employees may be transferred to the State Records Center for storage until the expiration of the six year period. All files transferred to the State Records Center must contain certification from the agency that a personnel summary data has been prepared for all filed dated prior to 1978.

Series Title: **GENERAL ADMINISTRATIVE FILES –PERSONNEL OFFICE**
Series Description: Included are Certificate of Eligibles, job applications (unsuccessful); employee county printouts, requests for certificate of eligibles, performance evaluations due, manpower projections, and occupational analysis.

Hold in Current: 3 years

Other Instructions: Then destroy

Series Title: **CUMULATIVE LEAVE RECORDS (LEAVE LOG)**
Series Description: Employees leave accrued, taken, and balance.
Hold in Current: 3 years

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Other Instructions: Then destroy

Series Title: COMMUNIQUE FILES

Series Description: Documents relating to employee reprimands, letters of warning, employee incidents, and memos signed by employees. Included are in services training records.

File Arrangement: Alphabetically

Cut-Off: Continue

Other Instructions: Hold in current files area 1 year after employee terminates employment

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: REPORTING OR DOCUMENTING EMPLOYEE INCIDENT	Policy Number: 5
Number of Pages: 2	Section:
Attachments: A. Serious Incident Report	Related Standards & References:
Effective Date: June 1, 2012	Approved:  <hr/> James Maccarone, Director

I. POLICY

All employee incidents must be documented on the Serious Incidents Report.

Serious Incident involves youth that are under the purview of the court. Types of incidents that should be reported on the Serious Incident Report include but are not limited to the incidents specified on the report. Also anything that would result in media coverage or that will be brought to State Office attention should be included. This report should be submitted to your Regional Supervisor within 24 hours of being notified of the incident.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Incident – An occurrence or event that interrupts normal procedure or precipitates a crisis involving an employee or youth.

III. PROCEDURE

- A. Once a serious incident occurs, the MDHS - Division of Youth Services, Community Services employee is responsible for immediately contacting their Regional Director.
- B. The employee is responsible then for completing a Serious Incident Report (SIR) form.

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- C. The Serious Incident Report form must be completed and forwarded to your Regional Director or immediate supervisor within 24 hours of being notified of or involved in the incident.
- D. The Regional Director is responsible for forwarding the report immediately to the Community Services Director.

SERIOUS INCIDENT REPORT

- Type of Incident
- | | |
|--|--|
| <input type="checkbox"/> Accident with Injury | <input type="checkbox"/> Stolen Property |
| <input type="checkbox"/> Escape/Run-away | <input type="checkbox"/> Break-In |
| <input type="checkbox"/> Facility/Mechanical/Fire | <input type="checkbox"/> Vehicle Damage/Abuse |
| <input type="checkbox"/> Assault/Fight/Use of Mace | <input type="checkbox"/> Threat via Telephone/Mail |
| <input type="checkbox"/> Other – Specify: _____ | |

Reported By: _____ Date: _____

Position: _____ Division: _____

Location of Incident: _____

Date and Time of Incident: _____

Police Notified: Yes (attach police report)
 No

Ambulance Notified: Yes, because: _____
 No

Description of Incident:

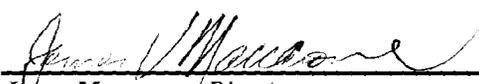
Completed By: _____ Date: _____

Acknowledged: _____ Date: _____
Division Director

Distribution Required with 24 Hours of Serious Incident to:

**Executive Director
Deputy Directors
Division Directors**

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: DIVISION OF YOUTH SERVICES CODE OF ETHICS	Policy Number: 6
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References: AP-27
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

Please see MDHS AP-27.

II. DEFINITIONS

None

III. PROCEDURE

None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: EMPLOYEE SAFETY	Policy Number: 7
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarohe, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services (MDHS - DYS) to provide a safe work environment as reasonably possible. All employees will assist in keeping work areas and facilities clean and free of hazards. The Administrator of the Division or a designee will serve as Safety Coordinator and will be responsible for implementing and maintaining safety rules and procedures established by the Mississippi Department of Human Services, Division of Youth Services.

Any unsafe conditions should be reported to proper authorities with a copy to the agency, supervisor, and Judge(s).

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Safety - The condition of being safe; freedom from danger, risk, or injury.

Facilities - The employees assigned work place or building.

Hazardous - Risk of harm.

III. PROCEDURE

- A. All MDHS, Community Services employees will make every effort to keep their working areas safe and clean.
- B. All MDHS, Community Services employees will clean whenever they mess up their assigned area.
- C. In the event a hazardous situation occurs, the Community Services employee will contact the appropriate authority and safety coordinator.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: CALL-BACK PAY AND/OR FLSA OVERTIME PAY	Policy Number: 8
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References: AP-10
Effective Date: June 1, 2012	Approved:  James MacCarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services (MDHS – DYS) to comply with MDHS Administrative Policy AP-10, Subject: Fair Labor Standards Act (FLSA) Policy dated August 1, 2010.

Agency Compensatory Time is hour per hour and has to be pre-approved by your Regional Supervisor. This applies to everyone except Secretaries.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Compensatory Time – When an employee has worked over worked over 40 hours a week, the employee may claim hour per hour as compensatory leave.

III. PROCEDURE

- A. The Youth Services employee should receive permission from the Regional Director before compensatory time may be earned.
- B. The employee should document compensatory time on a Request for Compensatory Form and turn in with their time card.
- C. The employee must wait 30 days after the compensatory leave has been recorded to take the leave.
- D. Compensatory leave must be approved by the Regional Director or immediate supervisor before leave may be taken.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: IN-SERVICE TRAINING	Policy Number: 9
Number of Pages: 2	Section:
Attachments: A. Request for Staff Development Course, Workshop or Seminar B. Training Report C. In -Service Training Log	Related Standards & References: AP-19
Effective Date: June 1, 2012	Approved:  James Maccaroné, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that all Youth Services Counselors are required to have thirty-six (36) hours of in-service training annually. All Community Services clerical staff is required to have twelve (12) hours of in-service training annually.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

In-Service Training- Training related to job description and duties.

III. PROCEDURE

Requests to attend job related conferences and workshops must be made in writing, approved by the appropriate DYS administrator and approved by the Director of the Division of Youth Services or Designee. These requests must be accompanied by justification for attendance, and a letter stating that they are requesting no cost, no travel and time only. Attendance at any of the above is prohibited without prior approval. Travel reimbursement will not exceed the least expensive mode of travel when approved.

Any in-service training that requires expenditures of contractual services funds must be approved in advance by the State Personnel Board. Requests must be made through the Central Office.

A separate Training Report form must be completed for each training activity, including:

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1. In-service training sessions sponsored and/or conducted by DYS staff (See attachment 6B).
2. Training sessions, workshops, conferences, etc., provided by other sources (see attachment 6A).

All Training Report forms must be filled out completely, attaching an agenda when available. Please ensure that signatures are legible. All Training Reports to attend staff development courses, training sessions, workshops, conferences, etc., must be submitted to the Regional Supervisor 14 days prior to the training event for in-state training and 30 days in advance of any out-of-state training events. A copy of this form must be forwarded to the Central Office immediately upon completion of any training. This form may be duplicated as needed.

A log of training activities attended, dates attended, and total hours credited will be maintained for each Community Services employee (see page 4). In addition, a log containing all Training Report forms will be maintained by the Community Services Administrative Assistant located at the Central Office.

NOTE -

- TO BE USED IN CONJUNCTION WITH MEMO RE: OUT-OF-STATE TRAVEL REQUESTS.
- TO BE USED IN CONJUNCTION WITH MEMO RE: REQUEST FOR OUT-OF-STATE TRAVEL FORM
- TO BE USED IN CONJUNCTION WITH MEMO RE: SUSPENSION OF CONTRACTUAL SERVICES REQUEST.
- TO BE USED IN CONJUNCTION WITH MEMO RE: MDHS TRAINING REPORT.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: USE OF TELEPHONES, OFFICE EQUIPMENT AND SUPPLIES	Policy Number: 10
Number of Pages: 1	Section:
Attachments: A. Long Distance Telephone Log	Related Standards & References: AP-7; AP-18
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that telephone usage is primarily for Community Services business, but telephones are available for personal local calls by staff when:

- the staff member is not directly involved with clients;
- the absence of the staff member from a work assignment would not be critical;
- the use of the telephone would not interfere with Community Services business.

No personal long distance phone calls may be made at any time.

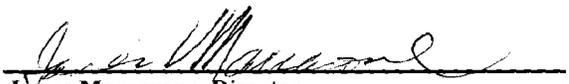
II. DEFINITIONS

None.

III. PROCEDURE

All Division of Youth Services employees are responsible for documentation of long distance phone calls. This log must be made available for inspection upon request. Further it is a policy of the Mississippi Department of Human Services, Division of Youth Services that office equipment and/or supplies are for Community Services business only.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: PURCHASING	Policy Number: 11
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. Policy

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that the provision of office space, telephones, and equipment, and the purchase of office supplies, is the responsibility of the Court district to which employees are assigned.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Court District – Chancery, County and Municipal Court within the DYS staff assigned counties.

III. PROCEDURE

The Youth Services Counselor Staff should follow the Chancery, County and Municipal Courts procedures to request the purchase of any necessary items to perform work duties.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Youth Court Accounts	Policy Number: 12
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that employees are **prohibited** from receiving and/or managing restitution, fines, or court cost accounts for the Youth Courts.

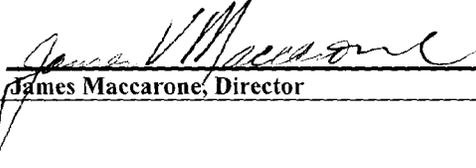
II. DEFINITIONS

None

III. PROCEDURES

None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Work Schedule and Work Hours	Policy Number: 13
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References: AP-6 and AP-10
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

The working hours of each Community Services employee will be set by the Community Services Director, in consultation with the appropriate Judge.

All employees are to work except for the allotted time for breaks and meals as referenced in MDHS Administrative Policy. (AP-6)

Any request for a change in an employee's established work schedule must be submitted to the appropriate Regional Director and approved by the Community Services Director.

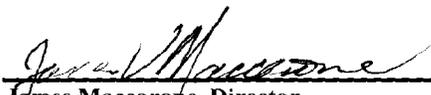
II. DEFINITIONS

None

III. PROCEDURE

None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Performance Appraisal Review System	Policy Number: 14
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References: AP-12
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services, to comply with the rules and regulations of the Mississippi State Personnel Board Performance Appraisal Review System. Deviations from that system require authorization by the Agency Head whose decision will be based on documentation justification.

II. DEFINITIONS

None

III. PROCEDURE

None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Staff Travel	Policy Number: 15
Number of Pages: 3	Section:
Attachments: Travel Voucher	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James MacCarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that all non-routine travel (i.e. to conferences, seminars, out-of-state) by staff will be approved in advance by the campus or facility administrator, division director, other organizational head, his or her designee, or in said person's absence, by the appropriate administrator or supervisor on duty. Routine travel is such travel that is deemed necessary in the regular course of business (i.e. travel from Youth Court, travel from Oakley Campus to the Central Office.)

When travel is to be made by two or more persons, from the same campus or site, to the same location, every effort shall be made to car pool to conserve resources. Administrators and/or supervisors should require car pooling, as appropriate.

Travel is to be claimed from the shortest distance between work and home. If the shortest distance would be from one's home, then that would be where travel should begin. If the shortest distance is from work, then travel would begin from work.

Use of state-owned vehicles is covered under Policy #7.2. For out-of-state travel, the method of transportation must be approved by the Division Director. For in-state travel, use of state-owned vehicles shall be the primary choice if state-owned vehicles are available for use, otherwise, use of personal vehicles for travel shall be acceptable.

Reimbursement for official travel expenses will be according to guidelines established by the agency, the State Auditor's Office, the Department of Finance and Administration, and/or any other Federal/State entity as may be applicable. A Voucher for Reimbursement of Expense Incident to Official Travel (see pages 3 & 4) will be submitted to the appropriate supervisor to initiate the reimbursement process.

Subject	Policy #	Page
Staff Travel	15	Page 2 of 3

Additionally, all out-of-state travel must be pre-authorized by submitting a Travel Authorization form (see Form 7.3-B) and a copy of such must accompany the reimbursement request. All out-of-state travel must be requested 30 days in prior to travel date.

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that any employee who drives a state-owned vehicle is required to have a current, valid driver's license issued by the State of Mississippi. A current photocopy of the employee's driver's license must be maintained in the administrative and/or personnel records of the campus or facility at which the employee is located and shall be replaced periodically as the license is renewed by the employee. Use or assignment of a state-owned vehicle without a current valid Mississippi driver's license is expressly prohibited.

Automobile insurance coverage is not provided by the state. The state is covered by self-insurance through the Tort Claims Board for acts and omissions of state agencies and their employees for claims up to \$50,000.00. Employees, when utilizing state-owned vehicles, are strongly encouraged to have personal automobile liability insurance coverage that additionally covers them when driving a state-owned vehicle, in the event that personal liability is determined by a court of competent jurisdiction. Coverage by the Tort Claims Board and/or the state's sovereign immunity only applies to acts and omissions that occur during the scope and course of employment. For example, if an employee is involved in an automobile accident while driving a state-owned vehicle, but it occurred while conducting personal business (i.e. side trip to the Wal-Mart while in route between Oakley and the State Office) it would not be covered by the Tort Claims Board of the state's sovereign immunity.

It is policy of the Mississippi Department of Human Services; Division of Youth Services that reimbursement for travel expenses will be according to guidelines established by the State Auditor's Office. To receive reimbursement for official travel expenses incurred, a Voucher for Reimbursement of Expenses Incident to Official Travel must be submitted for review to the immediate supervisor by the 3rd of the month following the month in which the expenses incurred. The immediate supervisor will submit all vouchers to the Community Services Director by the 5th of the month. The Community Services Director will give the final approval for reimbursement of all Community Services travel expenses. All travel reimbursement forms must be doubled sided.

Further, it is policy that all Community Services employees are responsible for carrying automobile liability insurance coverage on their personal vehicle(s), and all Division of Youth Services employees are liable for any juveniles/students transported in their personal vehicles.

II. DEFINITIONS

None

III. PROCEDURE

Subject	Policy #	Page
Staff Travel	15	Page 3 of 3

- A. All travel must be pre-approved by the immediate supervisor.
- B. A travel form must be completed and turned in to the immediate supervisor at the end of the month.

STANDARD FORM 13.20.10
 Prescribed by Dept. of Finance and Administration
 January 24, 2000

VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

SAAS AG#: 651
 SUBAGCY 571 ACTV _____
 Fund _____ Rptg _____
 Orgn _____ Loc _____ *Project # _____

State of Mississippi: Mississippi Department of Human Services
 (Department or Institution)
 Social Security #: _____ PIN/WIN #: _____ City, Division, Area: YOUTH SERVICES
 Name: _____ Title: _____
 Address: _____

For mileage of privately-owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from _____ to _____. The itemized statement follows.

CHECK <input type="checkbox"/> ONE:	
IN STATE	
OUT OF STATE	
OUT OF COUNTRY	

TRIP #	AMOUNT	STATE OFFICE USE ONLY
PER DIEM IN LIEU OF SALARY		
TAXABLE MEALS		
NON-TAXABLE MEALS		
LODGING		
Travel - AUTO-PRIVATE		
Travel - AUTO-RENTAL		
Travel - PUBLIC CARRIER		
OTHER:		
SUBTOTAL		
LESS TRAVEL ADVANCE		
NET REIMBURSEMENT (Refund)		

Subject to any difference by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received in the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

SIGNATURE OF PAYEE: _____ DATE: _____

Verified by: _____ Title: _____ Approved for Payment: _____ Title: _____

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250.00; civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann. - 1972)

*Third Party ONLY

TRAVEL INSTRUCTIONS

FRONT SHEET

- All travel must be completed in blue ink.
- All personal information must be correct. Staff can omit their address, but they must put the last four digits of their social security number.
- Staff is responsible to make sure all travel codes are correct on the top front left hand corner of the form.

The exact dates that the travel report covers must be recorded in the discharge of official duty blanks. For example if the travel report included the month of January, it will be January 1, 2010 to January 31, 2010.

A box on the left hand top corner has three options, In State, Out of State and Out of Country. Only one of these blocks will be marked. If traveled being claimed is in the State of Mississippi mark In State. If the travel is out of State (Outside of Mississippi) mark Out of State and if the travel is out of the country mark Out of the Country.

This section is completed after the back or last page is completed.

Trip Number is left Blank.

PER DIEM IN LIEU OF SALARY is not applicable.

TAXABLE MEALS are not approved by this division but is meals claimed and requested for reimbursement inside of a 50 mile radius.

NON-TAXABLE MEALS are the total amount of meals requested for reimbursement.

LODGING is the hotel/motel amount requested for reimbursement if paid my staff.

Travel - AUTO-PRIVATE is the amount of travel in personal vehicle requested for reimbursement.

Travel- AUTO-RENTAL is claimed only if a vehicle is rented and reimbursement is requested.

Travel-Public Carrier is the amount of reimbursement requested for public carrier such as bus or cab etc.

OTHER is anything that is approved by the Division Director that is not listed above.

SUBTOTAL is all the above categories added up and totaled.

LESS TRAVEL ADVANCE is any amount that the agency paid for in advance that is recorded on the travel report and is to be deducted from total reimbursement.

NET REIMBURSEMENT is the total refund amount for reimbursement requested.
Make sure the front sheet is signed and dated.

BACK PAGE OF TRAVEL

Make sure the name and date is on the top of all sheets.

The **date** is the actual date of travel.

Purpose is the reason for travel an example is a meeting or home visit.

Point of Travel is the point you start claiming travel to the designation back to where you started from or the ending point. Travel must be claimed from the shortest distance (between home and the job) if your travel begins from home.

Total Miles is the total amount of miles traveled.

What To Be Claimed When You Stay Overnight on State Business:

Actual Breakfast is the amount spent on breakfast.

Actual Lunch is the amount spent on lunch.

Actual Dinner is the amount spent on dinner.

Total Amount Allowed is the actual amount spent **NOT What the State Allowed**. If your actual amount is more than the State allowed amount, only the allowed amount can be claimed. For example, if your actual amount is \$35.00 and the State only allowed \$31.00 dollars then only \$31.00 can be claimed. Another example if the actual amount spent is \$29.00 then you can only claim \$29.00 not \$31.00.

Hotel/Motel is marked if the State paid the hotel or not. If the County paid for the hotel or you stayed with a friend or relative you will enter **Provided**; if the State has direct billed the hotel, you will enter **Direct Billed**. Only put the actual amount of the hotel/motel if you actual paid the hotel bill. Remember this section cannot be blank if you stay overnight.

Other Authorized Expenses include parking, tips, cab, shuttle etc. The actual item and the amount of the item must be listed.

Total is the line that all the totals are recorded vertically. Please do not put totals until the very end if more than one page is used.

Recap includes the Taxable meals and Non Taxable meals. Only claim the non taxable meals and record the total amount of meals in this column.

Please complete an Out of State travel form in addition to the regular travel form when requesting out of state travel.

**NOTE: NO ALCOHOL CAN BE CLAIMED ON TRAVEL.
INSURANCE FOR TRAVELING IS NOT PROVIDED BY THE MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES. EACH INDIVIDUAL MUST HAVE
PERSONAL INSURANCE COVERAGE.**

TRAVEL AUTHORIZATION

In-State ___ Out-of-State ___ Out-of-Country ___ Travel Advance ___ PTE Authorized ___

TO BE COMPLETED BY TRAVELER

Name: _____ Title: _____ SS#: _____

Agency Name: _____ Division Name: _____

Travel Date From: _____ To: _____ Destination(s): _____

Conference/ Meeting Name: _____

Purpose of Travel: _____

Travel Advance Amount: _____ Prior to Trip Expense Authorized: Yes or No

Total Estimated Cost: _____ Fund Source: General or Special *Complete Payment Info below, if known,*

Total Actual Cost: _____ Difference in Estimated and Actual Cost: _____

Signature: _____ Date: _____

TO BE COMPLETED BY AGENCY/INSTITUTION (As required by individual Agency/Institution)

Funds Certification: _____ Title _____ Date: _____

Division Approval: _____ Title _____ Date: _____

Agency Approval: _____ Title _____ Date: _____

TO BE COMPLETED BY DEPT. OF FINANCE & ADMINISTRATION For Travel Outside the Continental U.S.

Budget Analyst Fund Certification: _____ Date: _____

DFA Executive Director Approval: _____ Date: _____

TO BE COMPLETED BY DEPT. OF FINANCE & ADMINISTRATION For Excess Expenses Incurred on Travel Outside the Continental U. S.

Budget Analyst Fund Certification: _____ Date: _____

DFA Executive Director Approval: _____ Date: _____

PAYMENT INFORMATION

SAAS Agency #: _____ Activity: _____ Trip#: _____

SPAHR Agency #: _____ Org: _____ Cat: _____

Fund#: _____

Sub Org: _____

Proj: _____

Form 13.20.20
Revised 05/2005

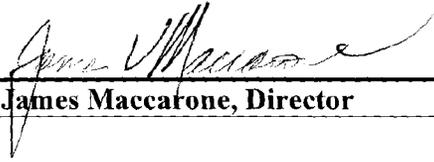
INSTRUCTIONS FOR TRAVEL AUTHORIZATION

1. A separate form must be completed for each traveler and travel type (e.g., in-state, out-of-state, out-of-country).
2. Complete all applicable items and obtain approval PRIOR to commencing travel.
3. All travel outside the continental limits of the United States must be approved by the Department of finance and Administration prior to departure. Travel to Alaska no longer requires such approval, but travel to Hawaii or Puerto Rico does.
4. If actual expenses exceed the estimated expenses on travel out the continental limits of the United States, the original form shall be resubmitted showing the excess charges and again approved by the Department of Finance and Administration.
5. Be as accurate as possible in estimating costs, including gratuities, taxis, or any other applicable travel expenses.
6. The travel advance should include travel related costs paid by the traveler, not expenses paid directly by the agency. If an advance is not settled within 10 working days after the end of the month in which travel is completed, the traveler's paycheck WILL be held until the debt to the State is resolved. Only two outstanding advances are allowed at any time. Additional advances require DFA approval. Travel advances are available only for travel outside the State.
7. The Prior to Trip Expense authorization is granted for any lodging or public transportation purchases to be paid by the traveler prior to traveling.
8. A copy of the approved form along with supporting documentation must be submitted with the travel voucher from 13.20.10 in order to receive reimbursement.
9. For detailed line instructions, see MAAPP manual section 13.20.20.

WORKSHEET

	<u>Estimated Cost</u>	<u>Actual Cost</u>
Airfare	\$ _____	\$ _____
Meals (_____ Days @ \$_/Day)	\$ _____	\$ _____
Lodging (_____ Days @ \$_____/Day)	\$ _____	\$ _____
Registration Fee	\$ _____	\$ _____
Rental Car (____ Days @ \$_____/Day)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ =====	\$ =====

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

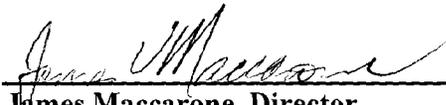
Subject: State-Owned Vehicles	Policy Number: 16
Number of Pages: 1	Section:
Attachments:	Related Standards & References: AP-9
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

- I. POLICY**
See AP-9

- II. DEFINITIONS**
None

- III. PROCEDURE**
None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Employee Leave	Policy Number: 17
Number of Pages: 1	Section:
Attachments: NONE	Related Standards & References: AP-5
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that all employee leave will adhere to MDHS – Administrative Policy AP-5.

I. DEFINITIONS

None

II. PROCEDURE

None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Activity Record/Time Record Card/ Daily Sign In/Out Register (MDHS-PER-224)	Policy Number: 18
Number of Pages: 1	Section:
Attachments: A. Activity Record B. Time Record Card C. Daily Sign-In/Out Register (MDHS-PER-224) D. Parole Tracking Form E. Regional Diversion Report	Related Standards & References: AP-6
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that each Community Services Division (CSD) Youth Services Counselor will maintain a record outlining daily activities and working hours. Each CSD Youth Services Counselor will submit a monthly Activity Record (see page 2) to the appropriate Regional Director by the 3rd of the month following the month the activities occurred.

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that each CSD employee document and complete a time card which accurately reflects all hours worked and all leave taken. Time cards should be submitted to the Regional Director by the required deadline.

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that each Regional Director is to submit a Monthly Report to the Community Services Director by the 5th of the month following the reporting period or by the next business day if the 5th falls on a weekend or holiday. The following reports include: Monthly Caseload reports, Travel, Regional Monthly Calendar, Parole Tracking Forms and Regional Diversion Report.

II. DEFINITIONS

None

III. PROCEDURE

None

TIME RECORD CARD

Pay Period Ending _____

Name _____ Soc. Sec.# _____ PIN _____ AGENCY 0571 LOCATION _____ DYS - State Office

Leave Codes	1 16	2 17	3 18	4 19	5 20	6 21	7 22	8 23	9 24	10 25	11 26	12 27	13 28	14 29	15 30	31	Grand Total
REGSH																	
PERLV																	
MLMED																	
EXTWK																	
HOLID																	

<u>Grant O/R Codes</u>																	
Daily Hours																	

Employee's Signature _____ Supervisor's Signature _____ Date _____

- | | | | |
|-------------------------------|-----------------------------------|--------------------------|------------------------------------|
| Hours Worked | Leave Taken | FMLA | Blood/Donor |
| <u>Codes</u> | <u>Codes</u> | <u>Codes</u> | <u>Codes</u> |
| <u>Explanation</u> | <u>Explanation</u> | <u>Explanation</u> | <u>Explanation</u> |
| REGSH Regular Hours Worked | PERLV Personal Leave | PLFAM Personal Leave | DLORG Organ Donor Leave |
| EXTWK Additional Hours Worked | MLMED Major Medical or Sick Leave | MLFAM Medical Leave | DLBMW Bone Marrow Donor Leave |
| HOLFL Hours Worked on Holiday | ULWOP Leave Without Pay | UFMLA Leave Without Pay | DLBLD Blood Donor Leave |
| | JURY Jury Leave | DNFAM Donated/FMLA Leave | DLBPT Blood Platelets Donor Leave |
| | CPTFL FLSA Comp Leave | | DLORF FMLA Organ Donor Leave |
| | CPTIM Non FLSA Comp Leave | | DLBMF FMLA Bone Marrow Donor Leave |
| | ADMIN Administrative Leave | | |
| | MILIT Military Leave | | |
| | HOLID Holiday | | |
| | HOLFT Floating Holiday | | |
| | DONLV Donated Leave | | |

REGIONAL DIVERSION REPORT

Region: _____

Month: _____

County	Region	Total Diversion	Total New Cases
TOTALS		(A)	(B)

REGIONAL DIVERSION PERCENTAGE			
Total # of Regional Diversions	<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> <p>Total (A)</p>	Total New Cases of Regional Caseload	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> <p>Total (B)</p> </div> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> <p>% of Diversion</p> </div> </div>

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Monthly Caseload Report	Policy Number: 19
Number of Pages: 3	Section:
Attachments: A. Monthly Caseload Report	Related Standards & References:
Effective Date: August 29, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that each Community Services Youth Services Counselor submits a monthly caseload report (see attachment) to the appropriate Regional Director by the 3rd day of the month following the monthly reporting period.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Informal Adjustment Agreement – A youth who has not being adjudicated and is being supervised by a Youth Services Counselor. An Informal Adjustment agreement is voluntary and shall not continue for beyond six (6) months.

CHINS – “Child in need of supervision” means a child who has reached his seventh birthday and is in need of treatment or rehabilitation because the child is habitually disobedient of his parent, guardian, or custodian and is ungovernable and runs away from home.

Delinquent - A child who has reached his tenth birthday and who has committed a delinquent act. A delinquent act is anything if committed as adult will be a crime.

Institutional Commitments - The date the child is transported and admitted to Oakley Youth Development Center.

Reference the Youth Court Desk Book for further definitions.

Subject	Policy #	Page
MONTHLY CASELOAD REPORT	19	2 of 3

III. PROCEDURE

The general instructions of the monthly caseload report are as follows:

Supervision Report:

-Informal Probation/Adjustment: This category includes delinquency or CHINS cases being supervised under an Informal Adjustment Agreement or any “informal” supervision status. Also include “counseled, warned and released” cases or cases which are resolved at the time of referral or at Intake.

-Formal Probation: This category includes “formal”, court ordered delinquency or CHINS supervision cases.

-Parole: This category includes all cases supervised after release from a state juvenile institution.

A. Referral and Institutional Commitment Report:

-Non-Residential Referrals: This category includes delinquency or CHINS cases not actively supervised by the counselor due to referral of the case for counseling, assistance or other non-residential services at another agency or program, such as referral to the local mental health center, the Adolescent Offender Program, Drug Court or to a local volunteer program. This category also includes “inactive” cases, probation and parole, which are not being supervised by the counselor but are still on the caseload because of an outstanding fine or restitution.

-Residential Referrals: This category includes delinquency or CHINS cases not actively supervised due to their placement in a group home or other residential facility.

-DYS Institutional Commitments: This category includes cases committed and received at a juvenile institution operated by MDHS-Division of Youth Services.

-Columns-

The Brought Forward amounts are the Total Column for the report submitted the previous month.

New Cases are cases not already referred and recorded in another category. A case would be recorded in this category only when first coming into the system or, after having been released and removed from the card, has returned due to a subsequent offense. For example: New Cases are first offenders, new referrals from other counties or states, or referrals which have been out of the system for a period time.

A Category Change is a case that is already in the system and recorded on the card in which a change in status has occurred. For example: (1) A child on formal probation last month is committed to the “Training School” as a “Category Change” **not** as a “New Case”.

Subject	Policy #	Page
MONTHLY CASELOAD REPORT	19	3 of 3

Brought Forward + New Cases + Category Change - Closed = TOTAL

NOTE: CASES CANNOT BE CARRIED IN MORE THAN ONE CATEGORY.

Diversions from the Training School: This category includes the number of cases diverted from Oakley Training School. These diversions include but not limited to: Informal and Formal Probation, AOP, Community Services Work, Youth Challenge, Families First, Community Program, Non-residential and Residential.

Prior Delinquent Referral: This category includes the number of new cases by a youth who has had a prior delinquent referral.

Race and Gender: This category includes the total number of males and females according to race. The races includes African American, Caucasian, Hispanic, Indian, Asian, and Other. The total number of race and gender should equal the total number of cases.

CASELOAD REPORTING FORM

COUNTY: _____ MONTH/YEAR: _____ COUNSELOR: _____

SUPERVISION REPORT	BROUGHT FORWARD	NEW CASES	CATEGORY CHANGE	CLOSED	TOTAL	DIVERSIONS FROM YOUTH DEVELOPMENT CENTER						
INFORMAL PROBATION/ADJUSTMENT						PROGRAMS					TOTAL	
FORMAL PROBATION						A.O.P.						
PAROLE						Probation						
REFERRAL AND INSTITUTIONAL REPORT						Comm. Service Work						
						Youth Challenge						
						Families First						
						Community Program						
						Non-Residential						
NON-RESIDENTIAL						Residential						
RESIDENTIAL						Other						
						Explain:						
INSTITUTIONAL COMMITMENTS						(These numbers should be taken from your new cases column.)						
TOTALS		(B)				Total Diversions:					(A)	
PRIOR DELINQUENT REFERRALS												
RACE/GENDER	AFRICAN AMERICAN		CAUCASIAN		HISPANIC		AMERICAN INDIAN		ASIAN		OTHERS	
	M	F	M	F	M	F	M	F	M	F	M	F
RACE/GENDER TOTAL												
(CASELOAD AND RACE/GENDER TOTALS ARE TO MATCH)												

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: DYS STATISTICAL DATA	Policy Number: 20
Number of Pages: 1	Section:
Attachments: A. Statistical Data Form	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that each CSD Youth Services Counselor is responsible for the completion of a statistical data form of all cases disposed of on the caseload. The completed statistical report will be due on the 15th of January, each year.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Statistical Data Form- is the form that all the youth's demographic information is recorded.

III. PROCEDURE

This statistical data form will be completed by the Youth Services Counselor on all cases disposed of on their caseload and submitted to the Regional Director by the 10th of the month. The annual statistical report will include the cases handled from December of the prior year through November of the current year. The statistical card for cases disposed of in November will be submitted by the 10th of December. All corrections for calendar year will be completed and submitted to the Central Office no later than the 15th of January, each year.

STATISTICAL DATA

Child's Name: _____

DOB: _____ Age at Offense:

SSN: _____ Age at Dispo.:

Intake/Child # _____ Male:

County of Referral: County of Residence: Female:

Race: Black White Hispanic Am. Indian Asian

Charges were referred by:

Law Enforcement

School

Social Agency

Youth Services Counselor

Family

Other Court

Other

Living Arrangements of Child:

With both natural parents

With mother

With mother and step-father

With father

With father and step-mother

In home of relatives

In foster home

In institution

Independent living arrangements

Other _____

Date Referred: _____

Reason Referred: Mark 1,2,3... In order of severity

Aggravated Assault (list) _____

Alcohol charges

Arson

Bomb Threats

Burglary

Contempt of Court (what) _____

Disorderly conduct/ Disturbing the Peace

Drug charges (list drug(s)) _____

Grand Larceny

Harassment

Malicious Mischief/ Vandalism

Petit Larceny

Robbery (list weapon) _____

Runaway/ CHINS/ Incurrible

Sexual Offenses

Shoplifting

Simple Assault/ Domestic Viol./ Resisting Arrest

Traffic Violations

Weapons Charges (list) _____

Other: _____

Marital Status of Natural Parents:

Married and living together

Separated

Both dead

Father dead

Mother dead

Parents not married to each other

Unknown

Other _____

Family Income:

Receiving assistance

Not receiving assistance

unknown

Was this a violation of: Probation Parole

Manner of Handling: Formal Informal

Adjudicated: Delinquent Status Off.

Date of Adjudication: _____

Detention pending Disposition (Yes or No)

Location of Residence:

Rural

Urban- predominantly residential

Urban- business/industrial

Suburban

Out of state

Date of Disposition: _____

Disposition: Mark 1,2,3... In order of importance

Warned, Counseled and Released

Supervised Probation _____ (mos.)

Unsupervised Probation _____ (mos.)

Dismissed

Training School

Detention _____ (days)

Fined _____ (amount)

Held Open/ Retired to Files

A. O. P.

Certified/ Transferred/ Waived

Wilderness Program _____

Runaway Returned

Suspended Commitment

Restitution _____ (amount)

Community Service Work _____ (hours)

Suspended License

Referred to Public Agency _____

Referred to Private Agency _____

Placement with Individual _____

Community Programs _____

Other _____

Current School Enrollment:

In school

Not in school

Home school

Current School Placement:

Current grade level list current grade

Behavioral problems yes or no

Learning problems yes or no

Special Ed. Program yes or no

GED Program yes or no

Employment Status:

Not working

Part-time work

Full-time work

Medical / Psychological Status:

No health problems

Current health problems

No psychological problems

Current psychological problems

(Explain medical/ psych) _____

Prior History With Court:

Number of prior delinquencies

Number of prior status offenses

Number of prior commitments

Counselors Name: _____

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: WEAPONS AND CONTRABAND	Policy Number: 21
Number of Pages: 1	Section: Weapons
Attachments: A. Possession of Weapon Acknowledgement Form B. Search of Employee Conveyance Acknowledgement Form	Related Standards & References: DYS Institutional Policy Section VIII
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services that there shall be no weapons of any description on the campus of Oakley, except as distributed by the Administration or DYS Community Services County Offices and / or the assigned Youth Services Offices. This includes firearms, knives, stunning or paralyzing gases, homemade devices, etc. that may be used to cause harm to persons or property. Any person violating this policy will be dismissed from the campus and may be terminated from employment. It is the obligation of any employee having knowledge of such a violation to report this violation to the Administrator on duty.

II. DEFINITION

Weapon – A weapon is an object that is used to increase the destructive range or power of a human. This includes firearms, knives, stunning or paralyzing gases homemade devices, etc. that may be used to cause harm to persons or property.

Conveyances – is a means of conveying, especially a vehicle for transportation.

III. PROCEDURE

- A. The employee of DYS Community Services will be notified of the intention to search them or their vehicle. If the employee refuses a search, a warrant may be issued by law enforcement.
- B. A search of the employee or vehicle will be conducted if reasonable suspicion is justified.
- C. If a weapon is found on a DYS Community Services employee, disciplinary action will be taken.

ACKNOWLEDGEMENT FORMS

I acknowledge that I have read the Mississippi Department of Human Services, Division of Youth Services, Possession of Weapon Policy. I acknowledge that failure to abide by this policy could result in disciplinary action up to and including termination.

SIGNATURE

EMPLOYEE NAME
(Please print or type)

DATE

SOCIAL SECURITY NUMBER

**SEARCH OF EMPLOYEE CONVEYANCE
ACKNOWLEDGEMENT FORMS**

I acknowledge that I have read the Mississippi Department of Human Services, Division of Youth Services, Search of Employee Conveyance policy. I acknowledge that failure to abide by this policy could result in disciplinary action up to and including termination.

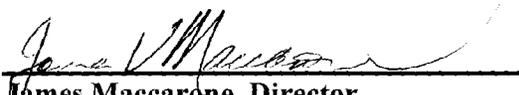
SIGNATURE

EMPLOYEE NAME
(Please print or type)

DATE

SOCIAL SECURITY NUMBER

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: Employee Alcohol/Drugs/Controlled Substance	Policy Number: 22
Number of Pages: 1	Section:
Attachments: A. MDHS Drug-Free Workplace Policy Acknowledgement Form AP-13 B. MDHS Drug Testing Policy Acknowledgement Form AP-50	Related Standards & References: AP-13 & 50
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services, that all employees will abide by the MDHS Drug-Free Workplace Policy (DYS AP-13), and will sign an Acknowledgement form to that effect (see page 2).

II. DEFINITIONS

None

III. PROCEDURE

None

DRUG-FREE WORKPLACE
ACKNOWLEDGMENT

I, _____, acknowledge that I have read the Mississippi Department of Human Services Drug-Free Workplace Policy and agree to abide by all requirements of the policy. I acknowledge that failure to abide by this policy could result in disciplinary action up to and including termination.

Date

Signature

Name Typed or Printed

Social Security Number

DRUG TESTING
ACKNOWLEDGEMENT

I, _____, acknowledge that I have read the Mississippi Department of Human Services Drug Testing Policy (AP-50) and agree to abide by all requirements of the policy. I acknowledge that failure to abide by this policy could result in disciplinary action up to and including termination.

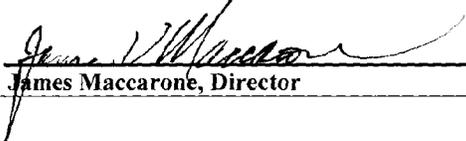
Date

Signature

Name Typed or Printed

Social Security Number

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: EMPLOYEE GRIEVANCES	Policy Number: 23
Number of Pages: 1	Section:
Attachments: None	Related Standards & References: Mississippi State Employee Handbook
Effective Date: June 1, 2012	Approved:  James Maccaroné, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services to comply with the Mississippi State Service Grievance Procedure set forth by the Mississippi State Employee Handbook. This grievance procedure is intended to serve as a guide for administrative resolution of DYS employee complaints. The personnel officer may assist in the filing and resolution of a grievance.

II. DEFINITIONS

None

III. PROCEDURE

None

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: ABUSE AND NEGLECT REFERRAL PROCESS	Policy Number: 24
Number of Pages: 2	Section:
Attachments: A. Abuse and Neglect Intake Referral Form B. Social Services Contact Sheet	Related Standards & References: The Mississippi Code of 1972, Annotated
Effective Date: June 1, 2012	Approved:  <hr/> James Maccaroné, Director

I. POLICY

Division of Youth Services staff is obligated to report any allegations or suspicion of abuse or neglect.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Abused child – means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon said child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. Provided, however, that physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section.

Neglected child – means a child:

(i) Whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; provided, however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious

Subject	Policy #	Page
ABUSE AND NEGLECT REFERRAL PROCESS	24	2 of 2

denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter; or

(ii) Who is otherwise without proper care, custody, supervision or support; or

(iii) Who, for any reason, lacks the special care made necessary for him by reason of his mental condition, whether said mental condition be mentally retarded or mentally ill; or

(iv) Who, for any reason, lacks the care necessary for his health, morals or well-being.

III. PROCEDURE

- A. Any Division of Youth Services staff is responsible to report abuse and neglect cases.
- B. The Division of Youth Services staff must call the 1-800-222-8000 centralized intake unit to report a case.
- C. Once the Division of Youth Services staff member has reported the case, it is the DYS staff member's responsibility to fax a copy of a social services contact form to the centralized intake unit.
- D. The social services contact sheet must be completed with as much information as possible. Keep in mind Family and Children Services need enough information to initiate an investigation.

Mississippi Centralized Intake Effective November 1, 2009

REPORT ABUSE, NEGLECT or EXPLOITATION 1-800-222-8000

- Provides a central point of contact for all allegations of abuse, neglect, and exploitation for the State of Mississippi that is available 24 hours a day, 7 days per week, and 365 days per year.
- In the case of a walk-in to a DHS county office, office staff will explain to the reporter the new function of centralized intake and guide them through the new process of making a report.
- Reports are sent to the county of responsibility within one hour of receipt.
- Mississippi Centralized Intake will inform the reporter of the agency's responsibilities, including protection of the reporter's identity, confidentiality of records, the investigation process, and any ongoing role of the reporter.
- Quality assurance and evaluation performed via call monitoring and recording of all calls.
- Assists Social Workers in the identification of relatives, family strengths, available resources and family connections at intake.

You may submit a written report by logging onto www.msabusehotline.mdhs.ms.gov

For all other services requests, please contact your local DHS office.

SOCIAL SERVICES CONTACT SHEET

Date: _____

Child Name: _____

Address: _____

Parent's Name: _____

Current Placement: _____

ADVISED OF POSSIBLE NEED FOR PLACEMENT WITH DHS:

Date: _____ Personal Contact: _____ Phone: _____ Letter: _____

Counselor Recommendation: _____

Social Worker Contacted: _____

Social Worker: _____ Concur _____ Does Not Concur

Comments: _____

Youth Services Counselor: _____

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: COMMITMENT TO DYS CAMPUS	Policy Number: 25
Number of Pages: 2	Section:
Attachments: A. Youth Admission Form B. Juvenile Personal Data Sheet C. Statistical Data Sheet D. Offense List/Sheet E. Visitation Form(s) F. Child Health Inventory G. Risk Level Determination Sheet H. MDHS Change of Custody Form	Related Standards & References: DYS Institutional Policy SECTION: XIII INSTITUTIONAL PROGRAMS AND SERVICES SECTION XIII.1 ADMISSIONS, INTAKE, ORIENTATION
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that when a student is committed to a DYS Institution, the Community Services Youth Services Counselor is responsible for gathering/providing documents and information.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. Commitment – placement of a delinquent youth by Court Order into the custody of the Mississippi Department of Human Services – Oakley Youth Development Center.
- B. Risk – the probability that the youth will re-offend
- C. Misdemeanor – a minor offense
- D. Felony – a serious offense.
- E. Aggravating Factor – factor that adds greater value to other factors
- F. Mitigating Factor – factor that offsets other factors
- G. Impairment – disabling condition
- H. Unauthorized – does not have prior approval
- I. Irregular attendance – consistently absent more than 2 days per week
- J. Truancy – repeatedly, unexcused lack of attendance in school

SUBJECT	POLICY	PAGE
COMMITMENT TO DYS CAMPUS	25	2 of 2

III. PROCEDURE

These documents and information must accompany the student when transported to the appropriate campus.

- A. Court Order
- B. Petition
- C. Summons/Notice of Process
- D. Offense List or Delinquent and Status History
- E. Information as to Representation by Attorney
- F. Juvenile Information Sheet
- G. Statistical Data Sheet
- H. Social History/Summary
- I. Visitation Form(s)
- J. Cumulative Record from School(s)
- K. Child Health Inventory
- L. Social Security Number
- M. Copy of Medicaid Card
- N. Immunization Record
- O. Risk Level Determination Sheet
- P. MAYSI-2 (*if applicable*)
- Q. Psychological evaluation (*current, if applicable*)
- R. Physician's clearance for Oakley Youth Development Center (*if applicable*)
- S. Detention Record Form

In addition, the Community Services, Youth Services Counselor will review the visitation rules with the family members at the time of commitment, secure appropriate signatures, and distribute as indicated.

MDHS/DYS
Oakley Youth Development Center
Youth Admission Form – XIII.1.A

Name _____ County _____

Judge _____ Counselor _____

Date (Admitted) _____ Student I.D. # _____

Identity Verified: Yes _____ No _____ Commitment # _____ Arrival Time _____

Documents Presented at Admission		YES	NO
Detention Documents	Medical/Psychological Records, Progress Notes, Disciplinary Reports, MAYSI-2 and School Reports (Required)		
Legal Records	Court Orders (Required)		
	Petitions		
	Summons/Notice of Process		
	Office List or Delinquent and Status History		
	Length of Stay Score Sheet		
	Violation of Probation/Parole – Attach Copy of Original Petition/Adjudication to Show Offense		
Social Records	Juvenile Information Sheet		
	Statistical Data Sheet		
	Full Social History (No Checklist)		
	Visitation Forms		
	School Records IEP Required for Special Ed. Youth, Cumulative Record (Current Insert Sheet), Disciplinary Records and Attendance Record Required		
	Health History (Signed by Parent/Custodian) and list of Medications Currently Taken by Youth (Required)		
	Medical (include Immunization Records)/Mental Health Records (Required)		
Medical/Mental Health Screening Administered			
Accepted for Admissions			
Time of Admission or Denial			

_____ Custody of the above youth is hereby accepted by MDHS/DYS Oakley Youth Development Center for Admission.

_____ Custody is hereby retained by the transporting officer as admission is denied due to the following:

_____ Missing Detention Records _____ Medical/Mental Records _____ Medical/Mental Reasons Recorded by Medical Staff _____ Committed as Status Offender

Deputy/Escort Signature: _____ Date: _____

Intake Staff Signature: _____ Date: _____

**MDHS – DIVISION OF YOUTH SERVICES
JUVENILE PERSONAL DATA SHEET**

I. PERSONAL INFORMATION

COUNTY: _____ CO. # _____ DATE FORM COMPLETED: _____
 NAME: _____ SSN: _____
 ADDRESS: _____
 HOUSE# STREET CITY STATE ZIP
 PHONE: _____ DOB: _____ RACE: _____ SEX: _____
 HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

II. SCHOOL/EMPLOYMENT INFORMATION

IS CHILD EMPLOYED? YES or NO IF SO, WHERE: _____
 IS CHILD IN SCHOOL? YES or NO IF SO, WHERE: _____
 CURRENT GRADE: _____ ATTENDANCE: (REGULAR) (IRREGULAR) (SPEC. ED.) (GED)
 IS CHILD BELOW EXPECTED GRADE LEVEL? YES or NO GRADE FAILED: _____

III. FAMILY INFORMATION

CHILD LIVING WITH: _____ RELATIONSHIP: _____
NATURAL MOTHER: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION / EMPLOYER: _____ PHONE: _____
NATURAL FATHER: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION / EMPLOYER: _____ PHONE: _____
LEGAL GUARDIAN: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION / EMPLOYER: _____ PHONE: _____

SIBLINGS:

NAME	SEX/AGE	ADDRESS	GRADE/EMPLOYMENT

IV. MEDICAL/PSYCHOLOGICAL INFORMATION

IMMEDIATE MEDICAL NEEDS: _____
 IMMEDIATE PSYCH. NEEDS: _____
 CURRENT MEDICATIONS: _____
 MEDICAL INSURANCE CO. & NUMBER: _____
 KNOWN TO OTHER AGENCIES : _____

STATISTICAL DATA

Child's Name: _____

DOB: _____ Age at Offense:

SSN: _____ Age at Dispo.:

Intake/Child # _____

County of Referral: County of Residence:

Male: Female:

Race: Black White Hispanic Am. Indian Asian Other

Living Arrangements of Child:

With both natural parents In home of relatives

With mother In group home

With mother and step-father In foster home

With father In institution

With father and step-mother Independent living arrangements

Other: _____

Marital Status of Natural Parents:

Married and living together Mother Dead

Separated Parents not married

Both Dead to each other

Father Dead Unknown

Other: _____

Family Income:

Receiving assistance Not receiving assistance

Other: _____

Location of Residence:

Urban-predominantly residential Suburban

Rural

Urban-business/industrial Out of state

Current School Enrollment:

In school Home school

Not in school

Current School Placement:

Current grade level List current grade _____

Behavior problems Yes or no _____

Learning problems Yes or no _____

Special Ed. Program Yes or no _____

GED Program Yes or no _____

Employment Status:

Part-time work Not working

Full-time work

Medical / Psychological Status:

No health problems Explain med/psych: _____

Current health problems _____

No psych problems _____

Current psych problems _____

Prior History With Court:

Number of prior delinquent

Number of prior status

Number of prior commitments

Charges were referred by:

Law enforcement Family

School Other Court

Social Agency Other

Youth Services Counselor

Date Referred: _____

Reason Referred: (Mark 1,2,3... In order of severity)

<input type="checkbox"/> Alcohol Charges	<input type="checkbox"/> Malicious mischief/Vandalism
<input type="checkbox"/> Arson	<input type="checkbox"/> Petit Larceny
<input type="checkbox"/> Bomb Threats	<input type="checkbox"/> Runaway/CHINS/Incorrigible
<input type="checkbox"/> Burglary	<input type="checkbox"/> Sexual Offenses
<input type="checkbox"/> Disorderly conduct/Disb the Peace	<input type="checkbox"/> Simple Assault/Domestic Violence/Resisting Arrest
<input type="checkbox"/> Grand Larceny	<input type="checkbox"/> Shoplifting
<input type="checkbox"/> Harassment	<input type="checkbox"/> Traffic Violations
<input type="checkbox"/> Aggravated Assault (weapon)	_____
<input type="checkbox"/> Contempt of Court (what)	_____
<input type="checkbox"/> Drug Charges (list)	_____
<input type="checkbox"/> Robbery (weapon)	_____
<input type="checkbox"/> Weapons Charges (list)	_____
<input type="checkbox"/> Other	_____

Was this a violation of:	Probation	Parole
Manner of Handling:	Formal	Informal
Adjudicated:	Delinquent	Status
Date of Adjudication _____		
Detention Pending Disposition	Yes	No

Date of Disposition: _____

Disposition: (Mark 1,2,3... In order of importance)

<input type="checkbox"/> Warned, Counseled and Released	
<input type="checkbox"/> Supervised Probation	_____ (m)
<input type="checkbox"/> Unsupervised Probation	_____ (m)
<input type="checkbox"/> Dismissed	
<input type="checkbox"/> Training School (OYDC)	
<input type="checkbox"/> Detention (days)	_____
<input type="checkbox"/> Fined (amount)	_____
<input type="checkbox"/> Held Open/Retired to Files	
<input type="checkbox"/> A.O.P.	
<input type="checkbox"/> Certified/Transferred/Waived	
<input type="checkbox"/> Wilderness Program	_____
<input type="checkbox"/> Runaway Returned	
<input type="checkbox"/> Suspended Commitment	
<input type="checkbox"/> Restitution (amount)	_____
<input type="checkbox"/> Community Service Work	_____
<input type="checkbox"/> Suspended License	
<input type="checkbox"/> Referred to Public Agency	_____
<input type="checkbox"/> Referred to Private Agency	_____
<input type="checkbox"/> Placement with Individual	_____
<input type="checkbox"/> Community Programs	_____
<input type="checkbox"/> Other:	_____

Counselor's Name: _____

**MDHS/DYS Oakley Youth Development Center
Youth Visitation Form – XV.3.B**

Youth's Name _____

Date _____

Housing Unit _____

Time in/out _____

VISTOR'S NAME	RELATIONSHIP	TYPE OF I.D.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have received a copy of the MDHS-DYS Oakley Youth Development Center Visitation Rules and Regulations. I have read and understood the visitation rules and regulations.

I understand that I may not possess any weapon or any object that can be made into a weapon, knife, cell phone, alcoholic beverage, drug, sexually explicit or obscene material, or any other forbidden items while on DYS property. I agree that I will not give any of the above items to any youth at a DYS facility, nor any other contraband, including but not limited to, cigarettes or other tobacco products, matches, lighters or money. I understand that if I violate any of the above prohibitions or any other rules of the facility that I may be denied future visits to the facility and may be referred for prosecution, which could result in my imprisonment.

As a condition of my admittance to the facility, I consent to a search of my person, and any minor child accompanying me, by means of a frisk or pat down or by use of a mechanical device. I understand that if I refuse to submit to any search that I will be refused admission to the facility. I understand that handbags, briefcases, and packages are prohibited.

Visitor's Signature

Visitor's Signature

Visitor's Signature

Visitor's Signature

DYS Staff Witness

**MDHS/DYS Oakley Youth Development Center
Youth Visitation Rules and Regulations – XV.3.C**

The following are the rules, regulations, and expectations for visitation at Oakley Training School. Refusal to comply may result in refusal/limitation of visitation or request to leave premises. DYS reserves the right to terminate a visit at any time as determined by the Facility Administrator or designee.

1. Visitation at Oakley Campus is by schedule only. Visits outside of the provided schedule must be approved by the facility Administrator.
2. Each youth is allowed four (4) visitors per session. Visitors must be approved prior to visitation by the youth's Community Counselor.
3. All authorized visitors must present proper picture identification; with the exception of siblings and children under age 16. The driver of the vehicle must have a valid Driver's License to enter the Campus.
4. All unauthorized persons will not be allowed to remain on premises and will be required to remain off of DYS property as well as out of sight and sound of the youth.
5. Visitors may not bring into the visitation area: cameras, food, recording devices, clothing, packages, medication or money intended for youth.
6. Persons suspected to be under the influence of alcohol or drugs shall be denied visits and shall be reported to local authorities.
7. DYS reserves the right to inspect all vehicles entering DYS property. Law Enforcement shall be notified if illegal materials or weapons are suspected or found.
8. Visitors displaying rude, aggressive, profane or other unacceptable behavior may not be allowed to visit.
9. This is a smoke-free campus: Smoking is not permitted. Any visitor found giving the youth tobacco products or flame producing devices of any type shall have their visitation time temporarily or permanently discontinued.
10. Visitors wearing gang related or other inappropriate clothing and/or using gang related gestures shall not be permitted to visit. The visitor dress code must be followed at all times.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

CHILD HEALTH INVENTORY

Name _____ Birth Date _____ Sex _____

Parent/Guardian _____ Telephone# () _____

Home/Address _____ City _____ State _____ Zip _____

In case of emergency notify [if parent/guardian not available]:

Name _____ Telephone# () _____

Address _____ City _____ State _____ Zip _____

HISTORY OF:

1. Childhood diseases _____

2. Operations or Serious Injuries (*Dates*) _____

3. Chronic or Recurring Illness _____

4. Diseases or Disorders (*Convulsive disorder, asthma, diabetes, sickle cell disease, AIDS, hepatitis, cancer, recent post surgical patient, etc.*) Yes ___ No ___

List _____

5. Allergies: Food (*Name*) _____ Drug (*Name*) _____

6. Physical Disabilities: (*Blindness, inability to walk, hearing, missing limbs, etc.*) Limits activities: Yes ___ No ___

List _____

7. Compulsive Habits: (*Bed-wetting, finger sucking, etc.*) Yes ___ No ___

8. Substance Abuse: Yes No ___; If yes, which drug(s) _____

9. Emotional/Mental/Behavioral: Yes ___ No ___

List _____

Hospitalizations: (*Place/Date*) _____

10. IS THE CHILD UNDER A DOCTOR'S CARE FOR ANY REASON?

Yes ___ No ___ Doctor's Name _____ Telephone # _____

Address: _____ City _____ State _____ Zip _____

Reason under doctor's care _____
Does the child wear contact lens? Yes _____ No _____
Does the child wear braces? Yes _____ No _____
Does the child wear a prosthetic device? Yes _____ No _____ If yes, what device:

11. **If female: Pregnant** Yes _____ No _____ ; if yes, list any known complication:

12. **IMMUNIZATIONS:** See attached form for verification.

IMPORTANT: Please notify the Department of Human Services if child was exposed to any communicable disease during the three week period immediately prior to entering the Oakley Youth Development Center.

13. **IS THE CHILD TAKING MEDICATION FOR ANY MEDICAL CONDITION?**

Who is the child's doctor? _____

What medication is prescribed: _____

In what dosage? _____

When did the child last take the medication described above? _____

In what dosage? _____

Do you have any medication on hand? Yes _____ No _____

14. **Any Medical Restrictions on activities?** _____

15. **Medicaid #** _____ **CHIP #** _____

Insurance Company _____

Policy # _____ **Telephone #** _____

16. **Note other medical information:** _____

PARENT'S AUTHORIZATION: This health inventory is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an Emergency, I hereby authorize the Division of Youth Services to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

Signature: _____

Date: _____

Signature: _____

Date: _____

RISK LEVEL DETERMINATION

Youth Name: _____

Date: _____

Counselor: _____

County: _____

Date Faxed to OYDC: _____

Date Faxed Back to Community Services _____

Offenses: _____

Counselor: _____

Committing Offense

1 – Misdemeanor

3 - Low Level Felony

5 - Moderate Felony

7 - Serious Felony

Starting Risk Level _____

Adjustment Score Computation

Aggravating Factor Total _____

Mitigating Factor Total (-) _____

Final Adjustment Score (=) _____

Adjustment score cannot exceed a plus or minus three. If the score computed above is greater than a plus or minus three, use plus or minus three.

Final Risk Score

Starting Risk Level _____

Adjustment Score (+ or -) _____

Final Risk Score (=) _____

Aggravating Factors

(1 point for each)

_____ Offense Impact on victim/Community

_____ Prior Violent Delinquent Conduct

_____ Substantial Adjudication History

_____ Lack of Amenability with Lesser

Sanctions

_____ Lack of Attendance or Participation

in Educational Programs

_____ Gang Involvement

_____ Multiple-Counts (Felony)

Mitigating Factors

(1 point for each)

_____ Significant Improvement since
Offense

_____ Physical/Mental Impairment

_____ Limited Adjudication History

_____ Age and Maturity of Offender

_____ Current Status (Level of Treatment)

_____ Treatment need exceeds Punishment

Need

_____ Education

Approved by Administrator: _____

Date: _____

**MDHS – DIVISION OF YOUTH SERVICES
NOTIFICATION OF CHANGE OF CUSTODY / TRUANCY**

Distribution: 1. County Director, Economic Assistance
 2. MDHS-Division of Youth Services, Regional Director
 3. Community Services Counselor – File

Truancy Disposition **Youth Development Center Commitment**

County: _____

Child's Name: _____

Date of Birth: _____ **Social Security Number:** _____

Address: _____

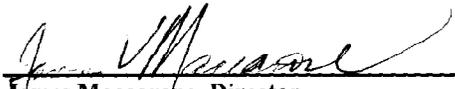
Legal Guardian(s): _____

Address: _____

Effective Date of Custody Change: _____
(Youth Development Center Only)

The Legal Guardian has been advised to notify Economic Assistance when (if) child is returned to family's custody.

Youth Services Counselor

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES	
Subject: PAROLE FROM DYS CAMPUS	Policy Number: 26
Number of Pages: 2	Section:
Attachments: A. Parole Agreement	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of Mississippi Department of Human Services Division of Youth Services that all juveniles released from the Institutional Division on parole status will be supervised by the Community Services Division of Youth Services Counselor for a period of six (6) months. An exception to the six (6) month parole period may occur upon authorization of the Youth Court Judge or the Community Services Director.

The Community Services Division Youth Services Counselor is notified of a student's anticipated parole date from Mississippi Department of Human Services, Division of Youth Services institution at least ten (10) business days in advance.

The Community Services Division of Youth Services Counselor must meet with the juvenile within forty-eight hours after the juvenile is paroled. The Community Services Division of Youth Services Counselor must complete the parole and parental interview within this forty-eight hour period.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Parole – Juveniles being released from the institution back into the community.

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III. PROCEDURE

- A. The Institution provides parole date to the community counselor prior to release.
- B. The community counselors should communicate with the institutional transitional counselor to ensure that all appropriate needs of the youth are met and in place prior to youth being paroled from the Youth Development Center.
- C. Any youth paroled on psychotropic drugs and/or in need of alternative placement will be staffed with the A-Team. The community counselor assigned to the case is responsible for the referral to the A-Team. (Please see A-Team Policy #36)
- D. Transportation is arranged from the institution.
- E. The juvenile is released from the institution.
- F. The community counselors meet with the juvenile and the parent(s) within forty-eight hours of parole to complete the parole agreement and the parental interview and discuss terms of the juvenile's parole.

PAROLE AGREEMENT

I, _____, understand that I am being granted parole by the authority of the MDHS Division of Youth Services under the supervision of the _____ County Community Services Office of Youth Services Counselor. My place of residence will be:

Name: _____

Address: _____

I agree that I will fully comply with the following conditions:

- (1) I will report to my Counselor within 48 hours, following my release from _____ Campus. I understand that all appointments must be kept with my Counselor.
- (2) I understand that I must always obtain permission from my parent, guardian or custodian for any absence from home. They are accountable to the Court for me at all times.
- (3) I will attend school or a training program and/or maintain acceptable employment as approved by my Counselor.
- (4) I will not change or permanently leave my residence, employment and/ or school or leave the county of my residence without the consent of my Counselor.
- (5) My curfew on school nights (Sunday through Thursday) is _____ p.m. My curfew on weekends (Friday through Saturday) is _____ p.m.
- (6) I will not violate the laws of the City, County, or State.
- (7) I understand that the following places are off limits: _____
- (8) I understand that my Counselor will have the authority to restrict my associations with certain people, including any juvenile or adult offender.
- (9) Additional conditions of parole: _____

I hereby certify that I have read or have had read to me the above statement and understand that I am being placed on parole status by the Mississippi Department of Human Services – Division of Youth Services. I understand that if I do not satisfactorily comply with the above conditions, my parole may be extended past six months, or that further actions by the Court may be recommended.

Student: _____

Witness: _____

Date: _____

We, the parent, guardian or custodian of the above named child have read or have had read to us the above agreement and we agree to cooperate with the Counselor and our child in carrying out the conditions of parole.

Parents: _____

Witness: _____ Date: _____

=====

This is to acknowledge that the conditions as stated above have been completed.
_____ is released from Parole status.

Youth Services Counselor
MDHS Division of Youth Services

Date

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: EMERGENCY LEAVE FROM DYS CAMPUS	Policy Number: 27
Number of Pages: 2	Section:
Attachments: NONE	Related Standards & References: DYS Institutional Policy Section VII: Security and Control VII.7 Off Campus Transportation of Youth
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is policy of the Mississippi Department of Human Services, Division of Youth Services that a request for emergency leave for a student may be granted by the Administrator or in the Administrator's absence, by one of the Assistant Administrators, subsequent to the following factors:

The parent or custodian must initiate an emergency leave for death or medical reasons.

Verification of the emergency by the appropriate Community Services, Youth Services Counselor and/or the court(s).

Consideration of the student's behavioral record while in the custody of Mississippi Department of Human Services, Division of Youth Services.

The Community Services, Youth Services Counselor is responsible for obtaining a court order for the juvenile to be released to the responsible party.

A letter signed by the Administrator or one of the Assistant Administrators will be given to the student stating that the student has been granted an emergency leave. This letter and the court order must remain in the student's possession at all times while on leave. A copy of the letter will be sent to the appropriate Community Services, Youth Services Counselor and/or the court(s).

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Subject	Policy #	Page
EMERGENCY LEAVE FROM DYS CAMPUS	27	2 of 2

Emergency Leave – Unforeseen circumstances such as death of an immediate family member and/or serious illness of juvenile.

III. PROCEDURE

- A. Parent or custodian notifies Youth Services.
- B. Community Counselor verifies emergency.
- C. Community Counselor obtains court order.
- D. Administrator gives student a letter granting emergency leave.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: MEDICAL LEAVE FROM DYS CAMPUS	Policy Number: 28
Number of Pages: 1	Section:
Attachments: None	Related Standards & References: DYS Institutional Policy Section VII: Security and Control VII.7 Off Campus Transportation of Youth
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services to permit medical leave from a DYS campus when warranted and when authorized by the court of jurisdiction to be released and/or returned to the Oakley Campus.

Placement outside the institution and supervision of the student during medical leave is required of the Community Services Youth Services Counselor. Recommendation to the institution's administrator for return of the student to the campus will be the responsibility of the Community Services Youth Services Counselor, based on advice secured from appropriate medical sources.

II. DEFINITION

None

III. PROCEDURE

The Administrator or Administrator's assistant should notify the Community Services Youth Services Counselor of the medical condition.

The Community Services Youth Services Counselor obtains an order from the court of jurisdiction to permit medical leave.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: COMMUNICABLE DISEASE/PREVENTION AND MANAGEMENT	Policy Number: 29
Number of Pages: 5	Section:
Attachments: A. Reportable Disease Report-2010	Related Standards & References:
Effective Date: June 1, 2012	Approved: <hr/> James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, to address the management of serious infectious and communicable diseases for the safety of staff and youth. The Department's Health Authority shall establish procedures that address the following: (4-JCF-4C-22M, 4-JCF-4C-23M, 4-JCF-4C-24M, and 4-JCF-4C-25M)

- Ongoing education programs for staff
- Identification, Control, and Prevention strategies
- Protection of individual confidentiality and media relations
- Reporting requirements to applicable local, state, and federal agencies
- Medical examination of any employee or youth suspected of a communicable disease.

Community Services personnel shall immediately notify their supervisor or designee of all suspected or confirmed cases of infectious and communicable diseases. (4-JCF-4C-22M)

MDHS shall provide community staff with prevention, education, and identification, and adhere to reporting requirements to applicable local, state, and federal regulations.

Precautions shall also be taken to protect staff and visitors from the harmful effects of all communicable diseases. (3-JCRF-4C-22, 4-JCF-4C-22M)

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The reporting of all communicable diseases shall be handled by the appropriate means as specified by the Mississippi State Department of Health Rules and Regulations governing reportable diseases.

Penalties for violating health department orders with respect to life-threatening communicable diseases:

Any person who shall knowingly and willfully violate the lawful order of the county, district or state health officer where that person is afflicted with a life-threatening communicable disease, or the causative agent thereof, shall be guilty of a felony, and upon conviction, shall be punished by, a fine not exceeding Five Thousand Dollars, (\$5,000.00) or by imprisonment in the penitentiary for not more than five (5) years, or by both. (Mississippi Code of 1972, Annotated, as amended, Section 41-23-2),

The facility will also notify the Division of Youth Services Director that a communicable disease has been encountered in the facility. It is to be included in the Monthly Report.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Communicable Disease: Any disease that has the potential to be transmitted from one person to another according to the particular mode of transmission for that specific disease. Not all communicable diseases will be transmitted from one person to another. (For Reportable Diseases -2010 see attachment).

AIDS – the illness caused by the Human Immunodeficiency Virus (HIV). Infection with this virus attacks the immune defenses of the body and leaves its victims vulnerable to opportunistic infection.

Chicken Pox –an acute, contagious viral disease characterized by fever and the onset of a generalized papulo-vesicular rash without other apparent cause. Communicability is usually 5-6 days prior to rash onset.

Incubation Period – is the phase in the development of a disease between the infection and first appearance of symptoms.

Ectoparasite – a parasite that lives on the outer surface of the body, such as fleas, ticks and lice.

Direct Contact – transmission via person-to-person contact with an infected host.

Indirect Contact – transmission from other than the infected host; may be from inanimate objects such as combs, hats, clothing, etc.

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Hepatitis B Virus (HBV) – inflammation of the liver caused by the Hepatitis B virus.

Tuberculosis (TB) - an infectious disease caused by the Mycobacterium Tubercular bacilli.

Standard Precautions – protective procedures that apply to blood and other body fluids containing visible blood, semen and vaginal secretions. They also apply to tissues and the flowing fluids:

- Cerebrospinal fluid – found in the brain and spinal cord
- Synovial fluid – found around the joints and tendons
- Pleural fluid – found around the lungs
- Pericardial fluid – found around the heart
- Amniotic fluid – found around the fetus of a pregnant woman

Although the risk of transmission of HIV and HBV from feces, nasal secretions, sputum, sweat, tears, urine, vomitus and saliva is extremely low, standard precautions also apply.

III. PROCEDURE

PREVENTION AND MANAGEMENT OF COMMUNICABLE DISEASE:

A. Hand hygiene is the most effective form of communicable disease prevention.

1. When arriving at work wash hands using a generous amount of soap
 - Wet hands with warm water
 - If using bar soap work up a good lather, if using liquid soap or foam use at least 1 tablespoon
 - Rub hands vigorously under warm water for at least 15 seconds (about the length of time it takes to sing the happy birthday song twice)
 - It is important to use warm water (you are much more likely to adequately wash your hands if the water is a comfortable temperature)
 - Dry hands completely with paper towels and use paper towels to turn off faucet
 - Hand sanitizer may be used during the day as long as hands are not visibly soiled
 - Wash hands with soap and water before leaving work for the day.

2. Use proper cough and sneeze hygiene
 - Use a fresh tissue each time and throw tissue away in an appropriate receptacle
 - If tissues are not available use your sleeve

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3. If someone around you is visibly ill i.e. coughing practice “social distancing” which involves keeping a six (6) foot distance if at all possible.
- B. Education is the most effective tool for alleviating fear associated with contagious diseases, such as HIV, Tuberculosis, and Hepatitis.
1. The Director of Community Services/designee shall coordinate yearly education and prevention training.
 2. The Division of Youth Services shall conduct annual training to staff and provide factual information on topics including, but not limited to, hand washing, infection control and use of first-aid and spill kits.
 3. Community personnel are informed of potential endemic and epidemic contagious diseases, including transmission route, precautions and treatment of disease.
- C. When an employee is suspected of being infected with a contagious disease, he/she shall be referred to their family physician for examination and/or treatment. The employee shall obtain written approval from their family physician to return to work.
- D. Reporting: see Mississippi Department of Health website www.msdh.state.ms.us - under services and programs → disease → control-epidemiology) for standards, rules, regulations and penalties for failure to report.
- E. Refer to the following MDHS medical policies and procedures for detailed information;
(MDHS medical policies and procedures can be accessed via MDHS website www.mdhs.state.us.ms/dys.html)
- Communicable Disease Management Policy XI.33
 - Exposure Control and Standard Precautions Policy XI.38
 - First Aid Kits, Spill Kits and Automated External Defibrillator (AED) Policy XI.5
 - HIV Screening, Testing and Management Policy XI.34
 - Hepatitis Screening, Testing and Management Policy XI.35
 - Tuberculosis (TB) Testing and Management Policy XI.36
- F. Confidentiality: Medical diagnosis and treatment of staff/youth/visitors shall be kept in strictest confidence on a need to know basis. Community Services personnel may share data in written or electronic form with the Centers for

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Disease Control (CDC), the Mississippi Department of Health (MDH), and local Health Departments. The Director of Community Services/designee shall approve any other requests for medical information or statistical data prior to release.

- G. Media: All requests for information on any issue received from radio, press, television or electronic media personalities shall be referred to the Division Director.
- H. The Director of Community Services/designee shall review this policy annually and update as necessary.

Mississippi State Department of Health

List of Reportable Diseases and Conditions

Reporting Hotline: 1-800-556-0003
Monday - Friday, 8:00 am - 5:00 pm

To report inside Jackson telephone area or for consultative services
Monday - Friday, 8:00 am - 5:00 pm: (601) 576-7725

	Phone	Fax
Epidemiology	(601) 576-7725	(601) 576-7497
STD/HIV	(601) 576-7723	(601) 576-7909
TB	(601) 576-7700	(601) 576-7520

Class 1 Conditions may be reported nights, weekends and holidays by calling: (601) 576-7400

Class 1: Diseases of major public health importance which shall be reported directly to the Mississippi State Department of Health (MSDH) by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)
(Possible biological weapon agents appear in *bold italics*)

<p>Anthrax Arboviral infections including but not limited to those due to: California encephalitis virus Eastern equine encephalitis virus LaCrosse virus Western equine encephalitis virus St. Louis encephalitis virus West Nile virus Botulism (including foodborne, infant or wound) Brucellosis Chancroid Cholera Creutzfeldt-Jakob disease, including new variant Diphtheria <i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)</p>	<p>Encephalitis (human) Glanders <i>Haemophilus influenzae</i> Invasive Disease^{††} Hemolytic uremic syndrome (HUS), post-diarrheal Hepatitis A HIV infection, including AIDS Influenza-associated pediatric mortality (<18 years of age) Measles Melioidosis <i>Neisseria meningitidis</i> Invasive Disease^{††} Pertussis Plague Poliomyelitis Psittacosis Q fever Rabies (human or animal)</p>	<p>Ricin intoxication (castor beans) Smallpox <i>Staphylococcus aureus</i>, vancomycin resistant (VRSA) or vancomycin intermediate (VISA) Syphilis (including congenital) Tuberculosis Tularemia Typhoid fever Typhus fever Vencela infection, primary, in patients >15 years of age Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo]) Yellow fever</p>
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Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone, fax or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

<p><i>Chlamydia trachomatis</i>, genital infection Dengue Ehrlichiosis <i>Enterococcus</i>, invasive infection[†], vancomycin resistant Gonorrhea Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1 Report Legionellosis Listeriosis</p>	<p>Lyme disease Malaria Meningitis other than meningococcal or <i>H. influenzae</i> Mumps <i>M. tuberculosis</i> infection (positive TST or positive IGRA^{***}) in children < 15 years of age Noncholera vibrio disease Poisonings* (including elevated blood lead levels^{**}) Rocky Mountain spotted fever</p>	<p>Rubella (including congenital) Salmonellosis Sringellosis Spinal cord injuries <i>Streptococcus pneumoniae</i>, invasive infection[†] Tetanus Trichinosis Viral encephalitis in horses and ratiies</p>
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[†] Usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

^{††} Specimen obtained from a normally sterile site.

*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222.

**Elevated blood lead levels (as designated below) should be reported to the MSDH Lead Program at (601) 576-7447.

Blood lead levels (venous) of ≥10 µg/dL in children less than 16 years of age

Blood lead levels (venous) of ≥25 µg/dL in those 16 years or older

***TST- tuberculin skin test; IGRA- Interferon-Gamma Release Assay

Except for rabies and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.

Class 3: Laboratory based surveillance. To be reported by laboratories only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, fax or electronically within one week of completion of laboratory tests (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).

<p>All blood lead test results Blastomycosis Carnylobacteriosis</p>	<p>Chagas Disease (American Trypanosomiasis) Cryptosporidiosis Hansen disease (Leprosy)</p>	<p>Hepatitis C infection Histoplasmosis Nontuberculous mycobacterial disease</p>
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Class 4: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website, <http://mcr.umc.edu/documents/ReportableCases10-09andlater.pdf>.

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR).

For further information, please refer to the Mississippi State Department of Health's website at www.msgh.state.ms.us.

Revision: November 19, 2010

Laboratory Results that must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the MSDH at least WEEKLY. Diseases in **bold type** shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) should be sent to the MSDH Public Health Laboratory (PHL). All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate. Confirmatory tests for some of these results may be obtained by special arrangement through the Epidemiology Program at (601) 576-7725.

Positive Bacterial Cultures or Direct Examinations	
Result	Reportable Disease
Any bacterial agent in CSF	Bacterial meningitis
<i>Bacillus anthracis</i> †	Anthrax
<i>Bordetella pertussis</i>	Pertussis
<i>Borrelia burgdorferi</i> †	Lyme disease
<i>Brucella</i> species †	Brucellosis
<i>Burkholderia mallei</i> †	Glanders
<i>Burkholderia pseudomallei</i> †	Melioidosis
<i>Campylobacter</i> species	Campylobacteriosis
<i>Chlamydia psittaci</i>	Psittacosis
<i>Chlamydia trachomatis</i>	<i>Chlamydia trachomatis</i> genital infection
<i>Clostridium botulinum</i> †**	Botulism
<i>Clostridium tetani</i>	Tetanus
<i>Corynebacterium diphtheriae</i> †	Diphtheria
<i>Coxiella burnetii</i> †	Q fever
<i>Enterococcus</i> species,* vancomycin resistant	<i>Enterococcus</i> infection, invasive vancomycin resistant
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC) †	<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)
<i>Francisella tularensis</i> †	Tularemia
<i>Haemophilus ducreyi</i>	Chancroid
<i>Haemophilus influenzae</i> †*	<i>H. influenzae</i> infection, invasive
<i>Legionella</i> species	Legionellosis
<i>Listeria monocytogenes</i> †	Listeriosis
<i>Mycobacterium</i> species	Nontuberculous mycobacterial disease
<i>Mycobacterium tuberculosis</i> †	Tuberculosis
<i>Neisseria gonorrhoea</i>	Gonorrhea
<i>Neisseria meningitidis</i> †*	Meningococcal infection, invasive
<i>Rickettsia prowazekii</i>	Typhus Fever
<i>Rickettsia rickettsii</i>	Rocky Mountain Spotted Fever
<i>Salmonella</i> species, not <i>S. typhi</i>	Salmonellosis
<i>Salmonella typhi</i> †	Typhoid fever
<i>Shigella</i> species	Shigellosis
<i>Staphylococcus aureus</i> , vancomycin resistant or vancomycin intermediate	<i>Staphylococcus aureus</i> vancomycin resistant (VRSA) or vancomycin intermediate (VISA)
<i>Streptococcus pneumoniae</i> * †	<i>Streptococcus pneumoniae</i> , invasive infection
<i>Vibrio cholerae</i> O1 †	Cholera
<i>Vibrio</i> species †	<i>Vibrio</i> infection
<i>Yersinia pestis</i> †	Plague

† Isolates of organism should be sent to the MSDH PHL. All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate.

* Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). Do not report throat or sputum isolates.

** Contact the MSDH Epidemiology Program at (601) 576-7725 or the PHL at (601) 576-7582 for appropriate tests when considering a diagnosis of botulism.

Positive Serologic Tests For:		
Arboviral agents including but not limited to those due to:	Dengue	<i>M. tuberculosis</i> infection
California encephalitis virus	Ehrlichiosis	Plague
Eastern equine encephalitis virus	Hepatitis A (anti-HAV IgM)	Poliomyelitis
LaCrosse virus	Hepatitis B (anti-HBc IgM)	Psittacosis
St. Louis encephalitis virus	Hepatitis C	Rocky Mountain Spotted Fever
Western equine encephalitis virus	HIV infection (refer to Section 113)	Rubella
West Nile virus	Legionellosis †	Syphilis (refer to Section 116)
Brucellosis	Lyme disease	Smallpox
Chagas Disease (American Trypanosomiasis)	Malaria	Trichinosis
Cholera	Measles	Varicella infection, primary in patients >15 years of age
<i>Chlamydia trachomatis</i> genital infection	Mumps	Yellow fever

† Serologic confirmation of an acute case of legionellosis cannot be based on a single titer. There must be a four-fold rise in titer to >1:128 between acute and convalescent specimens.

Positive Parasitic Cultures or Direct Examinations	Blood Chemistries
Result	Reportable Disease
Any parasite in CSF	Parasitic meningitis
<i>Cryptosporidium parvum</i>	Cryptosporidiosis
<i>Plasmodium</i> species †	Malaria

† Indicates the positive specimens may be submitted to the MSDH PHL for confirmation.

Positive Fungal Cultures or Direct Examinations	Positive Toxin Identification
Result	Reportable Disease
Any fungus in CSF	Fungal meningitis
<i>Blastomyces dermatitidis</i>	Blastomycosis
<i>Histoplasma capsulatum</i>	Histoplasmosis

Positive Viral Cultures or Direct Examinations	Surgical Pathology results
Result	Reportable Disease
Any virus in CSF	Viral meningitis
Arboviral agents including but not limited to those due to:	
California encephalitis virus	California encephalitis
Eastern equine encephalitis virus	Eastern equine encephalitis (EEE)
LaCrosse virus	LaCrosse encephalitis
St. Louis encephalitis virus	St. Louis encephalitis (SLE)
Western equine encephalitis virus	Western equine encephalitis (WEE)
West Nile virus	West Nile encephalitis (WNV)
Arenaviruses	Viral hemorrhagic fevers
Dengue virus, serotype 1, 2, 3 or 4	Dengue
Filoviruses	Viral hemorrhagic fevers
Poliovirus, type 1, 2 or 3	Poliomyelitis
Varicella virus	Varicella in patients >15 years of age
Variola virus	Smallpox
Yellow fever virus	Yellow fever

Creutzfeldt-Jakob Disease, including new variant
Hansen disease (*Mycobacterium leprae*)
Human rabies
 Malignant neoplasms
 Mycobacterial disease including **Tuberculosis**
 Trichinosis

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: RUNAWAYS FROM MISSISSIPPI DEPARTMENT OF HUMAN SERVICES, DIVISION OF YOUTH SERVICES CAMPUS	Policy Number: 30
Number of Pages: 2	Section:
Attachments: NONE	Related Standards & References: DYS Institutional Policy Section VIII Safety and Emergency Procedures VIII.8 Escape
Effective Date: June 1, 2012	Approved:  James Maccaroni, Director

I. POLICY

It is a policy of Mississippi Department of Human Services, Division of Youth Services, that when a student who has run away from the DYS campus and has not been apprehended within a reasonable period of time and/or it is known or assumed that the student(s) has left the immediate area the following procedure must occur:

1. The Parent(s) and Community Services, Youth Services Counselor must be notified by campus staff of the student running away. The Community Services, Youth Services Counselor and/or the committing Court will then advise the appropriate local law enforcement agencies.
2. If the Community Services, Youth Services Counselor or the committing Court cannot be contacted, the Sheriff's Department in the student's home county will be notified and the local law enforcement in the student's committing county will be notified.
3. Any other appropriate law enforcement personnel will be notified.

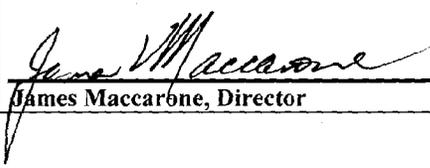
After the student(s) has been apprehended, all law enforcement and Community Services personnel who have previously been notified of the situation will be contacted by the campus staff.

II. DEFINITIONS

None

III. PROCEDURE (See above Policy)

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: EMERGENCY PLAN	Policy Number: 31
Number of Pages: 7	Section:
Attachments: A. MDHS Disaster Plan	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is a policy of Mississippi Department of Human Services, Division of Youth Services, that Community Services staff will adhere to all emergency procedures established for the building in which their offices are located. Additionally, the appropriate Community Services Emergency Plan will be followed (see page 2 through page 5), as well as the appropriate county emergency management plan where applicable.

It is required that the orientation of new employees include appropriate and essential training in the action to be taken in various types of emergency situations.

Copies of the Emergency Plan will be located in each office, and emergency telephone numbers will be posted at each telephone.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Emergency Procedures – refers to the steps that will be taken if and when an emergency occurs.

III. PROCEDURE

See pages 2 through 7.

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COMMUNITY SERVICES EMERGENCY PLAN: GENERAL RULES

Unanticipated Emergencies:

In emergency situations where advance preparations cannot be made (e.g., fire), the evacuation, safety and security of juveniles and staff will be the primary concern.

Removal of agency property, or any other action intended to protect files, equipment, materials, etc. will only be taken when all juveniles have been evacuated and secured. Such action will not be taken in/when it threatens the physical well-being of any parties.

GENERAL RULES:

If/when an emergency situation occurs; any employee(s) present should immediately:

- A. Evacuate the problem area.
- B. Account for all juveniles and staff.
- C. Notify the proper authorities of the problem (fire department, police/sheriff department, local utility company, etc.)
- D. Determine what immediate actions need to be taken to reduce potential for further damage or injuries and to prevent recurrent.
- E. Take necessary action to return to conditions that are conducive to normal operations.

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**COMMUNITY SERVICES
EMERGENCY PLAN: GENERAL RULES**

THUNDERSTORMS & LIGHTNING

1. Move inside as quickly as possible.
2. Stay away from open doors, windows, electrical outlets and appliances.
3. Unplug electrical appliances, if possible.
4. Seek shelter immediately if outside and unable to get into building.
5. Stay away from trees and fences.
6. If shelter cannot be reached, crouch on knees in open area with hands over head.

TORNADOES

TORNADO WATCH - means that conditions are favorable for the development of a tornado.

TORNADO WARNING - means that a tornado has actually been sighted.

If a tornado warning is issued, move to the designated area in the building.

If a tornado strikes, assemble in a safe area. If it is unsafe to remain in the building, move to a safer location.

HURRICANES/SEVERE WEATHER WARNINGS (Advance preparation)

When official weather predictions give reason to believe that a Community Services office will be experiencing severe weather conditions, there may be some opportunity for advance preparation. After the protection of human life has been provided for, special steps may be taken to safeguard agency property. See page 6 for additional information.

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**COMMUNITY SERVICES
EMERGENCY PLAN:
FIRE EMERGENCIES**

The following steps are to be taken in case of fire:

1. Sound the alarm.
2. Evacuate the building; move in a single line to the nearest exit.
3. Assemble in a safe area and sit down. Insure proper count.
4. If anyone is missing, determine when and where they were last seen. Be prepared to give as much information as possible to local fire department personnel.
5. Report the exact location of the fire and other pertinent information. Advise if there is a need for other emergency vehicles (ambulance, etc.).
6. Do not re-enter building until an "all clear" has been given.

General safety rules to follow in a fire emergency:

1. Know all exits from the building.
2. Walk; don't run, when leaving the building.
3. In a smoke filled room, crawl close to the floor to the nearest exit.
4. Touch each door before opening it. If the door is hot, do not open it; try the next exit.
5. If anyone's clothing is on fire, instruct them to stop, drop on the floor or ground, and roll. If the person does not respond to these instructions, attempt to cover them with a blanket or other covering, and roll them to extinguish the flames.

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**COMMUNITY SERVICES
EMERGENCY PLAN: PROCEDURE FOR HOSTAGE SITUATION**

In the case of an emergency involving a hostage(s), it is essential that all personnel remain calm and alert and avoid impulsive actions that might endanger human life or alienate the hostage takers, reducing the possibility of dialogue and negotiation.

As in all written procedures, it is to be understood that the Director or Designee may at times alter these procedures to adapt special circumstances.

The following steps are to be taken to resolve the situation with the least probability of injury or loss of life.

Emergency Procedure:

1. Call 911. Make sure the 911 operators understand that there is a hostage situation. If possible, stay on the line until you are instructed to disconnect by the emergency operator.
2. Notify all staff that you have an emergency situation. The emergency signal is **GO TO LOCKDOWN**. Please keep all clients inside your office until further notice. All office doors should be locked at the sound of the emergency signal or at time of notification of a hostage situation.
3. Determine, if possible, the precipitating cause of the incident and what demands/requests are being made by the hostage takers. Determine who is involved (names and number of juveniles, staff and/or others), type and number of weapons in the possession of the hostage takers, and other details.
4. A staff person will be assigned the responsibility of recording all actions taken and coordinating communication.
5. Develop a profile(s) of the hostage taker(s). Identify the hostage(s) - their physical condition, medical history, etc.
6. Procedures from this point on are determined by the local law enforcement officials.
7. Notify the Director of the Division of Youth Services and the Community Services Director. The Director or designee will notify the Executive Director of the Department of Human Services.
8. Isolate and contain the situation as soon as possible.
9. Clients and staff should move away from doors and glass.
10. Notify all clients outside of your office (including those outside the office building) to report to the nearest safe office or conference room. All clients should be brought into a locked area.
11. The staff in charge should make a list of missing clients and staff on index cards to be given to the law enforcement and central office.
12. If the hostage taker or armed person can be contained in one section of the

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building, clients and staff should be evacuated from the building to the designated safe area.

13. Clients and staff will not re-enter the building until the building has been evaluated and determined safe by the police department.
14. If safety permits, a staff member should be directed outside the building to warn all approaching visitors of the danger.
15. The staff in charge will document actions and decisions concerning the hostage incident.
16. Don't attempt to negotiate with the hostage taker, leave this to the professionals.
17. Don't allow any school or district leader on the phone with the hostage taker.
18. Deactivation: All equipment mobilized in response to the emergency incident will be returned to its proper storage area. All employees will be returned to their original assignments or released to return to their homes.
19. The Administrator will have specific responsibility for compiling a comprehensive report of the incident as well as assuring that all paperwork incidental to the emergency, including Employee Incident Reports, etc., is completed properly.
20. Debriefing: As soon as practical, after resolution of the emergency, all staff will be debriefed and an evaluation will be conducted of the response to the situation. Also included in the debriefing will be an analysis of how to prevent similar future emergencies. Included in such analysis will be a review of possible indicators of signs of the tension that, if responded to, could have prevented escalation to the point of an emergency situation.

If Taken Hostage:

- Get word to the office (via word, note, or hand signals to passerby).
- If possible, remove clients and staff from the area.
- Do not try to disarm intruder.
- Keep calm.
- Direct clients and staff to be quiet and to sit away from intruder, windows, and exits.
- Police may be able to hear what is taking place and may enter the room at any time.

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**DIVISION OF YOUTH SERVICES
COMMUNITY SERVICES
EMERGENCY PLAN**

1. Regional Directors and community staff are to provide the Community Services Director current staff contact information quarterly.
2. Community staff is to follow local law enforcement directives regarding the emergency procedures for the current situation.
3. Community staff is to contact their regional director as soon as possible to update them on their whereabouts and to report their living conditions following the emergency. If the Regional Director is not available, they are to contact the Community Services Director as soon as possible.
4. If conditions permit and the area are officially cleared for travel and occupation, staff is to report to their offices or to an assigned shelter to assist other DHS staff providing care to those displaced following the emergency.
5. Community staff in the affected area will assist with locating parents of children in the Youth Development Center in order to keep the youth there informed of their whereabouts and general status.
6. If the Youth Development Center is within the affected area, all community staff will assist the Youth Development Center with emergency releases in order to control the population of the facility and to assist with diverting as many youth as possible for commitment during the crisis.
7. Regional directors are to track the time staff is working at the shelters to report to the Community Services Director.
8. Regional directors are to work with local officials and the youth court judge to develop a general evacuation plan to relocate youth that are held in detention. This plan may be developed already and DYS would just request a copy for the records to allow us to locate youth following the emergency.
9. Community staff will ensure services within their areas continue such as the Adolescent Opportunity Program. Counselors will verify the safety of the facility prior to any students entering the site after a disaster or emergency event shutting the facility down and report their findings to the Community Services Director.

Mississippi Department of Human Services
MDHS Operations Plan 0901
Disaster Operations
November 2, 2009

I. Situation. The State of Mississippi may experience a major disaster, either man-made or natural, that affects services provided by this agency. The purpose of this document is to establish procedures to continue services to our clients during and after such disasters.

II. Mission. The Mississippi Department of Human Services (MDHS) provides authorized individual assistance services and benefits to citizens of Mississippi and/or other states during and after a man-made or natural disaster, either declared or non-declared, statewide, to ensure clients currently receiving benefits and new clients requiring benefits, are supported.

III. Execution.

A. Concept of the Operation. Before, during and after a disaster MDHS will provide all means of available support to the citizens of Mississippi. The MDHS Emergency Operations Center (MDHSEOC) will activate at the direction of the Executive Director. Economic Assistance, Child Support, Family and Children Services, Public Affairs and other designated divisions will provide ESF6 (Mass Care) support at the State of Mississippi Emergency Operations Center located in Pearl and to local communities across the state at the direction of the Governor.

B. Scheme of Maneuver.

1. Executive Director's Office (EDO). The EDO will provide command and control for all MDHS operations through the MDHS EOC located at the State Office. The ED will designate individuals from the EDO to perform Officer in Charge (OIC) duties for EOC operations.

See Annex A to OP LAN 0901, MDHS Disaster Operation.

2. Budgets and Accounting (B&A). B&A will provide financial and logistical support throughout the disaster operation. B&A will provide one senior person per shift in the MDHSEOC knowledgeable in fiscal operations during a disaster with the authority, verbal and signatory, to authorize expenditures and commit resources. B&A will provide subsistence support for the MDHSEOC, minimum three meals daily (break fast, lunch and dinner) as directed by the ED. B&A will provide logistics support as required to locations throughout the state as directed by the ED. B&A will provide shelter support in the affected area if deemed necessary by the ED.

See Annex B, Budgets and Accounting, to OPLAN0901, MDHS Disaster Operations.

3. Human Resources (HR). HR will provide personnel services and administrative support to all employees and facilities of MDHS during the disaster. HR will provide one person per shift to support MDHSEOC operations per shift. HR will track and report all employees affected and involved in the disaster.

See Annex C, Human Resources, to OPLAN 0901, MDHS Disaster Operations.

4. Management Information Systems (MIS). MIS will provide support to all MDHS entities during disaster operations. This support includes setting up communications systems in the MDHSEOC, providing support for MDHS mobile operations at remote locations, (2 employees), providing one employee per shift to support MDHSEOC operations to provide technical support for the MDHSEOC and all other locations affected by the disaster. Ensuring the support systems for each division are operational and assessable to all entities of MDHS and supporting organizations is priority.

See Annex D, Management Information Systems, to OPLAN 0901, MDHS Disaster Operations.

5. Program Integrity (PI). PI will provide one employee per shift to support MDHSEOC operations and two employees, minimum, to support mobile operations providing individual assistance. Other PI employees may be directed by the ED to provide security to mobile operations.

See Annex E, Program Integrity, to OPLAN0901, MDHS Disaster Operations.

6. Aging and Adult Services (DAAS). DAAS will provide one employee per shift to support MDHSEOC operations. DAAS APS workers will visit shelters in the affected areas during the disaster. DAAS will communicate with the Area Agencies on Aging in the affected locations to collect information for support operations ensuring the aged population in the affected area(s) receive subsistence and other needed support are priorities. Tracking the movement of seniors out of the affected areas will ensure funding is redistributed to relocation areas across the state.

See Annex F, Aging and Adult Services, to OPLAN 0901, MDHS Disaster Operations.

7. Child Support Enforcement (CSE). CSE will provide one employee per shift to support MDHSEOC operations. CSE will also provide employees to support shelter operations in their respective areas. The primary responsibility of CSE is to ensure payment(s) of Child Support is not interrupted. *See Annex G, Child Support Enforcement, to OPLAN 0901, MDHS Disaster Operations.*

8. Economic Assistance (EA). EA is responsible for providing two employees per shift to support MDHSEOC operations. The primary function of EA in the MDHSEOC is to track shelter operations and plan for and support mobile operations. This will be accomplished through constant communications with the State EOC, (MEMA), and the State Early Response Team (SERT). EA will provide adequate trained staff to support the State Emergency Operations Center, (MEMA), and a constant link with supporting agencies to provide additional support for sheltering. EA is also responsible for conducting mobile operations across the state. Conducting these includes deploying the two disaster operations vehicles located at Oakley Training School, (OTS), the generator located at OTS, and the enclosed cargo trailer located at OTS. EA is responsible for maintaining the disaster inventory located in the basement of the state office and loading this equipment and supplies in the cargo trailer. EA is responsible for establishing and maintaining individual assistance sites as directed by the ED. EA will support all shelter operations in the disaster area as directed by the Division Director of Economic Assistance. EA will ensure all County Directors have a designated seat at each County Emergency Operations Center.

See Annex H, Economic Assistance, to OPLAN 0901, MDHS Disaster Operations.

9. Office for Children and Youth (OCY). OCY will provide one employee to support MDHSEOC operations, during the day shift OCY will provide employees for shelter operations as directed by the ED. The priority mission for OCY after the disaster is to reestablish day care facilities. This will allow parents the opportunity to return to work as soon as possible and recovery operations to proceed.

See Annex I, Office of Children and Youth to OPLAN 0901, MDHS Disaster Operations.

10. Family and Children Services (PCS). FCS will provide one employee per shift to support MDHSEOC operations. FCS will maintain contact with all children in MDHS custody and all Resource Families in the affected disaster area(s). Contact will also be maintained with Judges in the affected area to ensure prompt action throughout the disaster area. FCS employees will support shelter operations in the affected area(s) as directed by the ED. FCS employees will continue to work ongoing cases and new cases during the disaster. If this is impossible the Deputy Administrator for Family and Children Services will detail other qualified FCS employees to the affected area to provide needed support. FCS employees will visit all shelters in the established area(s) to perform evaluations of living conditions and the status of children in the shelters.

See Annex J, Family Children Services, to OPLAN 0901 MDHS Disaster Operations.

Community Services. CS will provide one employee to support the MDHSEOC, during the day shift. CS will maintain contact with the Community Action Agency in the affected area(s) and the local food banks.

See Annex K, Community Services to OPLAN 0901 MDBS Disaster Operations.

12. Social Services Block Grant. SSBG will provide one person during the day shift for the MDHSEOC. *See Annex L, Social Services Block Grant to OPLAN 0901 MDHS Disaster Operations.*

13. Youth Services. YS will provide one employee to provide support to the MDHSEOC. YS will monitor and report the status of Oakley Training School to the ED. YS will ensure OTS has sufficient fuel, food, and commodities to maintain life support systems. All efforts will be made to ensure schools are open and normal activities are maintained. YS will maintain contact with county youth courts to ensure all requirements are maintained throughout the disaster and to inform the Youth Courts no additional students can be accepted. YS will maintain contact with AOP's to ensure they become operational as soon as possible in the affected areas. YS will prepare a plan to relocate children to an alternate location in the event an evacuation is required. This plan will encompass all elements of safety, security, medical support, food service, and all life support systems. YS will maintain the mobile operations vehicles and equipment located at OTS. *See Annex M, Youth Services to OPLAN 0901 MDHS Disaster Plan.*

14. Consumer Services. CS will provide consumer support as required. CS will coordinate with Public Affairs to ensure the required consumer information is published in a timely manner. *See Annex N, Consumer Services to OPLAN 0901 MDHS Disaster Operations.*

15. Public Affairs. PA will relocate to the Joint Information Center located at the MEMA Emergency Operations Center upon notification from MEMA. All media releases will go through the MEMA JIC prior to release. The Director, Public Affairs, MDHS and designated agency employees will rotate shifts in the JIC as designated by the ED. *See Annex O, Public Affairs.*

IV. Logistics. Logistics support for disaster operations will encompass the state office, OTS and all remote locations established by this agency. Primary responsibility for this support will come from Budgets and Accounting and Human Resources. Classes of supply, responsibility and requirements are listed below:

A. Supply.

1. Class I. Subsistence

a. Subsistence support for MDHSEOC operations is provided by B&A. Upon notification of MDHSEOC activation B&A will contact the Deputy Executive Director for times and quantities to support 24 hour operations. These meals should be delivered by the vendor with all eating utensils and drinks. Ice, cups, paper towels and additional drinks, including coffee and water, will be maintained in the MDHSEOC 24 hours daily.

b. Employees reporting to MEMA EOC will receive subsistence support from MEMA.

c. Subsistence support for the SERT will be provided by MEMA at the disaster site.

d. Subsistence support for employees detailed to support shelters will subsist at the shelter. The ranking employee, as directed by the Director, Economic Assistance, will ensure the entity providing subsistence support receives head count data prior to meals.

Subsistence support for employees supporting individual assistance locations will be provided as needed. The Director, Economic Assistance, will contact the MDHSEOC to provide requirements. The MDHSEOC QIC will ensure all contracting requirements are coordinated through B&A as required.

f. Any meal requirements for pre-packaged semi perishable rations should be forwarded to the MDHSEOC for approval. The MDHSEOC QIC will coordinate with B&A for processing.

2. Class II. Clothing

a. Clothing for disaster operations is the responsibility of the employee. Employees should wear appropriate clothing for disaster operations. Employees should always remember they are representing this agency and the State of Mississippi.

b. Personal Protective Clothing (PPE). PPE requirements should be identified to the MDHSEOC for approval. The MDHSEOC OIC will coordinate the purchase of required items with B&A.

c. Clothing for students located at OTS will be furnished by OTS.

d. Any employee clothing damaged or destroyed should be identified immediately. Unless contaminated and disposed of by the appropriate entity identified by MEMA all clothing residue should be bagged and tagged for inspection prior to submitting a claim.

3. Class ID. Fuel

a. Fuel for agency vehicles should be purchased through normal procedures. If normal procedures are not functioning, i.e., Fuelman, employees shall be reimbursed for actual expenditures. Receipts are required for reimbursement. Employees should enter mileage of vehicle on receipts. If fuel is purchased for power generating equipment or other needed equipment and normal procedures do not work employees should enter the item description and location on the receipt

b. Fuel on current disaster fuel contract will be handled by B&A. Entities requiring fuel will contact the MDHSEOC OIC for coordination of refueling operations. Information provided to the MDHSEOC will include the equipment requiring refueling, location of equipment, and approximate number of gallons required. Divisions cannot wait until the equipment is empty to request refueling. Divisions must constantly monitor fuel usage and storage during disaster. MDHS currently has a contract to provide fuel during a disaster they need 24 hour advance notice for delivery.

c. Packaged petroleum, oil, and lubricants, (POL). Any MDHS entity requiring packaged POL should purchase these items through normal purchasing procedures. A listing of required POL products should be maintained by divisions to ensure we identify the correct POL product for purchase.

d. Divisions should maintain a complete set of MSDS, Material Safety Data Sheets, for all products requiring this documentation.

4. Class IV. Construction Material

a. Any construction material, non-emergency, required will be purchased through normal channels.

Any construction material required for emergency purposes will be identified to the MDHSEOC OIC immediately. The MDHSEOC OIC will coordinate the purchase through B&A.

c. Any purchase of construction tools will be approved by the MDHSEOC OIC prior to purchase.

5. Class V. Ammunition

a. The only ammunition authorized to MDHS employees is for Program Integrity Investigators with a valid qualification score recorded by the Director, Program Integrity.

6. Class VI. Personal Items

a. All employees are responsible for personal hygiene items during the disaster. If an employee is deployed and cannot purchase personal hygiene items they should send the information through the most expedient manner to the MDHSEOC. The American Red Cross and other support entities will have most personal hygiene items available in a disaster area.

b. All other personal items required during disaster operations should be forwarded to the MDHSEOC for approval.

c. Alcohol products are not authorized during disaster operations.

7. Class VII. Major End Items

a. Any additional major end items required by divisions should be forwarded to the MDHSEOC for approval.

b. Rental vehicles, if required, will be contracted by B&A, after approval of the Executive Director.

c. Requests for replacement of major end items should be forwarded to the MDHSEOC OIC for processing through B&A.

d. Equipment transfers/loans between divisions are a division responsibility. Ensure all transfers/loans have the proper paper work completed to ensure accountability.

e. Any property that is lost, damaged, or destroyed must be reported immediately to the MDHSEOC OIC. A thorough search of the last known location must be conducted and documented. A police report, if possible, must be forwarded to the Property Division of the Division of Budgets and Accounting as soon as possible along with statements from witnesses and supervisors.

8. Class VIII. Medical

a. Prescription drugs are the responsibility of the employee. A 15 day supply, minimum, should be deployed with the employee.

b. An employee with a medical emergency should report to the nearest medical facility. If work related the employee must contact the Division of Human Resources as soon as possible for Workers Compensation claims.

Class IX. Repairs and Repair Parts

a. Equipment, supporting or located in the disaster area, requiring repair during the emergency (or disaster) will be identified to the MDHSEOC. B&A will coordinate for repairs and repair parts unless authorized through normal repair procedures.

b. Repair parts will be purchased through normal procedures unless authorized by the MDHSEOC, (B&A).

10. Class X. Miscellaneous. N/A

B. Transportation.

1. Employees will use privately owned vehicles when required to support disaster operations if agency vehicles are not available. Employees must account for mileage by recording the beginning and ending mileage of their official government travel. Travel reimbursements will be IAW current policies. Employees are required to have a current driver's license and current vehicle insurance as required by state law. Employee vehicles are required to meet state safety inspection criteria,

2. Agency vehicles will be dispatched as directed by the Executive Director.

3. If mass transportation is required for employees, B&A will contract through proper procedures upon approval of the MDHSEOC OIC.

C. Laundry.

1. If commercial laundry services are available for employees deployed to the disaster site and free laundry machines are not available the Executive Director can approve reimbursement of charges. If numerous employees are deployed to the disaster site and commercial laundry services are required the Executive Director may authorize B&A to establish a contract with the vendor, if the vendor meets all state requirements.

D. Medical Support.

1. Medical support is located in Annex C, Human Resources to OPLAN 0901 MDHS Disaster Operations. V.

Command and Signal.

A. Command.

1. The Executive Director has established the agency chain of command as listed below:

- a. Executive Director
- b. Deputy Executive Director
- c. Deputy Administrator of Programs
- d. Deputy Administrator for Administration
- e. Deputy Administrator for Family and Children's Services
- f. Division Directors

2. Chain of Command for Shelters. The Director, Economic Assistance, will appoint an employee at each shelter to serve as the person in charge. This person has responsibility to coordinate with other entities located at the shelter (ARC, the MDHSEOC, and MEMA) and other entities required for mission accomplishment. The designated employee will maintain contact with the MDHSEOC through emails, cellular phones, land line phones, text messages or any other form of communication available.

3. MDHS Emergency Operations Center, MDHSEOC. The MDHSEOC QIC will designate a chain of command for each shift. This COC will have at least three designees to ensure adequate coverage throughout the shift.

4. State Emergency Response Team, SERT. The Director, Economic Assistance, will designate the members of the SERT and designate a COC prior to departure to the disaster site. The employee designated as the OIC will maintain communications with the MDHSEOC on a continuous basis throughout the disaster.

B. Signal.

1. There are several means of communication available for disaster operations. They include:

- a. Email
- b. Telephone Land Line
- c. Cellular Phone
- d. Satellite Phone
- e. Facsimile
- f. Text Messaging

2. All divisions have a laptop computer in the MDHSEOC with an individual email address to send and receive emails. See Annex P, State Office Email Addresses to OPLAN 0901 MDHS Disaster Operations.

3. Important telephone numbers to support disaster operations are located *in* Annex Q, Important Telephone Numbers to OPLAN 0910 MDHS Disaster Operations. This annex contains a listing of telephone numbers for the MDHSEOC, MDHS Divisions, MEMA Operations, Agency 1-800 numbers, and the Executive Director's staff.

Acknowledged:

Richard Berry
Executive Director

This annex describes the policies, procedures, and requirements for the Division of Youth Services.

Appendix 1. Operations 24/7 OTS

Appendix 2. Operations w/youth court in affected areas

Appendix 3. AOP's in affected areas

Appendix 4. Relocation of youth located at OTS

Appendix 5. Contact w/youth courts

Appendix 6. Food Service Operations.

Appendix 1. Operations 24/7 OTS. to Annex M. Youth Services, to MDHS OPLAN 0901. Disaster Operations

Training and Orientation to emergency and safety related protocol shall be documented. As a fully operational, twenty-four (24) hour, seven (7) day a week facility, all essential services, programs and activities shall be maintained and available to youth in the event of a disaster, emergency and/or relocation. Furthermore, sufficient fuel, food and commodities to maintain life support systems shall be ensured.

The Youth Services MDHSEOC representative shall monitor the status of the operations and regular updates shall be provided to the Agency (MDHS) Executive Director for the duration of the evacuation/relocation, no less than daily.

The inventory of all vehicles on campus, which lists the condition and capacity of each vehicle. Procedures for collecting, transporting and storing adequate clothing and linen supplies to support youth for the expected duration of the evacuation period. Clothing and supplies for youth shall be furnished by the facility and shall be bundled and secured in three (3) day allotments.

Community Services

1. Regional Directors and community staff are to provide the community services director current staff contact information quarterly.
2. Community staff is to follow local law enforcement directives regarding the emergency procedures for the current situation.
3. Community staff is to contact their regional director as soon as possible to update them on their whereabouts and to report their living conditions following the emergency. If the regionals are not available, they are to contact the community services director as soon as possible.
4. If conditions permit and the area is officially cleared for travel and occupation, staff is to report to their offices or to an assigned shelter to assist other DHS staff providing care to those displaced following the emergency.
5. Community staff in the affected area will assist with locating parents of children in the training school in order to keep the youth there informed of their whereabouts and general status.
6. If the training school is within the affected area, all community staff will assist the training school with emergency releases in order to control the population of the facility and to assist with diverting as many youth as possible for commitment during the crisis.
7. Regional directors are to track the time staff are working at the shelters to report to the community services director.
8. Regional directors are to work with local officials and the youth court judge to develop a general evacuation plan to relocate youth that are held in detention.
9. Community staff will ensure services within their areas continue such as the Adolescent Offender Program. Counselors will verify the safety of faculty prior to any students entering site after a disaster or emergency event shutting the facility down and report their findings to the community services director.
10. Disaster Recovery E-Mail Address: dys.disaster@mdhs.ms.gov or call 601-359-4943.

Appendix 2, Operations w/Youth Court in affected Areas, to Annex M, Youth Services, to MDHS OPLAN 0901, Disaster Operations

Youth Courts shall be informed of the suspension of youth admissions to the training school via the formal written request of the Agency (MDHS) Executive Director.

1. Regional directors are to work with local officials and the youth court judge to develop a general evacuation plan to relocate youth that are held in detention.
2. Disaster Recovery E-Mail Address: dys.disaster@mdhs.ms.gov or call 601 -359-4943.

Appendix 3, AOP,s in Affected Areas, to Annex M. YOUTH SERVICES. To MDHS OPLAN 0901, Disaster Operations

1. Community staff will ensure services within their areas continue such as the Adolescent Offender Program.
2. Counselors will verify the safety of faculty prior to any students entering site after a disaster or emergency event closing the facility and report their findings to the community services director.
3. Disaster Recovery E-Mail Address: dys.disaster@mdhs.ms.gov or call 601-359-4943.

Emergency and Disaster Plan - An evacuation plan, which encompasses all elements of safety, security, medical support, food service and all life support systems shall be established and reviewed annually by the Facility Administrator or Designee, which at a minimum includes the following:

1. Evacuation plans that notate all exits from all buildings on campus, which shall be posted in conspicuous areas throughout each building.
2. All possible evacuation routes from the campus.
3. Alternative locations where youth can be safely housed in case of evacuation until facilities are restored to an environment where youth are protected from harm.
4. Youth shall be temporarily housed depending on the location and severity of an impending or actual emergency/disaster at either the campus formerly known as Columbia Training School or the campus of an area college or university; whichever is closest and least affected.
5. Youth population will be adjusted with the cooperation of the community staff as prescribed in Community Services Policy 32.
6. Disaster Recovery E-Mail Address: dys.disaster@mdhs.ms.gov or call 601-359-4943.

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Court P.O. Box 1144

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Appendix 6, Food Service Operations, to Annex M, Youth Services, to MDHS OPLAN 0901, Disaster Operations

1. Food services for staff and youth shall be provided via contracted vendor for the duration of the relocation at satellite location.
2. Disaster Recovery E-Mail Address: dys.disaster@mdhs.ras.gov or call 601-359-4943.

Disaster Email for the EOC: disaster@mdhs.ms.gov

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Community Services	dcs.disaster@mdhs.ms.gov
Family & Children Services	dfcs.disaster@mdhs.ms.gov
Economic Assistance	dea.disaster@mdhs.ms.gov
Human Resources	dhr.disaster@mdhs.ms.gov
Management Information System	mis.disaster@mdhs.ms.gov
Office of Children and Youth	ocy.disaster@mdhs.ms.gov
Program Integrity	dpi.disaster@mdhs.ms.gov
Program Integrity	dpi.disaster@mdhs.ms.gov
Social Services Block Grant	ssbg.disaster@mdhs.ms.gov
Youth Services	dys.disaster@mdhs.ms.gov
Communications	disaster@mdhs.ms.gov
Consumer Services	disaster@mdhs.ms.gov

MDHS TOLL FREE LISTING

DIVISIONS	TOLL FREE NUMBERS	LOCAL CALL
GENERAL INFORMATION		
Public Information -800-345-MDHS	1-800-345-6347	601-359-4500
Field Staff- All Division	1-800-948-3020	601-359-4503
TDD- Telephone Deaf Device	1-800-676-4154	601-359-2656
AGING & ADULT SERVICES		
Call Routing for Area Agencies on Aging	1-800-948-3090	601-359-4929
MsCAPP	1-888-240-7539	
CHILD SUPPORT		
Information Desk/Call Center	1-866-388-2836	601-359-4861
Client Automated Voice Response	1-800-434-5437	601-354-6039
METSS Help Desk	1-800-937-9803	601-359-4601
ePavment (EPPICard Customer Service)	1-866-461-4095	
CHILDREN & YOUTH		
Child Care Express	1-800-877-7882	601-359-9672
COMMUNITY SERVICES		
LIHEAP/WAP Programs	1-800-421-0762	601-359-4770
ECONOMIC ASSISTANCE		
Treasury Offset (FTROP)\	1-800-948-4050	601-359-4344
EBT Help Desk	1-866-449-9488	601-359-4419
EBT Help Line- Retailers	1-866-598-1772	
EBT Help Line- Customers	1-866-512-5087	601-359-4429
Field Staff/ County Support (MSCAP UNIT)	1-800-948-4060	601-359-4819
MAVERICS & JAWS Jobs Help Desk	1-800-832-0695	601-359-4847
Abstinence/Healthy Marriage	1-800-590-0818	601-359-4688
Client Inquiry	1-800-948-3050	601-359-4796
EPPICard (Clients who receive funds on the EPPICard under TANF, etc.)	1-866-461-4095	
FAMILY & CHILDREN SERVICES		
Adoption Resource Exchange	1-800-821-9157	601-359-4407
Adoption F&CS Region V, VI & VII	1-866-229-9417	601-426-1241
Field Staff	1-800-553-7545	601-576-2501
Child Abuse Hotline	1-800-222-8000	601-359-4991
Foster Care	1-800-345-6347	
HUMAN RESOURCES		
Personnel	1-800-433-1210	601-359-4444
PROGRAM INTEGRITY		
Fraud Hotline	1-800-299-6905	601-359-4907
YOUTH SERVICES		
Oakley Training School	1-866-312-7215	601-359-4972

EMERGENCY NUMBERS

DEPARTMENT OF HUMAN SERVICES

601-359-4932

Child Support and Family & Children Services

601-359-4940

Executive Office and Economic Assistance

601-359-4943

Youth Services and Aging & Adult Services

601-359-4950

Human Resources, Program Integrity and Budgets & Accounting

601-359-4952

MIS, SSBG, Office for Children & Youth and Community Services

AMERICAN RED CROSS

Central Mississippi Chapter

601-353-5442

<http://www.mississippi-redcross.org/>

MEMA

601-933-6362

24 Hr Emergency Line 1-800-222-6362

Fax 601-933-6800

www.msenia.org/

MEDICAID

601-359-6050

Toll free 1-800-421-2408

<http://www.medicaid.ms.gov/>

AAS- Aging and Adult Services	HR- Human Resources
AGO- Attorney General's Office	ITS- Information Technology Services
AOP- Adolescent Offender Program	JAWS- JOBS Automated Work System
APS- Adult Protective Services	JOBS- Job Opportunities and Basic Skills
B&A- Budget and Accounting	LIHEAP- Low-Income Home Energy Assistance Program
CAA- Community Action Agency	MACWIS- Mississippi Automated Child Welfare Information System
CCDF- Child Care Development Fund	MAVERICS- Mississippi Applications verification Eligibility Reporting Information and Control System
CMS- Cope Management System	MDHSEOC- Mississippi Department of Human Services
COC- Chain of Command	MEMA- Mississippi Emergency Management Agency
CP- Custodial Parent	METSS- Mississippi Enforcement and Tracking Support System
CKDU- Central Receipting and Distribution Unit	MIS- Management Information Systems
CS- Community Services	OCY- Office for Children and Youth
CSE- Child Support Enforcement	OIC-Officer In Charge
CSEO- Child Support Enforcement Officer	OPLAN- Operation Plan
CSR- Client Service Representative	OTS- Oakley Training School
DED- Deputy Executive Direction	PI- Program Integrity
DFA- Department of Finance and Administration	PPE- Personal Protective Equipment
EA- Economic Assistance	SERT- State Early Response Team
EACD- Economic Assistance County Director	SNAP- Supplemental Nutrition Assistance Program
EARD- Economic Assistance Regional Director	SPO- Special Projects Officer
EBT- Electronic Benefits Transfer	SSBG- Social Services Block Grant
ED- Executive Director	TANF- Temporary Assistance for Needy Families
EDO- Executive Director's Office	TCC- Transitional Child Care
ESF6- Emergency Support Function 6	TT- Transitional Transportation
EW-Eligibility Worker	TWP- TANF Work Program
FCS- Family and Children's Services	VOAD- Voluntary Organization Active in Disaster
FNS- Food and Nutrition Service	YS- Youth Services
HHS- Health and Human Services	

UPDATED APRIL 24, 2012
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
COUNTY DIRECTORY FOR ECONOMIC ASSISTANCE
CATHY SYKES, DIRECTOR
DIVISION OF ECONOMIC ASSISTANCE
P.O. BOX 352, JACKSON, MS 39205
TELEPHONE: 601-359-4093

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02	ALCORN Janis Haynie	P.O. Box 2170 2690 S. Harper Road Corinth, MS 38834 (662) 286-2205 FAX: (662) 286-7721	I
	Supervisors: Gayle Forsythe		
03	AMITE Carolyn Wooley	P.O. Box 305 185 Irene Street Liberty, MS 39645 (601) 657-8066 FAX: (601) 657-8068	III
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(662) 224-6245
FAX: (662) 224-6308

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83	BOLIVAR -Branch	P.O. Box 368 706 Bradford Street Rosedale, MS 38769 (662) 759-3552 FAX: (662) 759-3465	II
	Supervisor: Vivia Michael		
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08	CARROLL Cathy Whitfield	205 Lee Street Vaiden, MS 39176 (662) 464-5961 FAX: (662) 464-5342	II
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14	COAHOMA Vanessa Long	P. O. Box 310 917 Ohio Avenue Clarksdale, MS 38614 (662) 624-3050 FAX: (662) 624-3038	II
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	Supervisors: VACANT		
16	COVINGTON William Tracey Lott	P. O. Box 1179 107 Arrington Avenue Collins, MS 39428 (601) 765-6585 (601) 765-5004 FAX: (601) 765-8248	IV
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FAX: (601) 587-3008 | III |
| 40 | LEAKE
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- 44 **LOWNDES** 1604 College Street I
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- Supervisors: Shirley Williams, Leland Gilmore**
- 45 **MADISON** 867 Martin Luther King II
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- Supervisors: Melissa McCarty, Gordon Frederick**
- 46 **MARION** 511 South Main Street III
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- Supervisor: Marilyn Rushing**
- 47 **MARSHALL** P O Box 218 I

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Supervisor: Anita Gentry

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70 **TIPPAH** 159 Bails Road I
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71 **TISHOMINGO** County Courthouse I
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 Iuka, MS 38852
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 FAX:(662) 423-7057

72 **TUNICA** 1490 Edwards Avenue II
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 Tunica, MS 38676
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73 **UNION** 923 Fairground Spur Road I
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74 **WALTHALL** P O Box 430 III
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Tylertown, MS 39667
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FAX: 876-3262

75 **WARREN** 1316 Openwood Street III
Ms. Terri Cosey Vicksburg, MS 39183
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FAX: (601) 638-0108

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76 **WASHINGTON** P O Box 1019 II
Mr. Billy Benson 925 Main Street
Greenville, MS 38702-1019
(662) 335-6051
FAX: (662) 334-3554

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Waynesboro, MS 39367
(601) 735-4752
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78 **WEBSTER** P O Drawer E I
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79 **WILKINSON** P O Box 726 III

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OFFICE OF FIELD OPERATIONS
P. O. BOX 352, JACKSON, MS 39205
601-359-4823 – FAX 601-359-4347

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<p>GWEN WILLIAMS, REGIONAL DIRECTOR REGION III P O BOX 538 300 EAST CHICKASAW STREET BROOKHAVEN, MS 39602 BARBARA DUVALL – SECRETARY PRINCIPAL PHONE: 601-823-1997, FAX: 833-3530</p> <p>ADAMS, AMITE, CLAIBORNE, COPIAH, FRANKLIN, HINDS, JEFFERSON, JEFFERSON DAVIS, MARION, LAWRENCE, LINCOLN, PIKE, RANKIN, SIMPSON, WALTHALL, WARREN, WILKINSON</p>	<p>LARRY STREBECK, REGIONAL DIRECTOR REGION IV P O BOX 1943 (mailing address) LAUREL, MS 39441 5110 HWY 11 NORTH (physical address)</p> <p>ELLISVILLE, MS 39437 Marinda Brabham – SECRETARY PRINCIPAL PHONE: 601- 426-1219, FAX: 426-1207</p> <p>CLARKE, COVINGTON, FORREST, GEORGE , GREENE, HANCOCK, HARRISON, JACKSON, JASPER, JONES, LAMAR, LAUDERDALE, NEWTON, PERRY, PEARL RIVER, SCOTT, SMITH, STONE, WAYNE</p>

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: ADOLESCENT OPPORTUNITY PROGRAM (AOP) MONITORING	Policy Number: 32
Number of Pages: 1	Section:
Attachments: A. AOP Monitoring Tool	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that the Regional Directors and Youth Services Counselors monitor the Adolescent Opportunity Program (AOP) to ensure that the AOP is in compliance with the Scope of Services outlined in the contract agreement.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Scope of Services – the guidelines and procedures in which the AOP Programs are to provide services.

Monitor – means to oversee the AOP programs to ensure compliance with the scope of services.

III. PROCEDURE

All Division of Youth Services Regional Directors will monitor the AOPs within their respective regions at least quarterly. The Regional Director will use the short monitoring tool. If the Regional Director finds a problem, they will report it to the Community Services Director and the AOP unit. All Division of Youth Services Counselors will monitor counties within their assigned districts at least monthly. The counselor is responsible for reporting any problems to the Regional Director. The AOP unit is responsible for completing a long monitoring tool when monitoring the AOP.

AOP SITE VISIT RECORD

Date: _____ R.D.: _____

County Site Visted: _____ Agency: _____

Site Location & Environment: _____

Staff

Present Day of Visit

_____ Position

_____ Name

Intake & Program Review

Total Juveniles in Program: _____

Total number Pending: _____

Explain the intake process: _____

Activities

Length of time the program last each day: _____

How many days per week? _____

Is Transportation provided? _____

Is there parental involvement? _____

Phases

Are phases used in the AOP? _____

List phases and number of Juveniles in each: _____

Phase 1 How many juveniles?

Meeting per week?

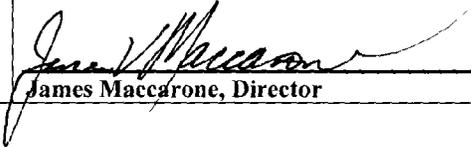
Phase 2 How many juveniles?

Meeting per week?

Phase 3 How many juveniles?

Meeting per week?

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
COMMUNITY SERVICES**

Subject: YOUTH ASSESSMENT SCREENING INSTRUMENT	Policy Number: 33
Number of Pages: 3	Section:
Attachments:	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that upon initially entering the youth services office, every youth must undergo a screening and assessment. The screening and assessment may be used to develop a case plan designed to address the needs of the youth under the supervision of the youth court.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. **Screening** – An objective process of identifying potential risk factors for future delinquent behavior and problem areas impacting normal adolescent development.
- B. **Assessment** – A more thorough evaluation process using standardized instruments and procedures designed to further assess identified risk factors and other problem areas. The goal of these assessments is to delineate specific interventions and programming designed to reduce the propensity for further delinquent activity and facilitate improved functioning toward normal adolescent development and health.
- C. **Risk/Need** – Certain behavioral and/or cognitive areas that have been found to have a high correlation with and predictive of future criminal behavior.

Subject	Policy #	Page
YOUTH ASSESSMENT SCREENING INSTRUMENT	33	2 of 3

- D. **Case/Treatment Plan** – A detailed written plan addressing identified clinical needs prepared by a youth services counselor which details specific measurable objectives, evidenced based treatment interventions, behavioral management plans, persons responsible for delivering services and reasonable time frames for accomplishing these tasks.
- E. **Re-Assessment** – The periodic use of the various screening and assessment instruments to identify any changes in a youth’s risk/need scores and/or to measure treatment impact.
- F. **Serious Mental Illness** – Any mental illness which severely impacts a youth’s ability to establish and maintain normal interpersonal relationships or function in an age appropriate manner to include diagnoses with psychotic features, schizophrenia, severe post-traumatic stress disorder or schizoaffective disorder.

III. PROCEDURE

The youth screening and assessment procedure shall take place in two consecutive phases. Phase I shall consist of the screening of youth by the Intake Unit using the identified tools. Phase II shall consist of the assessment of youth by the assigned supervision counselor using the appropriate tools based on the level of risk/need identified in Phase I.

- A. **Phase I: Screening** – Every youth referred to the youth services office shall have an initial screening completed by the Intake Unit. When appropriate, standardized screening instruments may be administered by another staff member who has received specific training in the use of these instruments. In such a case, the results of the screening instruments shall be reviewed by a regional director. If the YASI or MAYSI screening instruments have been administered within the last 60 days by institutional staff, the instruments shall not be re-administered unless the prior results appear unreliable or inaccurate. The protocol is as follows:
 - 1. **Initial Screening** – All youth shall be screened by the intake counselor using the Initial Screening Protocol.
 - 2. **Youth Assessment and Screening Instrument (YASI)**
 - a. The YASI shall be administered during intake.
 - b. Intake staff shall pose standard questions to youth following the YASI tool format.
- B. **Phase II: Assessment** – Youth whose initial screens indicate the possible need for mental health services, shall receive timely, comprehensive and appropriate assessment by the local mental health center. Assessments shall be updated as new diagnostic and treatment information becomes

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available. All youth who have been identified as having a high level of risk/need shall have further testing done in order to identify treatment and programming needs to be included in the youth's treatment plan, which address the identified risk/need.

- C. **Re-Assessment** - A re-assessment shall be completed if significant new facts are learned, if programming appears to have had a substantial impact on behavior and thinking, and/or if it has been ninety days since the last formal assessment. The YASI re-assessment shall be completed by the assigned counselor. If needed, psychological testing shall be completed by the local mental health center or a private psychologist. If needed, educational testing shall be completed by the youth's local school district.
- D. **Referral** – Youth with serious mental illness shall be promptly transferred to an appropriate setting that meets their needs.
 - 1. Screening – If the mental health screen identifies an issue that places the youth's safety at immediate risk, the youth shall be immediately referred to a qualified mental health professional for assessment, treatment, and any other appropriate action, such as transfer to a more appropriate setting.
 - 2. Assessment – Youth whose mental health screens indicate the possible need for mental health services shall receive timely, comprehensive and appropriate assessments by the local mental health center. Assessments shall be updated as new diagnostic and treatment information becomes available.
- E. **Documentation** – The Youth Assessment and Screening process shall be documented and records shall be maintained in the youth's case file.
- F. **Training** - All staff who are responsible for working with youth during the intake and assessment process, and staff who assist in the development and implementation of the treatment plans, shall receive training in the programming needs assessment process. In-service training requirements shall be determined annually.

MDHS/DYS Training School
Oakley Campus
Initial Screening Protocol – 33A

Name _____

Date _____

Sources of information: (check all that apply)

- Youth Community Counselor School records Prior Commitment Record
 Court Record Prior MH Record Other Minimal Historical Information

Section I: Mental Health History

1. Why are you here?
2. How do you feel about being here?
3. Within the past year have you experienced any of the following:
 - a. Death of a friend, acquaintance or family member Yes No
 - b. Divorce or separation of parents? Yes No
 - c. Major loss or worsening of relations with your friends or family? Yes No
 - d. Serious illness of yourself, a family member or a close friend?
 - e. Any other upsetting, stressful or difficult event?
4. Has anyone close to you ever committed suicide? Yes No
5. Have you ever been in counseling for emotional, psychological, behavioral or family problems? Currently? Yes No Previously? Yes No
6. Have you ever been in a hospital for emotional, psychological or family problems? Yes No
7. Have you ever been prescribed medication for emotional, psychological or family problems? Currently Yes No Previously? Yes No
8. Have you used alcohol or taken other drugs within the past 48 hours? Yes No
If yes to 13., What? And how much?
9. In the past few days, have you felt like hurting someone else? Yes No
If yes, Who? Circumstances? What did you think about doing?

Section II: Risk Factors

10. In the past few days, have you felt that life is not worth living? Yes No
11. Do you feel that your life will never get better?
12. Have you ever done anything on purpose to hurt yourself? Yes No
If yes, What? When? Circumstances?
13. In the past few days, have you felt like hurting yourself? Yes No

Section III: Intake Staff Observances:

1. Fresh wounds or injuries that appear to be self-inflicted? Yes No
2. Extreme emotional responses (e.g., crying, hostility, sadness, fear)? Yes No
3. Other unusual behavior (e.g., inappropriate laughter, bizarre, speech, Appears to be hearing voices)? Yes No
4. Demonstrates signs of a serious emotional disturbance? Yes No

Intake Staff Name: _____ Date/Time: _____

Signature: _____

Reviewed by QMHP: _____ Date/Time: _____

Section IV: Disposition: (If yes to any item in Section II, initiate Safety Alert)

- Routine Observation Safety Alert

Rationale for Safety Alert:

(Attach copy of Safety Alert if initiated)

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: CASE MANAGEMENT SYSTEMS	Policy Number: 34
Number of Pages: 2	Section:
Attachments: None	Related Standards & References:
Effective Date: June 1, 2012	Approved:  James Maccaroné, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that all data and information created and collected by DYS employees on youth in the custody, care or under the supervision of Youth Services shall be entered and managed via the Case Management Systems (CMS) to ensure continuity of care and effective information sharing throughout the State. Employees shall only have access to youth information as required by role or responsibility.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. CMS — the abbreviated form of Case Management Systems, which is a computer-based case management data-base which is used to track the history, educational, mental health, medical history and needs of youth who come in contact with the juvenile justice system.
- B. CMS Database Administrator — The Information Technology (IT) Senior Systems Administrator designated by the Division Director or designee to manage the database.

III. PROCEDURE

- A. Access — The CMS Database Administrator shall control and manage access to the CMS database. All employees shall only be allowed access to youth information as necessary and determined by their organizational role and responsibility.

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- i. Log-in - each employee shall have a unique and individual log-in identification and password, which shall be developed and assigned by a CMS Database Administrator.
- ii. All employees shall be informed of their log-in and password before the end of the New Employee Orientation period.
- iii. Existing employees shall be provided with an individual ID log-in and passwords by the CMS Database Administrator via their direct supervisor.
- iv. Computers equipped with CMS shall be placed strategically throughout offices in DYS Community Services to allow for data input and report generation.

D. Training

- i. Pre-Service: all new employees shall attend no less than two (2) hours of introductory training, which shall at a minimum include:
 - 1. Log-in/Access
 - 2. Role responsibilities
 - 3. Report preparation and generation
 - 4. Database navigation
 - 5. Data Input.
- ii. In-Service: All employees shall at a minimum attend one (1) hour of refresher training annually, which shall cover all topics noted above in addition to new or updated functions.

June 1, 2012 MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES	
Subject: Interstate Compact	Policy Number: 35
Number of Pages: 3	Section:
Attachments: NONE	Related Standards & References: <u>www.juvenilecompact.org</u>
Effective Date: June 1, 2012	Approved:  <hr/> James Maccarone, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services to complete all required paperwork and monitor any child that is involved with the Youth Court through Interstate Compact.

Each state that is a party to the Interstate Compact on Juveniles shall process all referrals involving all juveniles in which services have been requested, providing that the juvenile is under juvenile jurisdiction in the sending state.

Supervision shall not be transferred to another state without receiving verbal or written approval from the Interstate Compact on Juveniles office.

II. DEFINITIONS

None

III. PROCEDURE

When an Interstate Compact case is initiated, the sending state shall ensure that the following referral documents are completed and are forwarded to the Interstate Compact Division within the Mississippi Department of Human Services: Form IA/VI, Form IV, Order of Adjudication and Disposition, Conditions of the Probation, Legal and Social History (if available), Petition and/or Arrest Report, and any other helpful information deemed to be of benefit to the receiving state.

Note: Parole conditions shall be forwarded to the receiving state upon the juvenile's release from an institution.

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A. Home Evaluations

Home evaluations must be completed on each juvenile that is sent through Interstate Compact. The home evaluation form can be located on the Interstate Compact website at www.juvenilecompact.org. When completing home evaluations, staff must use safety. One may ask local law enforcement or other staff to accompany them on the home evaluation.

B. Supervision Fee

Neither sending nor receiving states can impose a supervision fee on any juvenile who is supervised under the provisions of the Interstate Compact on Juveniles.

C. Communication and Confidentiality

All communication between states, whether it be written or verbal, on Interstate Compact on Juveniles issues shall be transmitted to the Mississippi Department of Human Services Interstate Compact Division. Communication may occur through local jurisdictions with the **approval** of the Interstate Compact on Juveniles offices in both states.

Confidentiality rules shall be respected during communication involving any Interstate Compact case.

D. Release of Supervision

All Interstate Compact cases supervised by the Division of Youth Services must submit a written request for release or termination of interstate compact supervision. If the period of supervision or court order has expired, staff shall forward a summary report to the Mississippi Department of Human Services-Interstate Compact Division, explaining that the time has expired and unless otherwise notified, the case will be closed.

E. Deny Supervision

No case can be denied supervision based solely on the juvenile's age or offense.

Supervision may be denied if the home evaluation of a non-custodial person of the proposed placement is unsuitable and the juvenile will reside with the non-custodial person, due to the person entitled to legal custody does not reside in that state.

F. Travel Permits

Travel Permits and Agreements to Return shall be issued to all juveniles subjected to the terms of Interstate Compact.

Travel Permits and Agreements shall be issued to all juveniles subjected to the terms of Interstate Compact on Juveniles for visits, vacations, and all other referrals in which a juvenile has been adjudicated for any of the following: sex-related offenses, violent offenses in which there was personal injury or death, or an offense involving a weapon.

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Travel Permits shall be issued for visits/vacations if the visit will exceed 48 hours.

Out-of-state travel shall be approved by the Youth Services Counselor or court designee supervising the juvenile. The authorization shall be provided to the Mississippi Department of Human Services Interstate Compact Division prior to the travel. The travel form can be located at www.juvenilecompact.org

G. Notification and Supervision

If a juvenile has been adjudicated for a sex-related offense and an interstate compact referral is made, a copy of the juvenile's current risk assessment (YASI) and any other pertinent information shall be included with the Interstate Compact packet.

If there are state statutorily-mandated progress report requirements for juvenile sex offenders that exceed the quarterly reports, the Youth Services staff shall comply with the more stringent rule.

H. Sexual Offenders

(See current law on sex offenders)

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: ADOLESCENT TEAM (A – TEAM)	Policy Number: 36
Number of Pages: 3	Section:
Attachments: Referral Packet	Related Standards & References: Mississippi Code annotated 1972 Section 43-14-1
Effective Date: June 1, 2012	Approved:  James Maccarone, Director

I. POLICY

It is the policy that an Adolescent Team (A-Team) will be established in each Mississippi Department of Human Services, Division of Youth Services Region.

The A-Team shall provide System of Care Services for non-violent youthful offenders who have serious behavioral or emotional disorders.

The establishment and functioning of the A-Team is set in statute and will follow guidelines set by Mississippi Code Annotated 1972, Section 43-14-1.

A completed referral packet, on each juvenile, is to be completed and presented to the Regional A-Team.

II. DEFINITIONS

None

III. PROCEDURE

A Community Services, Youth Services Counselor is responsible for completing a referral packet on any youth paroled from Oakley Youth Development Center on psychotropic drugs and any youth in the community hard to place. All youth must be staffed by the A-Team prior to being referred to the State Review Team.

A-Teams

Target Population

Section 43-14-1(4) (b)

Juvenile offenders (up to age 20) who are identified by the respective Youth Court in each youth's home county as non-violent youthful offenders who have serious behavioral or emotional disorders; these "non-violent offenses" include those termed "status offenses".*

The "non-violent offender" has been defined as including non-status and status offenses as long as they are non-violent. Specifically these are as follows: alcohol offenses, arson, making threat of injury to a building, school, or program; burglary; CHINS/Runaway; contempt of court; disorderly conduct; drug offenses; grand larceny; harassment; malicious mischief; petit larceny; and shoplifting.

Section 43-21-605(1) (k) (iii) & (1)

"The disposition order provides that the court has considered the medical, educational, vocational, social & psychological guidance, training, social education, counseling, substance abuse treatment, and other rehabilitative services required by that child as determined by the court; or

Referral to A-Team provided system of care services".

Team Coordinators

- Division of Youth Services Regional Director
- Others as approved by MDHS/DYS

Team Composition

- Youth Court Counselor
- Community Mental Health Professional
- School Counselor or School Attendance Officer
- Social Services/Child Welfare Professional
- Parent of a child with Serious Emotional Disturbance (SED) who has been in the juvenile justice system

*Status offenses include: Child in Need of Supervision, Runaway, Disobedient Child, Child in Need of Special Care, and Truancy.

Special Notes for the A-Team Referral Process

1. A-Teams are not placement teams for 24-hour treatment centers or hospitals nor are they authorized to recommend placement in a training school. A-Teams are responsible for recommending an appropriate system of care in the community for youthful offenders for whom such a system of care can be identified.
2. The Community Mental Health Center (CMHC) representative on each A-Team shall be an individual with a Master's degree, at a minimum, from children's youth mental health services of a CMHC who is qualified as per current DMH Minimum Standards for Community Mental Health/Mental Retardation Services to conduct an Intake/Assessment.

The completed A-Team Referral packet should provide adequate amounts and types of information for the CMHC team representative to make a preliminary determination that a youth meets or does not meet a diagnosis from the DSM-IVR that is among those recognized by the Mississippi Department of Mental Health's clinical determination of being a serious emotional disturbance (SED). Also, an additionally important role for the CMHC representative is to determine the initial intensity and types of community-based mental health services for respective youth who can be appropriately served through a system of care in the community.

The presence and participation of appropriate CMHC members on the A-Team provide the prescribed State Statute 43-14-1 Sec (4) b linkage between MAP Teams and A-Teams.

3. A case identified as a "Child in Need of Supervision" (CHINs) who has a serious behavioral or emotional disorder may be served by the A-Team or the MAP Team.
4. The DYS Counselor is responsible for making certain that the A-Team referral packet is completely filled out and that any requested available documents are attached to the referral packet.

Mississippi Department of Human Services, Division of Youth Services
A-Team Memorandum of Agreement-Page 1 of 4

- I. Each A-Team exists to:
 - A. Review cases concerning juvenile offenders (up to 20 years of age) who are identified by the respective Youth Court in each youth's home county region as non-violent offenders who have serious behavioral or emotional disorders;
 - B. Facilitate the provision and coordination of the identified services and supports in the community; and,
 - C. Facilitate continuity of care for this target population and their families.

- II. The Referral Source presenting the case agrees:
 - A. To refer only those youth/juveniles (up to 20 years of age) defined in Section I.A. above;
 - B. To notify the child's/youth's guardian/parent, youth services counselor, and/or other agency representative(s) that have been charged to serve the respective youth at the team meeting, to provide clarification; and,
 - C. To adhere to the prescribed referral process for utilization of this team, e.g., completion and return of the required Referral Form, etc, to the Team Coordinator.

- III. The Host Agency is the Department of Human Services, Division of Youth Services:

Youth Services is responsible for coordinating the A-Team and identifying a facility for meetings.

- IV. A-Team members representing the respective agencies/organizations agree to the following as per Mississippi Code 43-14-1 and 43-21-605 and other requirements.
 - A. The agencies represented must include a School Counselor, a Community Mental Health Center Professional, a DHS County Family and Children's Social Services representative in the respective area, a Youth Services Counselor for the respective area, and a parent who has had a child in the juvenile justice system.
 - B. Cases reviewed will be those defined in Section I.A. of this agreement and as per Section 43-14-1 of the MS Code. Substance abuse/misuse can be co-occurring.

**Mississippi Department of Human Services, Division of Youth Services
A-Team Memorandum of Agreement-Page 2 of 4**

C. Additionally, as per this same State Code, the A-Team and its representative members are authorized:

1. To attend A-Team meetings and participate in developing a System of Care in the community for the youth.

OR

To send a representative to the A-Team meetings, as in the cases of statutorily named agencies that are required as per state statute to participate in developing a system of care in the community for the youth.

Note: Each Community Mental Health Center with a county or counties in the respective A-Team DYS Region will send a mental health professional with a master's degree at a minimum, from children and youth behavioral health services to those meetings at which the case of a youth from the respective CMHC region will be addressed. It is the responsibility of the A-Team Coordinator to notify the CMHC representatives needed for each A-Team meeting.

Where meetings are to be held:

Name of Facility/Building	Location/Address
---------------------------	------------------

Date/Day of Month for Meeting	Time of Day
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2. To identify community-based services for the targeted non-violent juvenile offenders;
3. To facilitate the provisions and coordination of services across agencies/entities for the targeted non-violent population;
4. To facilitate continuity of care for non-violent juvenile offenders with serious behavioral or emotional disorders and their families;
5. To maintain confidentiality regarding all information discussed during the meeting and decisions regarding services for a youth.

**Mississippi Department of Human Services, Division of Youth Services
A-Team Memorandum of Agreement-Page 3 of 4**

6. To utilize the terms of this agreement for one year, at which time the annual Memorandum of Agreement revision and renewal process will be completed.

Additionally, the A-Team Coordinator agrees

1. To maintain documentation on each youth of Team actions/ recommendations;
2. To inform the Team Members of any invited guest(s) prior to a scheduled Team meeting, and,
3. To have the right to refuse invited guest(s) who have had prior conflict with the courts or members.

V. Monthly Reporting: Monthly reports will be submitted to the state A-Team Coordinator, Community Services Director in the Division of Youth Services as required in addition to any reports requested by local/state agencies participating in this Team.

VI. Signatures

Signature-DHS/DYS Regional Director	Printed Name	Date
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Signature-DHS Family /Children Social Services Regional Director	Printed Name	Date
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Signature-CMHC Executive Director*	Printed Name	Date
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Signature-CMHC Executive Director*	Printed Name	Date
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Signature-CMHC Executive Director*	Printed Name	Date
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Signature-CMHC Executive Director*	Printed Name	Date
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Signature-CMHC Executive Director*	Printed Name	Date
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*Each CMHC with counties within the respective A-Team region must have an appropriate signature from each CMHC region.

**Mississippi Department of Human Services, Division of Youth Services
A-Team Memorandum of Agreement-Page 4 of 4**

Signature-DHS/DYS County Counselor	Printed Name	Date
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Signature-School Counselor/ School Attendance Officer	Printed Name	Date
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Signature-Parent Representative	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Memorandum of Agreement Period: _____
(One year from date of last signature)

A-Team Confidentiality Statement

Signed by A-Team Members and Others Present PRIOR to Reviewing the case of each individual youth

Confidentially Statement for:

Name _____ SS# _____

I affirm that

I shall respect the privacy of the youth and their families, holding in confidence all information obtained in the course of interagency collaboration and A-Team meetings. Therefore, I will not disclose case confidences to anyone, except as mandated by law.

I shall possess a professional attitude that upholds confidentiality towards the youth, their families, colleagues, and any sensitive situations that arise in the community.

I will work cooperatively and collaboratively with others focused on maintaining confidentiality and serving the clients and families through the A-Team process.

My signature below is evidence of my adherence to the A-Team Confidentiality Statement.

DATE REVIEWED _____

DHS/DYS Regional Director

DHS/DYS Youth Court Counselor

DHS Family and Children Services Representative

CMHC Representative

School Counselor or Attendance Officer

Parent Representative

Referring DHS/DYS Counselor

Signature _____ Representing _____

Signature _____ Representing _____

Signature _____ Representing _____

Signature _____ Representing _____

**Confidential Information Collected for DHS Division of Youth Services A-Team
1 of 8**

INTRODUCTION INFORMATION

Date of Referral _____ DHS/DYS Region _____

Referring Counselor _____ Location _____

Date of Court Hearing _____

Name of Youth _____ DOB _____ Race _____ Sex _____

Address _____

SS # _____ Telephone _____ Medicaid/Ins. _____

Mother _____ Telephone _____ Employment _____

Address _____

Father _____ Telephone _____ Employment _____

Address _____

Legal Guardian/Custodian _____ Telephone _____

Employment _____ Address _____

Current Charges

Previous Violation of Probation of Parole

Brief Summary of Court History (Also Attach Offense Sheet)

Brief Summary of Mental Health (Please report any additional information regarding the youth's mental health and the behaviors consistently demonstrated by the youth. Also attach current psychological or CMHS Intake and/or Treatment Plan, if available)

CASE INFORMATION

Name _____ SS# _____

1. Previous Out of Home or Residential Placements: Yes or No

If yes—Name _____ Type/Facility _____

Location _____ Time Period(s) _____

Facility Recommendations _____

Name _____ Type/Facility _____

Location _____ Time Period(s) _____

Facility Recommendations _____

2. MDHS Custody Placements: Yes or No

If yes--# of Foster Homes _____ Reasons for removal/re-placements & Time Periods

#1. _____

#2. _____

3. Review DYS Social History Attached and provide the following information.

Strengths of Youth	Strengths of Family

4. Education History (Attach available current information)

Current School/Most recent attended & dates _____

City/County/State _____ Grade Level _____ Grades _____

Sp Ed: Yes or No Eligibility Ruling _____

Disciplinary Actions: Yes or No Suspension (date) _____; Expulsion(date) _____

Alternative School: Yes or No Dates: _____

5. Medical History (Attach available current information)

Allergies _____ Physical Impairment _____

Surgery _____

Current or Chronic Disease _____

Pertinent Family Medical History _____

Other Pertinent Medical Information _____

NAME _____ SS # _____

6. Mental Health History

Has the Youth been reviewed by MAP Team? Yes or No Explain _____

Receiving Mental Health Services: Yes or No If yes, check appropriate services:

outpatient therapy case management day treatment physician services

medications (Identify) _____

Agency providing mental health services & duration: _____

Hospitalized for psychiatric treatment: Yes or No If yes, give location/attach discharge summary, if available: _____

Other important information including pertinent family history: _____

7. Review the Resources for this Youth currently being assessed by youth and family:

Name _____ Type/Facility/Agency _____

Dates _____ Location _____ Cost _____

Name _____ Type/Facility/Agency _____

Dates _____ Location _____ Cost _____

Name _____ Type/Facility/Agency _____

Dates _____ Location _____ Cost _____

Name _____ Type/Facility/Agency _____

Date _____ Location _____ Cost _____

Name _____ Type/Facility/Agency _____

Dates _____ Location _____ Cost _____

Identify any other resources that have been contacted or might be appropriate to contact for this client and the client's family.

8. Please provide any additional pertinent information below or on a separate sheet.

A – Team Recommendations

Name _____ SS# _____

Why was this client referred to the A-Team?

Recommendations:

1. Educational Recommendations
2. Mental Health Recommendations
3. Youth Services Recommendations
4. Family & Children/Social Services Recommendations
5. Other recommendations

A-Team Member Signature

Date _____

1. DHS/DYS Regional Director _____

2. DHS/DYS Representative Counselor _____

3. DHS Family & Children Services/Social Services Rep _____

4. CMHC Representative _____

5. School Counselor/School Attendance Officer _____

6. Parent Representative _____

A-Team Release Form
Authorization to Release or Obtain Protected Health Information

Name _____ County _____

Sex _____ Date of Birth _____ Social Security Number _____

Authorized Representative (if applicable) _____

I, _____ or I, as the _____, authorize
(Name) (parent/guardian/other judicially authorized person)

_____ to release or obtain (circle one) my protected
health information records to/from _____
(Name of person/title of entity and address to whom/from whom information will be disclosed/obtained).

I specifically authorize/consent to the release or obtaining (circle one) of health
information/records pertaining to the following: _____

_____ for the specific purpose of _____

Dates of Service for which information/record is requested or will be released
from _____ to _____

I understand that I have the right to revoke this authorization at any time. I understand that to revoke this authorization, I must provide a specific request to revoke the authorization in writing to any A-Team member.

I understand that my revocation will not apply to action or any information that has already been released/obtained in response to this authorization.

I understand that my authorizing the disclosure/obtaining of this health information is voluntary. I understand that I may inspect or copy information to be used or disclosed as provided by law. I understand that any disclosure of information carries with it the potential for disclosure and that the information may no longer be protected by federal confidentiality laws.

Signature of Individual Date

Signature of Parent/Guardian/Judicially Authorized Representative Date

Signature of Witness Date

A-Team Tracking Form

Name _____ Social Security Number _____
Contact Person _____ Telephone _____

This case presented initially to the A-Team on _____ will be tracked by the A-Team based on the recommendations and timelines provided. The first review date is scheduled for _____.

1. Reviewed on _____ .Comments/Needs at the time of review:

Next scheduled review date _____

1. Reviewed on _____ .Comments/Needs at the time of review:

Next scheduled review date _____

1. Reviewed on _____ .Comments/Needs at the time of review:

Next scheduled review date _____

1. Reviewed on _____ .Comments/Needs at the time of review:

Next scheduled review date _____

1. Reviewed on _____ .Comments/Needs at the time of review:

Next scheduled review date _____

1. Reviewed on _____ .Comments/Needs at the time of review:

Next scheduled review date _____

Case Closed _____ or continue A-TEAM services with next A-TEAM Review or Other Referral _____

Referral to State Level Case Review Team

SPECIAL NOTE: The Complete A-Team Referral Packet and its attachments serve as the State Level Case Review Referral Packet.

To be completed by Referring A-Team

Date _____ Referring DHS/DYS Regional Director _____
Telephone _____

Name of Youth _____ DOB _____ Race _____ Sex _____
SS# _____ Telephone _____ Medicaid/Insurance _____

Reason for Referral to State Level Case Review Team

To be completed by State Case Level Review Team

Recommendations:

Signature

Date

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: DRESS CODE	Policy Number: 37
Number of Pages: 3	Section:
Attachments:	Related Standards & References: MDHS AP-21 & DYS Institutional Dress Code Policy XV.3.D
Effective Date: June 1, 2012	Approved:  James MacCarone, Director

I. POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services that all DYS staff adhere the Mississippi Department of Human Services Dress Code policy.

All DYS staff employees must adhere to the Oakley Youth Development Center Dress Code Policy while on campus.

II. DEFINITIONS

None

III. PROCEDURE

None

IV. PURPOSE

This policy is established for the purpose of providing guidelines in promoting a professional image. This policy is not to be constructed as a uniform dress code, but as a guide for acceptable business attire for employees of the Mississippi Department of Human Services (MDHS).

PERSONAL APPEARANCE

The Mississippi Department of Human Services recognizes that standards of dress vary depending upon the individual, work location, type of work, and the amount of contact with the

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public. Therefore, it shall be the obligation of the employees to use discretion and good judgment in dress, and ensure that their clothing and accessories are clean, presentable, and reflect suitable business attire. MDHS employees are not to wear suggestive or revealing attire that would divert attention from work in process. Additionally, employees are required to maintain reasonable standards of personal grooming and hygiene. Reasonable standard is defined as a state of grooming and hygiene that is not offensive to the general public or fellow workers.

Employees are expected to dress in business attire for the normal course of their work each business day. Business attire shall be defined as any non-casual apparel that is neat, clean, and fitted properly. Some examples of business attire include the following:

long sleeve dress shirt	skirt
short sleeve dress shirt	dress pants
dress slacks	pants suit
blazer jacket	dress
suit	blouse
tie	dress shoes

Business attire, however, does not include the following:

athletic wear	sweat suits
tank tops	biking pants
tennis shoes	halter tops
blue jeans	spandex
house slippers	dusters
blue jeans skirts/ dresses	midriff tops
shorts (including Bermuda shorts)	
flip-flops	

CASUAL FRIDAYS:

The Executive Director has authorized all employees of MDHS to dress casual on Fridays of each week. In the instance that an employee is off on Friday or a recognized holiday falls on a Friday, neither the preceding Thursday nor the following Monday will be recognized as a casual day.

Some examples of clothing authorized to be worn on casual Friday are:

- blue jeans or denim pants – no torn or tattered jeans
- collared button up or golf shirts – no T-shirts
- casual shoes – no tennis shoes, house shoes, or flip-flops
- casual slacks
- casual tops or blouses – no tank or halter tops

This list is merely illustrative, not exhaustive. Employees are always expected to exercise good taste in their choice of clothing. Management will make the final determination as to what is acceptable clothing under this policy.

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COMPLIANCE:

Managers are expected to insure that employees understand their obligation under this policy. Employees shall be advised that failure to dress appropriately after verbal or written notice may result in disciplinary action.

Community Youth Services Counselors, when making home visits, are authorized to wear business casual dress which includes jeans, tennis shoes, polo shirts, etc. However, remember that you are representing the Division of Youth Services. When attending court sessions, the attire is business dress.

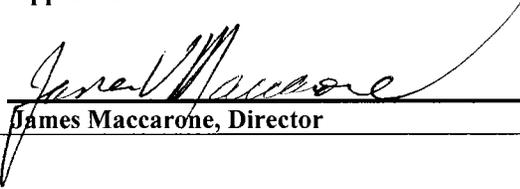
See Institutional Dress Code Policy XV.3.D

Visitors are expected to dress appropriately. Refusal to comply with the dress code may result in refusal/limitations of visitation or request to leave premises.

The following articles or type of clothing is considered inappropriate for a juvenile setting, and shall not be worn.

- a. Spandex or tight fitting clothing
- b. Shorts, more than 3" above the knee
- c. Halter-tops
- d. Plastic "shower" caps
- e. Headwear (hats, caps, etc.)
- f. Dresses/skirts with inappropriate splits and/or that are more than 3" above the knee
- g. Open toe shoes or sandals
- h. Transparent clothing
- i. Low-cut tops or bare shoulders
- j. Tank tops
- k. Any clothing article with inappropriate language, symbols or gang signs

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: USE OF FORCE	Policy Number: 38
Number of Pages: 1	Section: Use of Force
Attachments: A. Serious Incident Report B. Use of Force Acknowledgement Form	Related Standards & References:
Effective Date: June 1, 2012	Approved:  <hr/> James Maccarone, Director

I. POLICY

It is a policy of the Mississippi Department of Human Services, Division of Youth Services, that employees are prohibited from using unnecessary or excessive force in the management of clients.

Striking a client is strictly prohibited except when no other means are available to manage a physically violent client, and there is a threat to life or of serious physical harm.

Any violation of the Use of Force policy will result in termination of employment.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Unnecessary or excessive force- means any force that was used when a minimum or less excessive force could have been used to control the situation.

III. PROCEDURE

Complete documentation of any of the above incidents is required on a Serious Incident Report (See Attachment). The incident should be reported to the Regional Director as soon as possible, but no later than the close of the work day. The Serious Incident Report should be submitted to the Regional Director in writing within 24 hours.

SERIOUS INCIDENT REPORT

- Type of Incident
- | | |
|--|--|
| <input type="checkbox"/> Accident with Injury | <input type="checkbox"/> Stolen Property |
| <input type="checkbox"/> Escape/Run-away | <input type="checkbox"/> Break-In |
| <input type="checkbox"/> Facility/Mechanical/Fire | <input type="checkbox"/> Vehicle Damage/Abuse |
| <input type="checkbox"/> Assault/Fight/Use of Mace | <input type="checkbox"/> Threat via Telephone/Mail |
| <input type="checkbox"/> Other – Specify: _____ | |

Reported By: _____ Date: _____

Position: _____ Division: _____

Location of Incident: _____

Date and Time of Incident: _____

Police Notified: Yes (attach police report)
 No

Ambulance Notified: Yes, because: _____
 No

Description of Incident:

Completed By: _____ Date: _____

Acknowledged: _____ Date: _____
Division Director

Distribution Required with 24 Hours of Serious Incident to:

**Executive Director
Deputy Directors
Division Directors**

**USE OF FORCE
ACKNOWLEDGEMENT FORMS**

I acknowledge that I have read the Mississippi Department of Human Services, Division of Youth Services Use of Force Policy. I know that failure to abide by this policy could result in disciplinary action up to and including termination.

SIGNATURE

EMPLOYEE NAME
(Please print or type)

DATE

SOCIAL SECURITY NUMBER

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES	
Subject: INFORMAL ADJUSTMENT	Policy Number: 39
Number of Pages: 2	Section:
Attachments: A. Informal Agreement	Related Standards & References:
Effective Date: August 29, 2012	Approved:  James MacCarone, Director

I. POLICY

It is the policy of Mississippi Department of Human Services Division of Youth Services that all Juveniles placed on Informal Adjustment will be supervised by the Community Services, Division of Youth Services Counselor for a period up to six (6) months. The informal adjustment process shall not continue beyond a period of six (6) months from its commencement unless extended by the youth court for an additional period not to exceed six (6) months, by court authorization prior to the expiration of the original six-month period.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Informal Adjustment Agreement is not considered an adjudication. This agreement between the Community Services, Division of Youth Services Counselor, the child and his/her parent(s) or guardian is in effect for up to six (6) months and outlines the terms and conditions of the Informal Adjustment.

III. PROCEDURE

A. The Community Services, Division of Youth Services Counselor will discuss the informal adjustment agreement terms and condition with the youth and parent(s) on guardian.

Subject	Policy #	Page
INFORMAL ADJUSTMENT AGREEMENT		2 of 2

- B. The Community Services, Division of Youth Services Counselor will monitor youth on Informal Adjustment Agreement up to six (6) months by monthly follow-up visits. The Community Services, Division of Youth Services Counselor will give youth their compliance status of the Informal Adjustment Agreement.
- C. The Community Services, Division of Youth Services Counselor will terminate Informal Adjustment Agreement satisfactory or unsatisfactory with supporting documentation.
- D. If the judge signs the satisfactory release, the Community Services, Division of Youth Services Counselor will close the case. If the judge does not sign the satisfactory release, the counselor will continue to monitor the case.
- E. If the case is closed unsatisfactory the judge will order the case be closed or continue the Informal Adjustment Agreement or proceed formal by filing a petition.

IN THE YOUTH COURT OF _____ COUNTY, MISSISSIPPI

IN THE INTEREST OF

CAUSE NO. _____

A Minor

REFERRAL NO. _____

INFORMAL ADJUSTMENT AGREEMENT

At the Informal Adjustment Conference you, the minor, have a right to be represented by an attorney or any other person of your choice. If you are indigent and unable to afford an attorney and you wish to be represented, then this Court will appoint an attorney for you.

You are hereby informed that:

I.

1. Information has been received concerning you, the above named minor, which appears to establish jurisdiction of the Youth Court.
2. This is an Informal Adjustment Conference and the purpose of this conference is to handle this matter in such a way as to avoid, if possible, official court proceedings by entering into an Informal Agreement between the Court, the minor, and the parents.
3. During the informal adjustment period, no petition will be filed.
4. Participation in the informal adjustment process is voluntary.
5. You, the minor, and your parent, guardian or custodian may withdraw from the informal adjustment agreement at any time.
6. If you participate in the informal adjustment period, the defense of failure to provide a speedy trial is waived.

II.

That termination of the Informal Adjustment Agreement can occur:

1. If you, the minor, and your parent, guardian or custodian have complied with the terms and conditions of the informal adjustment agreement and have received the maximum benefits from the informal adjustment process;
or
2. If the informal adjustment counselor feels that further efforts at informal adjustment would not be in the best interest of you, the child, or your parent, guardian or custodian;
or
3. If you, the child, or your parent, guardian or custodian:
 - a. Denies the jurisdiction of the Youth Court; **or**
 - b. Declines to participate in the informal adjustment process;
 - c. Expresses the desire that the facts be determined by the youth court judge; **or**

- d. You, the minor, and your parent, guardian or custodian fail without reasonable excuse to attend scheduled meetings; **or**
- e. You, the minor, appear unable or unwilling to benefit from the informal adjustment process.

III.

The recommendations of the youth court counselor in the interest of the minor to correct the minor's behavior and/or environment and the continuing conferences and contacts necessary and the behavior expected during the period of the informal adjustment process have all been discussed with those present at this informal adjustment conference.

IV.

The period of informal supervision shall be for _____.

I, the undersigned minor, do hereby acknowledge that I have been placed on informal adjustment by the _____ Youth Court, and as a condition of such informal adjustment I must abide by certain restrictions and rules as more fully set forth herein and that I, therefore, must:

1. Not associate with any persons who have a youth court or adult court record, or any persons involved in matters which have brought me before the court. Association with family members who may have youth court or adult court records, will be closely monitored.
2. Not leave _____ County or the State of Mississippi without prior permission of my counselor, such permission to be obtained during normal court hours, Monday thru Friday.
3. Obey my parents, and always make sure my parents know my whereabouts and have their permission for absences from home, unless I am on in-house detention. In no event may I be away after _____ P.M. on Sunday through Thursday, and _____ P.M. on Friday and Saturday unless accompanied by my parents.
4. Stay away from all undesirable places including: _____

5. Have no contact with the victim unless directed by the Court or my counselor.
6. Not use alcohol, beer, or drugs except those prescribed for me by a physician. I understand that I am required to and do hereby agree to subject myself to drug and/or alcohol testing at all times and placed as directed by the Court or my counselor. I understand that I and my parents/guardian/custodian will be responsible for paying any and all testing unless otherwise noted: _____.
7. Attend each class at school daily unless I am sick and provide a physician's statement that I was unable to attend because of illness or injury. This includes GED classes if I am ordered to attend same.
8. Not be absent from my job, if I am allowed to work, unless I am sick and provide a physician's statement that I was unable to attend because of illness or injury.
9. Follow all rules of my school, place of employment, parents or other persons in authority over me. My failure to attend school or work is not excusable solely on the grounds that I was suspended or expelled there from.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Subject: PROBATION	Policy Number: 40
Number of Pages: 2	Section:
Attachments: A. Probation Contract	Related Standards & References:
Effective Date: August 29, 2012	Approved:  _____ James Maccarone, Director

I. POLICY

It is the policy of Mississippi Department of Human Services Division of Youth Services that all Juveniles adjudicated delinquent and child in need of supervision placed on probation status will be supervised by the Community Services Division of Youth Services Counselor for a period of time specified by the Judge.

All youth on probation will enter into a probation contract with the Community Services Division of Youth Services Counselor.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Probation: In modern criminal administration, allowing a person adjudicated of some offense (particularly juvenile offenders) to go at large, under a suspension of sentence, during good behavior, and generally under the supervision or guardianship of a probation officer. In adult or juvenile court, a disposition which allows the defendant or the minor to remain at liberty under the supervision of a probation officer, frequently with a suspended commitment or sentence of imprisonment and usually requiring compliance with certain stated conditions. A youth ordered to complete certain terms and conditions set forth by the court.

Delinquent Child: A child who has reached his tenth birthday and who has committed a delinquent act or, while being required to attend an alternative school program provided under Section 37-13-92, willfully and habitually absents himself therefrom.

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Child in Need of Supervision: A child who has reached his seventh birthday and is in need of treatment or rehabilitation.

III. PROCEDURE

- A. The Community Services Division of Youth Services Counselor is to discuss the probation contract in detail including special conditions with the youth and parent(s) or guardian.
- B. The Community Services Division of Youth Services Counselor will discuss possible consequences if probation is violated.
- C. The Community Services Division of Youth Services Counselor will monitor and supervise the minor by follow up telephone or office visits at least once a month.
- D. The Community Services Division of Youth Services Counselor will file a contempt petition or a petition to revoke probation.
- E. The Community Services Division of Youth Services Counselor will do a motion to close case if satisfactory with supporting documentation. The Counselor will continue to monitor the case until the judge signs the motion.

IN THE YOUTH COURT OF _____ COUNTY, MISSISSIPPI

IN THE INTEREST OF

CAUSE NO: _____

REFERRAL NO: _____

PROBATION CONTRACT

WE, THE UNDERSIGNED CHILD AND PARENT(S), GUARDIAN(S), OR CUSTODIAN(S), do hereby acknowledge that said child has been placed on probation by the _____ County Youth Court and as a condition of such probation said child must abide by certain restrictions and rules as more fully set forth herein, as well as the provisions of the Court's orders, and that said child, therefore, must:

1. Not associate with any persons involved in any matters which have brought me before the Court, particularly but not limited to: _____

2. Not to change or permanently leave my residence, school or the county without permission of my counselor. Notify counselor of change in phone number and/or address.
3. Obey my parents, and always make sure my parents know my whereabouts and have their permission for absences from home, unless I am on in-house detention. In no event may I be away after _____ PM on Sunday thru Thursday, and _____ PM on Friday and Saturday unless accompanied by my parents.
4. Stay away from all undesirable places including: _____

5. Have no contact with the victim unless directed by the Court or my counselor.
6. Not to use alcohol, beer, tobacco, or drugs, except those prescribed for me by a doctor. I understand that I am required to and do hereby agree to subject myself to drug and/or alcohol testing at all times and places as directed by the Court or my counselor. (Parents shall be required to transport the minor as necessary). Parents shall also be required to pay for any testing.
7. Attend each class at school daily. Do not violate the school's attendance policy. This includes GED classes, if I am ordered to attend same.
8. Not be absent from my job, if I am allowed to work, unless I am sick.
9. Follow all rules of my school, place of employment, parents or other persons in authority over me. My failure to attend school or work is not excusable solely on the grounds that I was suspended or expelled there from.
10. Cooperate fully with my Court appointed volunteer:

NAME

TELEPHONE

DATE SIGNED

11. Meet with my probation officer monthly. My first appointment is:

Day Date Time Probation Officer

12. Attend the following programs at such times and places as designated herein or as later to be designated by my counselor:

Name Place Date Attended

13. Pay Court ordered restitution of \$_____ as ordered by the Court. Payments are to be made as follows: _____

14. Pay the fine of \$_____ as ordered by the Court. Payments are to be made as follows: _____

15. OTHER: _____

it is believed that the child can benefit from probation as outlined above, and that if the child fails to carry out any of the Court's orders or the rules contained hereinabove, the child may be brought back to Court on a Revocation of Probation or for Contempt of Court. The parents or other custodians understand that they have a duty to act in good faith in seeing to it that the child follows the orders and rules under which the child has been placed, and that failure of the parent or custodian to do so may result in contempt proceedings against the parent or custodian. The parent or custodian has the duty and responsibility, and is required to report any violation of the rules to the probation officer within 24 hours.

CHILD

DATE

MOTHER

DATE

FATHER

DATE

GUARDIAN\CUSTODIAN

DATE

COUNSELOR

DATE

I RECEIVED A COPY OF THIS SIGNED CONTRACT ON _____
Date

CHILD

THIS IS TO ACKNOWLEDGE THAT THE CONDITIONS AS STATED ABOVE HAVE BEEN COMPLETED AND THE ABOVE MINOR IS RELEASED FROM PROBATION WITH THE _____ COUNTY YOUTH COURT.

Date

Counselor