Indiana Department of Correction, Division of Youth Services 2019 Juvenile Detention Inspection - Compliance Report



Clark County Juvenile Detention Center 609 Meigs Avenue Jeffersonville, IN 47130

Auditors

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Indiana Department of Correction
Division of Youth Services
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Facility: Clark County Juvenile Detention Center

609 Meigs Avenue

Jeffersonville, IN 47130

Inspection Date(s): May 1, 2019

June 19, 2019 September 18, 2019

Auditors: Terrie Decker

Director of Juvenile Detention Inspections

Division of Youth Services, Indiana Department of Correction

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INTRODUCTION

The 2019 annual juvenile detention facility evaluations conducted by the IDOC, Division of Youth Services consisted of three on-site facility inspections; staff and youth interviews; and an audit of the state detention standards. The new Indiana Juvenile Detention Facility Standards are in the process of being adopted. Detention Facilities had the option to be audited on three hundred one (301) current detention standards or the corresponding two hundred and thirty-seven (237) corresponding proposed new juvenile detention facility standards.

Clark County Juvenile Detention Center chose to be audited on the current three hundred one (301) current juvenile detention facility standards in 2019, for their 23rd annual detention inspection. Of the three hundred and one (301) standards audited, twenty-six (26) standards require mandatory compliance and the remaining two hundred and seventy-five (275) are recommended standards. Compliance with 100% of the mandatory standards and 90% of the recommended standards is required to attain "Full Compliance."

FACILITY INFORMATION

Facility county:	Clark	
Governing authority:	Clark County Juvenile Detention Center	
Name of facility administrator:	Lyda Abell	
Detention Director:	Lyda Abell	

Detention facility's mission:	
	To provide the protection and detention of youth in
	the least restrictive alternative care. It is the
	philosophy and goal of the detention center to provide
	programming that adheres to the needs of the residents
	including medical/hygiene, information,
	Education, life skills, counseling, drug and alcohol
	education and religious services. The detention center
	is committed to providing the highest quality of
	detention services.
Rated capacity:	14
Population on date of first audit:	14
Average daily population for the	12
last 12 months:	1.5
Average length of stay for the last	15
12 months:	N
Minor upgrades since last audit	None
(i.e. painting, flooring, bedding,	
furnishings):	None
Major upgrades since last audit	None
(i.e. plumbing, electrical, security	
system):	Safa Crisis Management (SCM)
De-escalation techniques training: Physical force techniques training:	Safe Crisis Management (SCM) Safe Crisis Management (SCM)
	Yes
Chemical agents permitted:	Clark County Jail
Name of food service provider: Name of food service supervisor:	Vicki Emery/Jennifer Pollock
	Adam French, MD
Name of health care authority individual or agency and	Adam Pench, WD
license/certification:	
Name of mental health care	Dorothy Hickerson, MSW
authority individual or agency and	Dolony Hickordin, Mio W
license/certification:	
Education Services:	The educational program at the Clark County
100 100 100 100 100 100 100 100 100 100	Juvenile Detention Center is provided through a
	teacher from the Greater Clark County Schools.
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	The purpose is to provide students school work
	so they will not fall behind during their time at
	CCJDC.

Standards:	Safety and Security	
On-site Visit	• 82 Total Standards Audited	
conducted	• <u>55 Total Safety Standards, 15 Mandatory and 40 Recommended</u>	
March 20, 2019	• 27 Total Security Standards, 0 Mandatory and 27	
	Recommended	
	Number of Standards Not Applicable: 1	
	Number of Mandatory Standards in Compliance: 15	
	Number of Recommended Standards in Compliance: 65	
Auditors:	Terrie Decker and Kristin Herrmann	
Facility Tour:	The tour was conducted by Director Lyda Abell and Assistant Director	
	Jennifer Snawder. This audit was about "space and safety". We toured	
	the youth living area, youth rooms, property rooms (both personal	
	property and facility property), janitorial closet, visitation room and search area, private interview space, administrative, security areas and	
	mechanical. We toured medical and the kitchen for proper sharps	
	storage. And ensured that staff had access to the Emergency Manual.	
Youth Interviews:	Two (2) youth were interviewed, 1 female and 1 male	
	Youth interviews consisted of questions regarding facility safety and sanitation, living area temperatures, emergency and medical call procedures, staff supervision, restraint use, and transportation.	
Youth Responses:	One of the youth stated that he had feared for his safety, while the other commented that she saw the nurse "too late" when she had a complaint. The youth commented about the rooms being hot, the fire alarms go off a lot at night, making it difficult to sleep and they felt like some staff are more lenient. There was a comment about a particular staff person being disrespectful. These concerns were passed along to the Director and Assistant Director and both were aware of the issues prior to our visit. The issues that could be addressed had been.	
Staff Interviews:	Facility Administrator and two (2) staff were interviewed: (1) Control room operator and (1) line staff.	
	Facility Administrator interview consisted of questions regarding safety, overcrowding, flammable chemicals, documentation, outside transports, restraint use and emergency plans.	
	Security Staff interviews consisted of questions regarding emergency and count procedures, handling toxic chemicals, sanitation procedures, log documentation, transportation procedures, restraint procedures and search procedure.	

Staff Responses:	The Facility Administrator answered the questions with no concerns. Other staff interviewed didn't have any concerns and both seemed to know procedure and where to find the emergency and policy manual when needed.
Non-compliant Standards:	3-2-92
Recommended Action:	This noncompliant standard is about going over the capacity of the facility. Administrators work quickly with the Courts to move youth when the facility is over capacity. Facility staff were well prepared for this audit visit. As this County presents the current standards only the auditing of those standards happens at the facility. Any concerns were addressed while we were present.

Standards:	Justice & Order and Food Service & Hygiene		
On-site Visit	Sixty Six Total Standards audited		
conducted	• 45 Total Justice and Order Standards, 0 Mandatory and 45		
I 10 2010	Recommended		
June 19, 2019	• 21 Total Food Service & Hygiene Standards, 4 Mandatory and		
	17 Recommended		
	Number of Standards Not Applicable: 0		
	Number of Mandatory Standards in Compliance: 4		
	Number of Recommended Standards in Compliance: 62		
Auditors:	Terrie Decker and Kristin Herrmann		
Facility Tour:	The tour was conducted by Director Lyda Abell and Assistant Director		
	Jennifer Snawder. This audit focused on food, clothing and due		
	process. We checked on bedding in the youth's room, checked on the hygiene the youth receive and how property was cared for and stored.		
	We toured the kitchen to ensure that all standard requirements were		
	being met.		
Youth Interviews:	Two (2) youth were interviewed, 1 female and 1 male.		
	Youth interviews consisted of questions regarding facility procedure		
	about room confinement, rules and sanctions, due process, clean		
	bedding/clothing and mail procedures. We talk about food allergies and give them an opportunity to make suggestions about procedure and		
	process.		
Youth Responses:	Both youth were respectful and willing to answer the questions asked.		
_	Overall the youth felt like the rules and procedures were fair and well		

	understood. The only suggestion made by the female was a request that they be allowed to have hair ties. This suggestion was passed along to the Director and the Assistant Director.
Staff Interviews:	Facility Administrator, (2) line staff, intake, visitation and mail distribution personnel were interviewed during this audit. The food service manager was not available on this day.
	Questions addressed property given during the intake process and the procedure for mail distribution. We inquired about visitation procedure, confinement and due process
Staff Responses:	All staff/personnel were knowledgeable about the areas which we covered.
Non-compliant Standards:	None
Recommended Action:	None. The facility staff were prepared for our audit visit and had the standards ready for our review.

Standards:	Medical, Mental Health and Education	
On-site Visit conducted September 18, 2019	 Fifty Total Standards audited 38 Total Medical Standards, 7 Mandatory and 31 Recommended 6 Total Mental Health Standards, Recommended 6 Total Education Standards, Recommended Number of Standards Not Applicable: 1 Number of Mandatory Standards in Compliance: 7 Number of Recommended Standards in Compliance: 42 	
Auditors:	Terrie Decker and Kristin Herrmann	
Facility Tour:	The tour was conducted by Director Lyda Abell and Assistant Director Jennifer Snawder. This audit focused on medical, mental health and education. Medical staff was not available during this audit, however we were able to talk with education staff. We were able to see how the medical room is set up, and to see the youth in the education setting. We also looked at other areas as the facility as we were touring.	
Youth Interviews:	We interviewed a male and female youth during this audit.	
Youth Responses:	With each audit we ask youth questions that pertain to the standards we are addressing during the audit and then ask if they have concerns or comments they would like to make. One youth had a concern about a hygiene product (it appeared this issue was already being addressed). The statements were passed along to the Director.	

Staff Interviews:	Education staff, intake and direct care staff were interviewed during this	
	audit. The Director was also interviewed.	
Staff Responses:	Staff were knowledgeable about the procedures in each audit section.	
_	Staff commented that they receive training as required.	
Non-compliant	None	
Standards:		
Recommended	None. Facility staff were prepared for our audit visit. Medical staff	
Action:	was not available. Standard files were reviewed during our visit.	

Standards: File Review Only	 Administration & Management and Programs & Services One Hundred Three Total Standards audited 79 Total Administration Standards, Recommended 24 Total Programming Standards, Recommended Number of Standards Not Applicable: 2 Number of Recommended Standards in Compliance: 101 	
Auditors:	Kristin Herrmann	
Non-compliant Standards:	None	
Recommended Action:	No recommendations for this audit. Moving forward the recommendation I would make is for the 2020 audit cycle. In 2020 documentation showing proof of practice will only be accepted from the calendar year 2019. Therefore in your file preparations be mindful of the importance of early preparation and timely submission.	

Inspection Results based on CURRENT STANDARDS:

	Mandatory	Recommended
Total Standards Audited -	26	275
301		
Number of Standards Not	0	4
Applicable		
Number of Standards in	0	1
Non-Compliance		
Number of Standards in	26	270
Compliance		
Total Percentage of	100%	99.6%
Compliance		

Was the facility required to implement a corrective action plan as a result of the audit? No

CONCLUSION

Clark County Juvenile Detention Center is in full compliance with the 2019 Indiana Detention Center Standards Audit performed by the Indiana Department of Correction, Division of Youth Services.

A certificate of compliance will accompany this report, which becomes public information ten (10) days from the date of mailing.

Please contact me at (317) 452-5275 should you have any questions concerning this report.

Respectfully submitted,

Terrie Decker

Director of Juvenile Detention Inspections Indiana Department of Correction/Division of Youth Services

cc: Christine Blessinger, DYS, Executive Director of Youth Services Kellie Shafer (Whitcomb), Director of Reentry & External Relations Honorable Vicki Carmicheal, Circuit 4 Lyda Abell, Director pursuant to 210 IAC 8-1-5(f) File