

# Lancaster County Youth Intervention Center

235 Circle Avenue  
Lancaster, PA 17602

Dear Parent, Guardian, or Custodian of: \_\_\_\_\_,  
(Name of Child)

The purpose of this letter is to inform you of your child's specific rights, access to grievance procedures, and applicable consent to treatment protections related to their stay at the Lancaster County Youth Intervention Center.

## Consent to Treatment

In order to comply with the licensing requirements for facilities issued by the Pennsylvania Department of Public Welfare, we request your written authorization of a general consent to treatment. The consent to treatment provides for routine health care of your child such as: health examinations, dental care, vision care, hearing care, and treatment for injuries and illnesses. Specifically excluded from this consent to treatment are non-routine treatments such as elective surgery and experimental procedures. A separate written consent to treatment is required for any non-routine treatments. Consent for emergency care or treatment is not required. If you are unable to come to Lancaster County Youth Intervention Center to sign this consent, please call 717-299-7821.

The following statutes and regulations relating to consent to treatment apply:

- 42 Pa. C.S. sections 6301-6365 (relating to the Juvenile Act).
- The Mental Health Procedures Act (50 P.S. sections 7101-7503).
- The act of February 13, 1970 (P.L. 19, No. 10) (35 P.S. sections 10101-10105).
- Chapter 5100 (relating to mental health procedures).
- The Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. sections 1690.101-1690.115).

## Access to Grievance Procedures

You and your child have the right to lodge grievances without fear of retaliation regarding care, treatment, and supervision while at the Youth Intervention Center. Grievances can be made orally or in writing to any youth care staff, supervisor, or member of the administration. The Administrator or his designee is responsible for the timely resolution of all grievances. Residents may appeal the results of their grievance to the Director within 7 calendar days of the date listed on their grievance response.

## Specific Rights

Your child has the following specific rights:

- A child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.
- A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.
- A child has the right to be treated with fairness, dignity and respect.
- A child has the right to be informed of the rules of the facility.
- A child has the right to communicate with others by telephone subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable, regarding circumstances, frequency, time, payment and privacy.
- A child shall have the right to visit with family at least once every 2 weeks, at a time and location convenient for the family, the child and the facility, unless visits are restricted by court order. This right does not restrict more frequent family visits.
- A child has the right to receive and send mail.
- Out going mail may not be opened or read by staff persons.
- Incoming mail from Federal, State or County officials, or from the child's attorney, may not be opened or read by staff persons.
- Incoming mail from persons other than those specified may not be opened or read by staff persons unless there is reasonable suspicion that contraband, or other information or material that may jeopardize the child's health, safety or well-being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child's health or safety may be enclosed, mail may be opened by the child in the presence of a staff person.
- A child has the right to communicate and visit privately with his attorney and clergy.
- A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy.
- A child has the right to practice the religion or faith of choice, or not to practice any religion or faith.
- A child has the right to appropriate medical, behavioral health and dental treatment.
- A child has the right to rehabilitation and treatment.
- A child has the right to be free from excessive medication.
- A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child.
- A child has the right to clean, seasonal clothing that is age and gender appropriate

**Emergency Medical Plan**

In the event your child requires emergency medical treatment this facility uses Lancaster General Hospital as its primary emergency medical provider. Transportation for serious life threatening medical emergencies will be by ambulance accompanied by Youth Intervention Center staff or by facility vehicle operated and accompanied by Youth Intervention Center staff as recommended by the facility physician. All medical or behavioral health conditions or situations for which emergency medical care is recommended by the facility physician and/or determined by Youth Intervention staff to be life threatening shall receive prompt emergency medical care. All reasonable efforts will be made to contact you if your child requires emergency medical treatment.

Sincerely,

Drew Fredericks, Director  
Lancaster County Youth Intervention Center

**Acknowledgment**

I, \_\_\_\_\_, the Parent, Guardian, or Custodian of  
(Please Print the Name of Parent, Guardian, or Custodian)

\_\_\_\_\_, acknowledge receipt of a copy of this letter  
(Name of Child)

informing me of my child’s specific rights while at the Youth Intervention Center, access to grievance procedures, and consent to treatment.

\_\_\_\_\_  
(Signature of Parent, Guardian, or Custodian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

**Notification via Mail**

(To be used if Parent / Guardian / Custodian has not signed the above acknowledgment)

\_\_\_\_\_  
(Date Mailed)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Name of Parent /Guardian /Custodian)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, & Zip Code)

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Lancaster, Pennsylvania 17602

## Authorization to Release Medical Records

I, \_\_\_\_\_, **DOB:** \_\_\_\_\_  
(Patient's Name)

hereby authorize, \_\_\_\_\_ and \_\_\_\_\_  
(Primary Physician) (Primary Dentist)

to release the following information:

### (Information Requested)

to Lancaster County Youth Intervention Center, PrimeCare Medical Services, or an authorized representative for the purpose of rendering medical and psychological diagnosis and treatment. I understand that the confidentiality of the disclosed information is protected from further disclosure without my prior written consent and I understand that I have no obligation to permit the disclosure or release of this information. This consent and authorization are subject to revocation. Revocation may be accomplished by notifying the Youth Intervention Center PrimeCare Medical Services in writing or by specifying a date, time, event or condition upon which this consent will expire. I also authorize Lancaster County Youth Intervention Center, PrimeCare Medical Services to photocopy the original of this consent and authorization and to provide a photocopy to the disclosing or releasing institution or person.

I certify that I have read this form or had it read and explained to me and that I understand its provision.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### \*\*\*Medical Office Use Only\*\*\*

(To be mailed to Parent/Guardian/Custodian if not completed within 10 days.)

\_\_\_\_\_  
Date Mailed

\_\_\_\_\_  
Medical Staff Signature

\_\_\_\_\_  
Name of Parent/Guardian/Custodian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

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## Medical / Surgical Consent & Medical Information Release Form

I hereby give my consent to the Youth Intervention Center and PrimeCare Medical Services, presently caring for my child,

\_\_\_\_\_  
(NAME OF CHILD)

to arrange for routine medical and dental care including but not limited to necessary immunization, vaccination, TB testing, and periodic medical and dental check-ups inclusive of routine diagnostic testing. I further give my consent to all emergency medical and dental procedures which are necessary to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining personal consent to these procedures. I also consent to the release of medical information and/or medical records to Lancaster County Youth Intervention Center and PrimeCare Medical Services while my child is a resident of said facility.

**WITNESS:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **\*\*\*Medical Office Use Only\*\*\***

(To be mailed to Parent/Guardian/Custodian if not completed within 10 days.)

\_\_\_\_\_  
Date Mailed

\_\_\_\_\_  
Medical Staff Signature

\_\_\_\_\_  
Name of Parent/Guardian/Custodian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

# Lancaster County Youth Intervention Center

## Visitor Information

235 Circle Avenue  
Lancaster, PA 17602  
717-299-7821

\_\_\_\_\_  
(Resident's Name)

### Detention Visitation Schedule

<i>Unit</i>	<i>Day</i>	<i>Times</i>
Units 1A and 1B	Every <i>other</i> Friday Evening	8:00pm – 9:00pm
Unit 2A	Every <i>other</i> Saturday Afternoon	3:30pm – 4:30pm
Unit 2B	Every <i>other</i> Saturday Evening	8:00pm – 9:00pm
Unit 5A	Every <i>other</i> Sunday Afternoon	3:30pm – 4:30pm
Unit 5B	Every <i>other</i> Sunday Evening	8:00pm – 9:00pm

### Visitation Guidelines

- Upon admission to the facility, your child will be in the Orientation Unit. You will be notified of any changes in visiting times for your child.
- Visits are only permitted with parents, grandparents, and/or approved legal guardians. Stepparents are permitted to visit if they are legally married. Siblings or children of the resident are prohibited from visitation. If the visitor arrives with a child, the visitor will not be permitted to visit. **Children are not permitted in the facility or on the facility grounds, unattended, at any time.**
- Only two visitors per resident are permitted at one time. The time can be split in two half-hour units in order to accommodate multiple visitors.
- Please arrive 20 minutes before the start of the scheduled visitation time. After visitation has started, no other visitors will be permitted to enter the facility. When a staff member declares that the visitation is finished, all visitors must depart the facility grounds promptly.
- All visitors must present valid photo identification and be dressed appropriately for the visitation environment.
- All coats, hats, purses, and personal property must be stored in a locker in the Main Lobby Area. We suggest you leave all other personal items at home or in your vehicle. After all items have been secured, all visitors will be screened through the metal detectors for any further contraband. Once a visitor has been cleared of contraband, they will wait in the lobby area until escorted by a staff member to the visitation area. Any visitor disturbances during the contraband screening, or while waiting in the Main Lobby Area, may result in termination of visitation privileges.
- Once a visitor has signed in, and has been screened for contraband, they may not depart the facility before visitation begins.
- Items are not to be given to the residents at visitation, unless approved by the Supervisor On-Duty.
- Visitors under the influence of drugs or alcohol will not be permitted to visit and will be directed to depart the facility immediately.
- Visitors are permitted to visit and converse **ONLY** with the resident they have signed in to visit. To attempt or speak with any other resident, other than the resident they are visiting, may result in an immediate termination of the visit and possible revocation of future visiting privileges.
- Your child has the right to deny visitation, to which the Youth Intervention Center must honor that right.

**More detailed visitation guidelines can be found at:**

[www.lcyic.com](http://www.lcyic.com)

**or in the facility's Main Lobby Area**

### Mail Guidelines

All mail must go through the U S Postal Service unless the letter is from the child's attorney or probation officer. All mail must be addressed with child's name, C/O Lancaster County Youth Intervention Center, 235 Circle Avenue, Lancaster, PA 17602.

### Telephone Call Guidelines

Residents will be permitted two 5-minute telephone calls per week upon completion of orientation. All telephone calls will only be made to parents, grandparents, and/or approved legal guardians. Telephone calls will be made between 8:00pm and 10:00pm each Tuesday and Thursday. Residents are not permitted to receive incoming calls. Residents will receive 3 free calls before the need for an account (see accompanying DSI/ITI brochure).

### Resident Hygiene

Residents are encouraged to practice daily hygiene habits. Soap, shampoo, toothpaste, deodorant and other personal hygiene items are provided by the facility.

### Directions to Facility

#### **From the Southern End of Lancaster County:**

Take Route 272 North/ 222 North into Lancaster City. Turn right onto Chesapeake Street. Keep going straight, and this turns into South Broad Street. Turn right onto Circle Avenue. Go over the bridge, and enter the facility at the Main Entrance where the flagpole is located.

#### **From Route 30 West or Route 30 East:**

Take the Walnut Street Exit. At the bottom of the ramp, make a right. Go to your third light and make a left onto Broad Street. Go straight to your third light at the corner of King Street and Broad Street. Continue straight. Make your second left onto Circle Avenue. Go over the bridge, and enter the facility at the Main Entrance where the flagpole is located.