

**Idaho Department of  
Juvenile Corrections  
Institutional  
Policy/Procedure**

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SUBJECT: CASE MANAGEMENT FOR JUVENILES

CATEGORY: CLINICAL SERVICES

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## **Policy**

The Idaho Department of Juvenile Corrections (IDJC) requires that case management practices be built upon collaboration, communication, continuity, and accountability from pre-commitment through transition and [aftercare](#).

Each juvenile offender committed to the custody of the IDJC will have a written plan for services designed to reduce juvenile offending risks, which specifically describes educational needs, treatment goals/strategies, and release expectations. Case management within the IDJC will reflect the use of evidence-based practices and the principles of continuous quality improvement. It will emphasize comprehensive transition, victim restoration, and family involvement. Case planning within the IDJC will be structured using the [criminogenic risk](#) areas of the [Youth Level of Service/Case Management Inventory](#) (YLS/CMI) and will reflect the balanced approach, as required by the Juvenile Corrections Act.

It is therefore the policy of the IDJC that case management will be carried out by a treatment team, including a [Juvenile Services Coordinator](#) (JSC), [facility case manager](#), Juvenile Probation Officer (JPO) and the family as well as other key case stakeholders, as warranted. Together, the JSC and the facility case manager will oversee the treatment process throughout the period of commitment.

The IDJC recognizes the importance of parental/guardian engagement in all stages of the juvenile's commitment. Efforts to engage parents/guardians must reflect respect and value for the input of parents and must keep parents aware of progress and issues that arise.

## **Operating Procedures**

### **I. Pre-commitment Screenings**

In compliance with Idaho Juvenile Rule 19 (Standards for Commitment to the Department of Juvenile Corrections), the IDJC participates in Pre-Commitment Screening staffings, as set up by the Juvenile Probation Officer (JPO).

- A. IDJC staff documents pre-screenings in IJOS within three business days of attendance.

- B. IDJC staff completes the [Rule 19 Screening Report](#) (DJC-142) form within three business days after the pre-screening is held.
- C. Upon completion, the DJC-142 form is electronically saved with file name Pre-Screen Report to the DataCenter in the Juvenile Records folder, Pre-Screening subfolder. .
- D. The Pre-Screen Report remains in the folder 12 months, upon which time it is deleted if the juvenile is not committed to the IDJC. If the juvenile is committed within those 12 months, the report is moved to the juvenile's [case management file](#). Each designated administrative support staff (support staff), or designated staff, implements a tracking system and deletes reports when the retention period is reached.

## II. Family Engagement

- A. The Juvenile Corrections Act (JCA), 20-501, Idaho Code, stipulates that the parents or other legal guardians of the juvenile participate in the accomplishment of treatment goals through participation in counseling and treatment. IDJC staff works to engage families in treatment from the time of commitment.
- B. The JSC contacts the family regularly to develop rapport with the family, engage them in the process of their juvenile's treatment, and to help in preparing the family for the juvenile's return to the community.
- C. JSCs and facility case managers work together to:
  - 1. Encourage parents to be actively involved members of the treatment team.
  - 2. Keep families aware of progress in treatment.
  - 3. Involve families in monthly staffings, including through video conferencing whenever possible.
  - 4. Help arrange visitation.
  - 5. Build their readiness for the juvenile's return to the community. This is primarily accomplished by regular discussion and continuous development of the reintegration plan.
- D. As family engagement specialists, JSCs:
  - 1. Provide information about the juvenile justice system during the Rule 19 screening process.
  - 2. Involve parents/guardians in placement decisions, treatment decisions, and reintegration planning.

Parents of juveniles with serious emotional disturbances (SED) must be a part of treatment planning, decision making, and reintegration planning.

3. Explain the Observation & Assessment (O&A) process and include them in the O&A staffing.
4. Inform the family of what to expect after O&A.
5. Discuss treatment programs and opportunities for involvement.
6. Describe the conflict resolution process, if necessary.
7. Discuss [relapse prevention](#) planning.
8. Describe the process, rules, and timeline for home visits and completion of the Reintegration/Release Housing Check (DJC-260).

E. Documentation

1. All contacts and attempted contacts with family members are documented in IJOS Contact Notes, including but not limited to contacts by JSCs, facility case managers, Clinicians, and Instructor Specialists. A contact note is added to document contact by email, even if the content of the e-mail is not included.
2. Family engagement is documented in the Reintegration/Transition Plan section of the juvenile's Progress Report (DJC-157) form.

F. A Family Satisfaction Survey (DJC-235) is administered to families.

III. Juvenile Services Coordinator Summary

- A. IDJC receives community information from the JPO as outlined in the Check-off Sheet for Committed Juveniles (DJC-171) form. The [file manager](#) reviews community information for completeness and ensures the JSC has the ability to access the information.

If community information is incomplete, the JSC works with the JPO to obtain missing information and utilizes the Missing Community Paperwork Letter (DJC-217), as needed. If difficulties persist, the [Clinical Supervisor](#) assists in obtaining the information.

- B. For juveniles who are on their second (and any subsequent) commitment, the JSC works with the juvenile, the JPO, and the juvenile's family to gather insight into what was helpful and what was not helpful prior to commitment. This information is summarized in the JSC Summary.
- C. The JSC reviews and ensures that an accurate and updated YLS/CMI was completed within the last six months. If none exists or it is not accurate and updated, the JSC completes a new YLS/CMI. The JSC ensures that an

electronic copy of the YLS/CMI is placed in the juvenile case management file.

- D. The JSC contacts the family and completes the [JSC Summary](#) (DJC-155) form, keeping the juvenile's strengths in mind while developing the [release plan](#).

The JSC Summary is:	
✓	Completed by the JSC and sent to the support staff within 10 business days of a juvenile's commitment entry into IJOS, allowing sufficient time for review and proofreading.
✓	Routed by the support staff to the Clinical Supervisor (or designee) and JSC to approve and sign within three business days.

The Clinical Supervisor (or designee) and JSC signatures on the JSC Summary finalizes the document. Upon review and signature by the Clinical Supervisor, the report is placed in the case management file.

At least one business day prior to the O&A staffing, the JSC, or their designee, shares a draft of the JSC Summary and the O&A evaluation with the juvenile's JPO, specifying that the report(s) are for reference purposes during the O&A staffing only, and are not to be shared with anyone.

- E. Upon commitment, the support staff mails a Victim Services Notification (DJC-098) letter to victims listed on the Persons to be Notified (DJC-177) form with a self-addressed, prepaid return envelope to IDJC Headquarters. If victim information is not listed on the DJC-177 form, the JSC contacts the community [victim witness coordinator/representative](#) or JPO to obtain the victim information.

If completed by the victim, the DJC-098 letter is received at Headquarters and forwarded to the JSC. The JSC reviews the DJC-098 letter and records any pertinent victim information, including the level of involvement the victim desires, on the next progress report due. The DJC-098 form is filed in the case management file.

#### IV. Monthly Treatment Staffings

- A. Staffings may include the JSC, JPO, juvenile, Clinician, facility case manager, parent/guardian, and any other party deemed necessary by the facility case manager or JSC (e.g., licensed medical staff, education staff, and rehabilitation technician staff). In order to engage staffing attendees as much as possible, staffings should be offered in person or via video conferencing, with telephone-only staffings used as a last resort.

Attorneys or other concerned parties are otherwise not permitted to attend staffings; however, they may share their input with either the JPO or JSC prior to the staffing. Information received from legal counsel or other

stakeholders may be introduced during the staffing by the JPO or JSC, at their professional discretion.

- B. If a juvenile is placed at a regional facility or a contract provider, a staffing is held within the first 35 days of placement, and at least every 35 calendar days thereafter. Staffings may be held more frequently as deemed necessary by the community or [facility treatment team](#).
- C. If a juvenile is placed at a reintegration provider, a staffing is held within the first 14 calendar days of placement, and at least every 35 calendar days thereafter. Any treatment team staff unable to attend the staffing is responsible for reviewing the monthly progress report in order to remain informed of juvenile progress and case planning.
- D. If a juvenile is placed in a [regional facility](#), the Rehabilitation Specialist is responsible for coordinating monthly staffings. Throughout treatment, the JSC and Rehabilitation Specialist discuss any changes or other developments in the juvenile's reintegration/transition plans. The JSC, or designee, participates in all staffings.
- E. If a juvenile is placed with a contract or reintegration provider, the JSC is responsible for coordinating monthly staffings. The JSC ensures that the reintegration/transition plan is thoroughly documented.
- F. If additional services are identified and needed while in placement, which cannot be provided within the current placement, this is discussed during the staffing. If recommended, the JSC or Rehabilitation Specialist follows the Referral for Clinical Services (419) policy/procedure to obtain the services.
- G. If a juvenile is in staging for 30 calendar days or more, case management continues, as outlined in the Staging Juveniles (410) policy/procedure.

#### V. Service Implementation Planning

- A. The Rehabilitation Specialist gathers information to develop the [Service Implementation Plan](#) (SIP) (DJC-156) with input from the [community treatment team](#) and referencing information found in the JSC Summary (DJC-155) and [Observation and Assessment Evaluation](#) (DJC-250) report.
  - 1. The Rehabilitation Specialist copies the release expectations and treatment goals as written in the Observation and Assessment (O&A) Evaluation report.
  - 2. The Rehabilitation Specialist creates treatment strategies that incorporate the juvenile's strengths, which lead to positive youth outcomes.
  - 3. The Rehabilitation Specialist reviews the reintegration/transition plan as developed in the O&A Evaluation and copies it onto the SIP.

4. A copy of the applicable Course of Study (DJC-194 M, H, G, P) provided by education staff is attached. If the Course of Study is not available at the time, it is forwarded when available.

The SIP is:	
✓	Completed by the Rehabilitation Specialist and sent to the support staff no later than four calendar days after the first monthly staffing.
✓	Proofread and routed by the support staff to the Rehabilitation Specialist and <a href="#">Unit/Program Manager</a> to approve, sign, and obtain the juvenile's signature within three calendar days (for a total of seven calendar days).
✓	Distributed by the support staff to the juvenile's corresponding judge, JPO, prosecuting attorney, attorney for juvenile, judge's court clerk, parent/guardian, education, and juvenile no later than five business days upon receipt.

- B. SIPs developed by [contract providers](#) are sent to the assigned JSC within 30 calendar days of the juvenile's admission into program. SIPs developed by reintegration providers are sent to the assigned JSC within 10 business days of the juvenile's admission into program. Upon receipt of the SIP, the JSC ensures the SIP addresses all treatment concerns documented in the O&A Service Plan and discusses any amendments necessary with the provider.
  1. The JSC sends the approved SIP to the support staff who generates a Contract Provider Report (DJC-158) cover letter.
  2. The SIP, with cover letter, is distributed by the support staff to the juvenile's corresponding judge, JPO, prosecuting attorney, attorney for the juvenile, judge's court clerk, and parent/guardian, no later than five business days upon receipt and filed in the juvenile's case management file.

## VI. Monthly Progress Reports

- A. At regional facilities, the Rehabilitation Specialist completes the Progress Update and Specific Needs sections of the Monthly Progress Report (DJC-157) form, and the JSC completes the Reintegration/Transition Plan (DJC-160) form, which together makes the progress report. The Rehabilitation Specialist and JSC include feedback from the treatment team members while completing the progress report.
  1. The JSC sends the completed DJC-160 form to the Rehabilitation Specialist and file manager with a copy to the Clinical Supervisor. The Rehabilitation Specialist, or designee, merges the Reintegration/Transition Plan into the DJC-157 and distributes the draft progress report to the JSC and Unit Manager for review. Any

necessary updates are agreed upon prior to signatures being obtained.

2. The completed DJC-157 is signed by the Rehabilitation Specialist, JSC, and Unit Manager. The Unit Manager's, or designee's, signature finalizes the document.
3. A copy of the education progress report provided by education staff is attached.
4. If new information becomes available that identifies a new risk area or special need, additional release expectations, treatment goals, and treatment strategies are written. The additional release expectations, treatment goals, and treatment strategies are documented in the SIP Changes section of the next/upcoming progress report.

The Monthly Progress Report is:	
✓	Completed by the Rehabilitation Specialist and the JSC after each monthly staffing.
✓	Sent to the support staff no later than four calendar days after each monthly staffing. If no staffing was held, the progress report is sent to the support staff no later than 39 (35+4) days after the previous month's progress report.
✓	Proofread and routed by the support staff to the Rehabilitation Specialist, JSC, and Unit/Program Manager to approve and sign within three calendar days (for a total of 7 calendar days).
✓	Distributed by the support staff to the juvenile's corresponding judge, JPO, prosecuting attorney, attorney for juvenile, judge's court clerk, parent/guardian, and juvenile no later than five business days upon receipt.

- B. For juveniles placed at a contract or reintegration provider, progress reports are completed by the provider's facility case manager and are sent to the JSC, as outlined in the applicable IDAPA rules.
1. The JSC completes the Reintegration/Transition Plan (DJC-160) form to add to the contract or reintegration provider progress report. The Clinical Supervisor (or designee's) and JSC signatures on the DJC-160 form finalize the document.

✓ When at a contract or reintegration provider, the Reintegration/ Transition Plan is:
✓ Completed by the JSC to coincide with the contract provider completing the progress report and routed to the support staff for review and proofreading.
✓ Routed by the support staff to Clinical Supervisor and JSC for approval and signatures within three calendar days.
✓ Attached by the support staff to the contract provider progress report.
✓ Forwarded to the contract provider.

2. Upon receiving and reviewing the progress report, the JSC forwards it to the support staff who generates a Contract Provider Report (DJC-158) cover letter. The progress report and the DJC-160 with cover letter are distributed by the support staff to the juvenile's corresponding judge, JPO, prosecuting attorney, attorney for the juvenile, judge's court clerk, and parent/guardian, no later than five business days upon receipt of both documents.

C. Transfer or Release Progress Report

The Transfer/Release Progress Report is:
✓ Submitted to the support staff no earlier than 30 calendar days and no later than 10 calendar days prior to a juvenile's scheduled date of transfer/release, allowing sufficient time for review and proofreading.
✓ Written to clearly document the risk areas that are ongoing and that need to be addressed by the new placement when a transfer is being planned.
✓ Routed by the support staff to the Rehabilitation Specialist, JSC, Unit/Program Manager, and Clinical Supervisor for approval and signatures.
✓ Routed to the JPO for approval and/or signature, when a release is planned.
✓ Routed by the Rehabilitation Specialist to obtain juvenile's signature.
✓ Distributed by the support staff to the juvenile's corresponding judge, JPO, prosecuting attorney, attorney for juvenile, judge's court clerk, parent/guardian, and juvenile no later than five business days upon receipt. A copy is mailed to the juvenile if unable to deliver before release.

1. The completed Transfer/Release Progress Report (DJC-157) is signed by the juvenile, Rehabilitation Specialist, JSC, Unit Manager, and Clinical Supervisor. The Unit Manager's and Clinical Supervisor's signatures, or a designee's, finalize the document.



- a. JPO indicates approval of the aftercare portion of the release progress report with a physical signature, an e-signature, or an e-mail confirmation. If an e-mail approval is used, the Rehabilitation Specialist places a copy of the e-mail in the juvenile's case management file as an addendum to the progress report retained for the IDJC record (e-mail is not included in copy distributed to stakeholders).
  - b. If agreement on the content of the progress report is not obtained from the JPO, the JSC works with the JPO to determine concerns. If concerns cannot be addressed, the Clinical Supervisor contacts the supervisor or chief JPO and collaborates until those concerns can be addressed. If the JPO approval is not obtained prior to the due date, the report is sent without this approval.
- 2. A copy of the education progress report provided by education staff is attached.
- D. For juveniles placed at a contract or reintegration provider, the transfer or release progress report is completed by the provider's facility case manager and sent to the JSC as outlined in the applicable IDAPA rules.

If the juvenile is placed at a contract or reintegration provider, JPO approval of the aftercare portion of the final progress report occurs with a signature on the DJC-160 or an e-mail confirmation. A copy of the e-mail is placed in the juvenile's case management file as an addendum to the progress report retained for the IDJC record (e-mail is not included in copy distributed to stakeholders).

## VII. Relapse Prevention Plan

- A. During the course of a juvenile's treatment, the Rehabilitation Specialist (in state facilities) or the JSC (in contract facilities) ensures that each juvenile completes a Relapse Prevention Plan (RPP) (DJC-271 form). The Rehabilitation Specialist or JSC ensures that the juvenile identifies criminal/problem behavior patterns/cycles that correlate to the treatment goals identified on their Service Implementation Plan.
- B. In addition to that of the Rehabilitation Specialist and JSC, feedback into the development of the juvenile's RPP is gathered from the JPO and family during monthly staffings.
- C. Once the juvenile completes an initial draft of their RPP, a copy is sent to the JSC, JPO, and parent/guardian for review.
- D. A copy of the most current RPP is sent to the juvenile's corresponding judge, judge's court clerk, JPO, prosecuting attorney, attorney for juvenile, and parent/guardian no later than 30 days prior to the juvenile's anticipated date of release. Receipt by the JPO is documented on the final progress report.

- E. The RPP is placed in the case management file.

### VIII. Reintegration/Transition Planning

- A. During the case management process, a juvenile's progress either leads to a transfer or release.

1. Once the juvenile has progressed to a point in treatment when transition is possible, as evidenced by a reduction in risk, the facility and community treatment teams refine and formalize the specific plans in the areas of living arrangements, family engagement, education, vocation, legal, and aftercare services recommended.
2. Although the entire treatment team collaborates together on all reintegration/transition plans, the JSC is responsible for ensuring that the current status of the plan and aftercare services recommended are coordinated and implemented.

3. Juveniles placed at a regional IDJC facility:

As outlined above, in regional facilities, the JSC completes the Reintegration/Transition Plan (DJC-160) form for inclusion in the DJC-157 form. The JSC works closely with the facility case manager to keep them informed of what is occurring to ensure the accuracy of progress reporting.

4. Juvenile placed at a contract or reintegration provider:

The JSC completes the DJC-160 to coincide with the contract or reintegration provider completing the transfer or release progress report. The Clinical Supervisor (or designee's) and JSC signatures on the DJC-160 finalize the document.

The final Reintegration/Transition Plan (when the juvenile is at a contract or reintegration provider) is:

- |   |
|---|
| ✓ Completed no earlier than 30 calendar days and no later than 10 calendar days prior to a juvenile's scheduled date of transfer/release, allowing sufficient time for review and proofreading. |
| ✓ Routed by the support staff to Clinical Supervisor and JSC for approval and signatures within three calendar days.  |
| ✓ Routed to the contract provider for juvenile's signature and returned to the IDJC.  |
| ✓ Routed to the JPO for signature and returned to the IDJC.   |
| ✓ Attached to the contract provider transfer/release progress report by the support staff and distributed as indicated in Section VI of this policy.  |

- B. The decision to transfer to a lower [level of custody](#) or to release is based on a reduction of risk to a point that the community can safely manage the juvenile, as evidenced by completion of release expectations and treatment goals documented by the treatment team in previous progress reports and PA/R scores.
1. If the [transition planning](#) leads to release, the treatment team follows the Release of Juveniles from IDJC Custody (437) policy/procedure.
  2. If the transition planning leads to transfer, (i.e. community placement or lateral transfer) the team follows the Transfer of Juveniles in IDJC Custody (431) policy/procedure. It is critical that all current progress be recorded and up to date. The receiving facility either uses this report to develop a new SIP or continues to follow and further implements the reintegration/transition plan, as outlined below.
    - a. For juveniles who transfer for continued treatment, the receiving facility case manager creates a SIP using the previous release expectations and treatment goals to write new strategies that address the remaining immediate risk areas outlined in the transfer progress report. Risk areas that are completed do not need to have new strategies developed.
    - b. If new information becomes available that identifies a new risk area or special need, additional treatment goals and release expectations are written. The additional treatment goals and release expectations are documented in the SIP Changes section of the next/upcoming progress report.
    - c. If transferring to a reintegration provider, the ongoing needs are documented in the Reintegration/Transition Plan section of the progress report. Reintegration providers focus on implementing the reintegration/transition plan, rather than creating strategies to address treatment goals.
    - d. If while placed in a reintegration provider an additional treatment need is identified, approval from the treatment team is obtained in advance for any additional services to address the risk or need. The approval is documented in IJOS contact notes. This may also result in a change to the contracted services, as specified by an updated Service Level Agreement (DJC-265).

IX. IDJC staff representation at court hearing

- A. Participation in court hearings by IDJC staff is required, at times. The specified staff member(s) representing the case at the court hearings may vary from case-to-case depending on the type of hearing being held, and as directed by Legal Services. Special considerations apply for juveniles committed by a District Court. Refer to Juveniles Committed by a District Court (907) policy/procedure.

- B. For juveniles in contract providers, the JSC is the most likely staff member to participate in the court hearing.
- C. For juveniles in regional facilities, the JSC and/or the Rehabilitation Specialist are the most likely staff members to participate in the court hearing.

#### X. Sharing of Information

- A. State and federal regulations support the sensible sharing of information between justice and health organizations. Particularly when discussing those who are in custody and already have a reduced expectation of privacy. The sharing of information should include all members of the treatment team within the IDJC, as well as those outside of the IDJC, such as juvenile probation, who are an integral part of the team. Continuity of care is paramount to successful reintegration into the community and information necessary to ensure that a juvenile is successful, both within and outside of IDJC, is shared among treatment team members.
- B. To comply with legal and ethical standards however, treatment team members make certain that applicable consents have been signed. Consents ensure that juveniles or parents have received proper notice and provided consent for disclosure of information necessary for treatment and reintegration purposes. Members of the juvenile's treatment team use care when sharing information in that they share only what is necessary for a juvenile's treatment. For specific guidance, refer to the Disclosure of Juvenile Health Information (840) policy/procedure.

#### XI. Conflict Resolution within the Treatment Team

- A. Differences of professional opinion about case management are resolved with mutual professional respect and with a balance of the interests of all stakeholders involved. This makes it extremely important that Rehabilitation Specialists and JSCs keep their supervisors well informed throughout any conflict resolution process.
  - 1. Those present at the conflict resolution meeting work towards the goal of coming to a consensus that satisfies all parties. All attempts to resolve case management differences occur at the lowest possible level.
  - 2. If attempts to resolve case management differences are unsuccessful at the lowest possible level, a meeting with immediate supervisors may be warranted. This meeting includes, but is not limited to, the Chief JPO, Unit Manager/Program Manager, and Clinical Supervisor(s) involved.
  - 3. If attempts to resolve case management differences are unsuccessful with staff discussed above, another meeting may be warranted to include those staff and the [Superintendent](#).

4. If attempts to resolve case management differences are unsuccessful with staff discussed above, another meeting may be warranted and includes those staff and the Director for the final decision.
  - B. At the conclusion of any conflict resolution meeting, the decision maker notifies the facility case manager of the decision made within one business day. The facility case manager immediately notifies the treatment team of the decision within two business days.
  - C. At whatever point resolution is reached, all IDJC staff act in support of the decision.
- XII. CIYJ (Center for Improving Youth Justice) Youth Record Review
- A. All IDJC employees involved in case management are expected to understand their responsibility, if any, in completing their portion of the youth record review form.
  - B. Each region has a CIYJ Site Coordinator who directs the specific practices for data collection.
- XIII. Case Management Quality Assurance
- A. The IDJC case managers and supervisors engage in daily informal case management quality assurance (QA) practices in order to meet standards established by the IDJC.
  - B. The IDJC conducts formal, semi-annual quality assurance reviews of case management documents by using standardized tools to check timeliness and quality.
  - C. The forms that guide the QA process are completed by the facility quality improvement team. Specific guidelines are listed on each region's QA forms.
  - D. After completion of the case management quality assurance review, an overview is conducted by region, with the assistance of Quality Improvement Services, to discuss the outcomes and any efforts to improve outcomes.

*Reference:*            [Glossary of Terms and Acronyms](#)  
                             *Amended I.J.R 19*  
                             *IDAPA 05.02.01, "Rules for Residential Treatment Providers"*  
                             [Case Management Handbook](#)  
                             [Legal Memo—Confidentiality Issues 12/4/2023](#)

*Desk Manuals:*     *None*

*Related Policies:*   [Control and Maintenance of Case Management Files \(663\)](#)

[Disclosure of Juvenile Health Information \(840\)](#)  
[Custody Review Board Referral Process \(434\)](#)  
[Use of Electronic Signatures \(114\)](#)  
[Documentation of Incidents \(600\)](#)  
[Risk Assessments \(407\)](#)  
[Juveniles Committed by a District Court \(907\)](#)  
[Observation and Assessment Evaluations \(404\)](#)  
[Parent or Guardian-Supervised Community Pass \(650\)](#)  
[Referral for Clinical Services \(419\)](#)  
[Referrals for the Placement of Juveniles \(413\)](#)  
[Release of Juveniles from IDJC Custody \(437\)](#)  
[Reporting of Critical Incidents \(601\)](#)  
[Staging of Juveniles \(410\)](#)  
[Transfer of Juveniles in IDJC Custody \(431\)](#)  
[Use of Polygraph in the Assessment and Treatment of Juvenile Sex Offenders \(428\)](#)

*Related Forms:* [Check-off Sheet for Committed Juveniles \(DJC-171\)](#)  
[Persons to be Notified List \(DJC-177\)](#)  
*Rule 19 Screening Report (DJC-142 IJOS)*  
*Juvenile Services Coordinator Summary (DJC-155 IJOS)*  
[Victim Participation Survey \(DJC-098\)](#)  
[Reintegration/Release Housing Check \(DJC-260\)](#)  
[Missing Community Paperwork JSC Letter to JPO \(DJC-217\)](#)  
*Contract Provider Report Coversheet (DJC-158 IJOS)*  
*Standard/Transfer/Release Progress Report (DJC-157 IJOS)*  
*Reintegration/Transition Plan (DJC-160 IJOS)*  
[Relapse Prevention Plan \(RPP\) \(DJC-271\)](#) (also available in Spanish)  
*Observation & Assessment Evaluation (DJC-250 IJOS)*  
*Service Implementation Plan (DJC-156 IJOS)*  
*Course of Study (DJC-194 [M](#), [H](#), [G](#), [P](#))*