

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



Children & Family Corp (CFS)/Southwest Indiana Regional Youth Village  
2290 S. Theobald Lane  
Vincennes, In 47591

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Auditors

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Kristin Herrmann, Youth Law T.E.A.M. of Indiana  
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2019 Juvenile Detention Inspection - Compliance Report**

Facility: Children & Family Services Corp./Southwest Indiana Regional Youth Village  
(SIRVY)  
2290 Theobald Lane  
Vincennes, In 47591

Inspection Date(s): March 28, 2019  
June 6, 2019  
September 10, 2019

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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 policy and procedure and supportive documentation of practice showing compliance with the state detention standards. There are two hundred and eighty-six proposed new Indiana Juvenile Detention Facility Standards that are in the process of being promulgated. Detention Facilities had the option to be audited on three hundred one (301) current detention standards or the corresponding two hundred and thirty-three (233) proposed new juvenile detention facility standards and four (4) current standards that will be deleted when the new standards are promulgated, for a total of two hundred and thirty-seven (237) standards.

The proposed standards include both the requirements of the current standards and new requirements not in effect; therefore, compliance for this year's audit was determined by a facility proving compliance with only the current requirements. However, facilities opting to be audited on the proposed standards did provide documentation on those new requirements and received feedback on their progress implementing them. There are two hundred and eight-six (286) total proposed standards, fifty-three (53) having exclusively new requirements. This year, facilities had the option of also providing documentation on their effort to implement these fifty-three (53) new standards. Since the proposed new requirements and new standards are not yet in effect, the facility's progress on them is not referenced in this report, though its effort, if applicable, will be recognized in the next paragraph.

Southwest Indiana Regional Youth Village chose to be audited on the two hundred and thirty-seven (237) proposed juvenile detention facility standards in 2019, for their 23rd annual detention inspection. Of the two hundred and thirty-seven (237) standards audited, sixteen (16) standards require mandatory compliance and the remaining two hundred and twenty-one (221) are recommended standards. Compliance with 100% of the mandatory standards and 90% of the recommended standards is required to attain “Full Compliance.” Again, Centers that chose to be audited on the proposed detention standards were only required to meet the expectation of the current detention standards. Southwest Indiana Regional Youth chose to also provide documentation on the extra standards with exclusively new requirements. The breakdown of each audit listed below is only reflective of the current standards.

## FACILITY INFORMATION

<b>Facility county:</b>	Knox
<b>Governing authority:</b>	Children and Family Services Corporation
<b>Name of facility administrator:</b>	Bobbie Stewart, Director, Barb Tilly, Compliance
<b>Detention Director:</b>	Bobbie Stewart
<b>Detention facility’s mission:</b>	To educate, assist and advocate for vulnerable children and families
<b>Rated capacity:</b>	40
<b>Population on date of first audit:</b>	20
<b>Average daily population for the last 12 months:</b>	20
<b>Average length of stay for the last 12 months:</b>	13
<b>Minor upgrades since last audit (i.e. painting, flooring, bedding, furnishings):</b>	Painting, bedding
<b>Major upgrades since last audit (i.e. plumbing, electrical, security system):</b>	Starting on a new intercom system in April, received three new sinks
<b>De-escalation techniques training:</b>	Handle with Care
<b>Physical force techniques training:</b>	Handle with Care
<b>Chemical agents permitted:</b>	No
<b>Name of food service provider:</b>	SIRYV
<b>Name of health care authority individual or agency and license/certification:</b>	Laci Shaffer, BSN, RN- fulltime employee of SIRVY
<b>Name of mental health care authority individual or agency and license/certification:</b>	SIRVY employs 2 fulltime LCSW’s, 1 fulltime MSW, and 2 part time LCSW’s. 1 part time psychologist is contracted 16 hours a

	week.
<b>Education Services:</b>	Lakeview Jr/High School is an Indiana Department of Education licensed freeway school. Title 1 funds are provided by the Vincennes Community School Corporation via its employment of 2.5 staff assigned to the school. The school operates 11 months out of the year. The focus is on Math, Science, English, Social Studies and Physical Education.

<b>Standards:</b>	<b><u>Safety and Security</u></b>
<b>On-site Visit conducted</b>  March 20, 2019	<ul style="list-style-type: none"> <li>• <b><u>58 Total Standards Audited</u></b></li> <li>• <b><u>36 Total Safety Standards, 6 Mandatory and 30 Recommended</u></b></li> <li>• <b><u>22 Total Security Standards, 0 Mandatory and 22 Recommended</u></b></li> <li>• Number of Standards Not Applicable: 1</li> <li>• Number of Mandatory Standards in Compliance: 6</li> <li>• Number of Recommended Standards in Compliance: 51</li> </ul>
<b>Auditors:</b>	Terrie Decker and Kristin Herrmann
<b>Facility Tour:</b>	Bobbie Stewart and Rick Potter provided the facility tour. 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.
<b>Youth Interviews:</b>	<p>Two (2) youth were interviewed, 1 female and 1 male</p> <p>Youth interviews consisted of questions regarding facility safety and sanitation, living area temperatures, emergency and medical call procedures, staff supervision, restraint use, and transportation.</p>
<b>Youth Responses:</b>	Both youth reported feeling safe. There was one concern about ants in a room, which was passed along during the tour and will be addressed. Both commented that they understood how to obtain medical treatment and both had been through a fire drill. Only thing that they would change would be getting more phone call privileges.
<b>Staff Interviews:</b>	Facility Administrator and two (2) staff were interviewed: (1) Control room operator and (1) line staff.

	<p>Facility Administrator interview consisted of questions regarding safety, overcrowding, flammable chemicals, documentation, outside transports, restraint use and emergency plans.</p> <p>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.</p>
<b>Staff Responses:</b>	Both staff were knowledgeable about emergency procedures and were consistent in answering the other questions present. Staff did corroborate the youth's statement about it can sometimes get warm in the unit, but said the temp is adjusted when that occurs.
<b>Non-compliant Standards:</b>	None
<b>Recommended Action:</b>	None. Facility staff were ready for the audit visit. Open files were addressed during the visit. Clarification between current and proposed standard score sheets were presented.

<b>Standards:</b>	<b>Justice &amp; Order and Food Service &amp; Hygiene</b>
<b>On-site Visit conducted</b>  <b>June 6, 2019</b>	<ul style="list-style-type: none"> <li>• <b><u>Fifty-seven Total Standards audited</u></b></li> <li>• <b><u>38 Total Justice and Order Standards, 0 Mandatory and 38 Recommended</u></b></li> <li>• <b><u>19 Total Food Service &amp; Hygiene Standards, 3 Mandatory and 16 Recommended</u></b></li> <li>• Number of Standards Not Applicable: 0</li> <li>• Number of Mandatory Standards in Compliance: 3</li> <li>• Number of Recommended Standards in Compliance: 54</li> </ul>
<b>Auditors:</b>	Terrie Decker and Kristin Herrmann
<b>Facility Tour:</b>	The tour was conducted by Barb Tilly and Rick Potter. 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.
<b>Youth Interviews:</b>	<p>Two (2) youth were interviewed, 1 female and 1 male.</p> <p>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</p>

	process.
<b>Youth Responses:</b>	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. There were a couple of concerns voiced by one of the youth that were passed along to Ms. Tilly and Mr. Potter.
<b>Staff Interviews:</b>	Facility Administrator, (2) line staff, the food services manager, intake, visitation and mail distribution personnel were interviewed during this audit.  Questions addressed property given during the intake process and the procedure for mail distribution. We inquired about visitation procedure, confinement and due process. We discussed food prep, storage and delivery with the food service manager.
<b>Staff Responses:</b>	All staff/personnel were knowledgeable about the areas which we covered.
<b>Non-compliant Standards:</b>	None
<b>Recommended Action:</b>	None. Facility staff were prepared for the audit visit. All current standards were addressed and found in compliance.

<b>Standards:</b>	<b><u>Medical, Mental Health and Education</u></b>
<b>On-site Visit conducted September 10, 2019</b>	<ul style="list-style-type: none"> <li>• <b><u>Forty-one Total Standards audited</u></b></li> <li>• <b><u>29 Total Medical Standards, 7 Mandatory and 22 Recommended</u></b></li> <li>• <b><u>6 Total Mental Health Standards, Recommended</u></b></li> <li>• <b><u>6 Total Education Standards, Recommended</u></b></li> <li>• Number of Standards Not Applicable: 0</li> <li>• Number of Mandatory Standards in Compliance: 7</li> <li>• Number of Recommended Standards in Compliance: 34</li> </ul>
<b>Auditors:</b>	Terrie Decker and Kristin Herrmann
<b>Facility Tour:</b>	The tour was conducted by Stacey McMillin. This audit focused on medical, mental health and education. We talked with nursing staff and 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.
<b>Youth Interviews:</b>	A male and female youth were interviewed during this audit.
<b>Youth Responses:</b>	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 staff being rude and the food, while the other was concerned about the amount of time they are “locked down” and not getting enough time in school. These statements were passed along.
<b>Staff Interviews:</b>	Medical staff, education staff, intake and direct care staff were interviewed during this audit. Currently there is no detention Director, the case manager was interviewed.
<b>Staff Responses:</b>	Staff were knowledgeable about the procedures in each audit section. Medical staff noted that the policies and procedures were reviewed as required. Staff commented that they receive training as required
<b>Non-compliant Standards:</b>	None
<b>Recommended Action:</b>	None. Facility staff were prepared for our audit visit. As previously mentioned, the Detention Director had resigned prior to this audit, however, the facility was prepared for the audit.

<b>Standards:</b>	<b><u>Administration &amp; Management and Programs &amp; Services</u></b>
<b>File Review Only</b>	<ul style="list-style-type: none"> <li>• <b><u>Eight-one Total Standards audited</u></b></li> <li>• <b><u>61 Total Administration Standards, Recommended</u></b></li> <li>• <b><u>20 Total Programming Standards, Recommended</u></b></li> <li>• Number of Standards Not Applicable: 3</li> <li>• Number of Recommended Standards in Compliance: 76</li> </ul>
<b>Auditors:</b>	Terrie Decker
<b>Non-compliant Standards:</b>	8-3-56 and 8-3-57
<b>Recommended Action:</b>	<p>Based on the two noncompliant standards the recommendation would be to develop an annual training for staff.</p> <p>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.</p>

**CONCLUSION**

Southwest Indiana Regional Youth Village chose to be audited on the proposed standards, which corresponds with the current (301) detention standards and received a score of 100% compliance with the mandatory standards and 99% of the recommended standards.

**The facility received a separate scoresheet indicating their level of compliance with the new proposed detention standards.**

Therefore, Southwest Indiana Regional Youth Village is in 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  
Millicent Abell, Director of Detention, Safety and Security  
Barb Tilly, Director of Compliance  
pursuant to 210 IAC 8-1-5(f)  
File