

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



Lake County Juvenile Center
3000 W. 93rd Avenue
Crown Pointe, IN 46037

Auditors

Terrie Decker, Director of Juvenile Detention Inspections, Indiana Department of Correction
Kristin Herrmann, Youth Law T.E.A.M. of Indiana
Laurie Elliott, Youth Law T.E.A.M. of Indiana

Indiana Department of Correction
Division of Youth Services
302 W. Washington St. Rm. E334, Indianapolis, IN 46204

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Crown Pointe, IN 46037

Inspection Date(s): April 18, 2019
June 27, 2019
September 26, 2019

Auditors: Terrie Decker
Director of Juvenile Detention Inspections
Division of Youth Services, Indiana Department of Correction
(317) 452-5275, TeDecker@idoc.IN.gov

Kristin Herrmann
Youth Law T.E.A.M. of Indiana
(317) 916-0786, kherrmann@youthlawteam.org

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.

Lake County Juvenile Center 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. Lake County Juvenile Center 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

Facility county:	Lake
Governing authority:	Lake County Juvenile Center
Name of facility administrator:	John Dempsey
Detention Director:	John Dempsey
Detention facility’s mission:	Provide safe, secure temporary custody to juveniles adjudicated to the jurisdiction of the juvenile court who require physical restricted environment for their own safety or community
Rated capacity:	64
Population on date of first audit:	21
Average daily population for the last 12 months:	27.20
Average length of stay for the last 12 months:	40.60
Minor upgrades since last audit (i.e. painting, flooring, bedding, furnishings):	Painting of pods, adding and replacing lights throughout the building and pods.
Major upgrades since last audit (i.e. plumbing, electrical, security system):	Adding cameras throughout the building and updating electrical outlets.
De-escalation techniques training:	LCJC De-escalation
Physical force techniques training:	Aikido
Chemical agents permitted:	No
Name of food service provider:	LCJC employees
Name of food service supervisor:	Arenthia Green
Name of health care authority individual or agency and license/certification:	Dr. T Mullaly, MD – contract Diana Borom, RN – 40 hours (LCJC) Patricia Misalek, RN – 40 hours (LCJC)
Name of mental health care authority individual or agency and license/certification:	Katelyn Kapelinski – 40 hours Jill Miller, 2 days a week
Education Services:	The school is staffed by 4 licensed full time teachers, year round, who are all employed by LCJC.

Standards:	<u>Safety and Security</u>
On-site Visit conducted March 20, 2019	<ul style="list-style-type: none"> • <u>Fifty eight Total Standards Audited</u> • <u>36 Total Safety Standards, 6 Mandatory and 30 Recommended</u> • <u>22 Total Security Standards, 0 Mandatory and 22 Recommended</u> • Number of Standards Not Applicable: 3 • Number of Mandatory Standards in Compliance: 6 • Number of Recommended Standards in Compliance: 49
Auditors:	Terrie Decker and Kristin Herrmann
Facility Tour:	The tour was conducted by Assistant Director Eric Hamilton and . 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) male and (1) female. 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:	At the end of the questionnaire all youth are asked about overall concerns and suggestions. One youth had nothing to add, while the other had statements about the food, not feeling that their laundry was washed well enough and hygiene products. All of the comments were shared with the Director.
Staff Interviews:	Facility administrator and three (3) staff were interviewed: (1) Control room operator and (2) 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:	Staff seemed to understand the procedures that we were asking about through this audit section. Their answers about restraints were appropriate. There were no concerns with the knowledge that staff have

	about policy and procedure.
Non-compliant Standards:	None
Recommended Action:	None. Administrators were prepared for the audit visit. Audit standards were submitted timely prior to the audit visit.

Standards:	Justice & Order and Food Service & Hygiene
On-site Visit conducted June 27, 2019	<ul style="list-style-type: none"> • <u>Fifty Seven Total Standards audited</u> • <u>38 Total Justice and Order Standards, 0 Mandatory and 38 Recommended</u> • <u>19 Total Food Service & Hygiene Standards, 3 Mandatory and 16 Recommended</u> • Number of Standards Not Applicable: 0 • Number of Mandatory Standards in Compliance: 3 • Number of Recommended Standards in Compliance: 53
Auditors:	Terrie Decker and Kristin Herrmann
Facility Tour:	The tour was conducted by Assistant Director Eric Hamilton. 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:	<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 process.</p>
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. Any concerns or suggestions given by the youth were passed along to the Director and Assistant Director.
Staff Interviews:	<p>Facility Administrator, (2) line staff, intake, visitation and mail distribution personnel were interviewed during this audit.</p> <p>Questions addressed property given during the intake process and the procedure for mail distribution. We inquired about visitation procedure,</p>

	confinement and due process. The food services manager was unavailable during this audit.
Staff Responses:	All staff/personnel were knowledgeable about the areas which we covered.
Non-compliant Standards:	8-6-37
Recommended Action:	None. This noncompliant standard is a decision made through policy and procedure. Administrators were prepared for the audit visit and standard preparation was received timely.

Standards:	<u>Medical, Mental Health and Education</u>
On-site Visit conducted September 26, 2019	<ul style="list-style-type: none"> • <u>Forty-one Total Standards audited</u> • <u>29 Total Medical Standards, 7 Mandatory and 22 Recommended</u> • <u>6 Total Mental Health Standards, Recommended</u> • <u>6 Total Education Standards, Recommended</u> • Number of Standards Not Applicable: 0 • Number of Mandatory Standards in Compliance: 7 • Number of Recommended Standards in Compliance: 33
Auditors:	Terrie Decker and Kristin Herrmann
Facility Tour:	The tour was conducted by Asst Director Eric Hamilton. 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.
Youth Interviews:	We interviewed both a male and female youth.
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. Both youth during this audit had no concerns to pass along. These statements, with no comment, were passed along to the Director.
Staff Interviews:	Medical staff, 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. Medical staff noted that the policies and procedures were reviewed as required. Staff commented that they receive training as required
Non-compliant Standards:	8-11-8

Recommended Action:	This noncompliant will be remedied in following audits. Administrators were prepared for the audit visit. Audit standards were received timely prior to the visit.
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Standards:	<u>Administration & Management and Programs & Services</u>
File Review Only	<ul style="list-style-type: none"> • <u>Eight-one Total Standards audited</u> • <u>61 Total Administration Standards, Recommended</u> • <u>20 Total Programming Standards, Recommended</u> • Number of Standards Not Applicable: 3 • Number of Recommended Standards in Compliance: 77
Auditors:	Terrie Decker
Non-compliant Standards:	8-3-40
Recommended Action:	<p>None. Lake County will decide if they want to pursue compliance on this standard. Standard paperwork was presented timely for this audit. In summary, Lake County worked diligently on current and proposed standards to bring their facility in compliance with both.</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

Lake County Juvenile Detention Center 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 98% of the recommended standards.

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

Therefore, Lake County Juvenile Detention Center 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
Honorable Thomas P. Stefaniak, Jr., Superior Court
John Dempsey, Director
Regina Robinson, Compliance Manager
pursuant to 210 IAC 8-1-5(f)
File