

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



Youth Care Center  
727 Chestnut Street  
Evansville, IN 47713

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## Auditors

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2019 Juvenile Detention Inspection - Compliance Report**

Facility: Youth Care Center  
727 Chestnut Street  
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Inspection Date(s): April 30, 2019  
July 10, 2019  
October 4, 2019

Auditors: Terrie Decker  
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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.

Youth Care 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. Youth Care 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

<b>Facility county:</b>	Vanderburgh
<b>Governing authority:</b>	Youth Care Center
<b>Name of facility administrator:</b>	Joshua Nichols
<b>Detention Director:</b>	Joshua Nichols
<b>Detention facility’s mission:</b>	<p>A. To provide the highest quality of treatment and individual care to children who are in trouble with the law and to children in need of services</p> <p>B. To always be family inclusive in our approach to helping children and to look beyond our current function to see what needs we might address through program diversification or expansion of our program</p> <p>C. To include community experts and /or services in our attempt to resolve bio/psycho/socio/spiritual/medical needs of our at-risk youth.</p>
<b>Rated capacity:</b>	40
<b>Population on date of first audit:</b>	22
<b>Average daily population for the last 12 months:</b>	21.5
<b>Average length of stay for the last 12 months:</b>	26.75
<b>Minor upgrades since last audit (i.e. painting, flooring, bedding, furnishings):</b>	Painting in the lobby and construction of the administrative floor.
<b>Major upgrades since last audit (i.e. plumbing, electrical, security system):</b>	None
<b>De-escalation techniques training:</b>	Non-violent physical crisis intervention
<b>Physical force techniques training:</b>	Non-violent physical intervention
<b>Chemical agents permitted:</b>	No
<b>Name of food service provider:</b>	CRS One
<b>Name of food service supervisor:</b>	Matt Gresock

<b>Name of health care authority individual or agency and license/certification:</b>	Richard Probert, MD Kim Sullenger, RN – 30 hours a week
<b>Name of mental health care authority individual or agency and license/certification:</b>	David Westfall, LMHC – 40 hours a week
<b>Education Services:</b>	Residents are provided education in the common areas on both the male and female units. Monday-Friday from 8:15am-1:45pm with a break at 10:00am for staff and residents and lunch from 11:30am-12pm. Residents resume education at 12:15 pm. All residents complete the TABE assessment to determine where they are academically before they are assigned lesson plans by the teacher. We also provide a GED instructor that comes to the facility.

<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: 2</li> <li>• Number of Mandatory Standards in Compliance: 6</li> <li>• Number of Recommended Standards in Compliance: 50</li> </ul>
<b>Auditors:</b>	Terrie Decker, Kristin Herrmann and Laurie Elliott
<b>Facility Tour:</b>	The tour was conducted by Director Joshua Nichols and Compliance Manager, Rian Kisner. 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>	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.
<b>Youth Responses:</b>	The only concern or suggestion made by the youth was that the food

	portions are too small. We passed this information along to the Director who stated that the youth have talked with him about this issue and he is addressing it. Otherwise the youth weren't concerned for safety or about the care that they receive.
<b>Staff Interviews:</b>	<p>Facility Administrator and two (2) staff were interviewed: (1) Control room operator and (1) line staff.</p> <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>	The facility administrator answered the questions appropriately. The other staff answered the questions appropriately as well. They stated no concerns about the facility.
<b>Non-compliant Standards:</b>	None –
<b>Recommended Action:</b>	There were no recommendations for this audit. The facility staff was prepared for our visit.

<b>Standards:</b>	<b>Justice &amp; Order and Food Service &amp; Hygiene</b>
<b>On-site Visit conducted</b> <b>July 10, 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 Director Rian Kisner. 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>	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.
<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. Concerns and suggestions from each youth were passed along to the Director.
<b>Staff Interviews:</b>	Facility Administrator, food services manager, (2) line staff, 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. Food service manager was asked about food storage and delivery.
<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>	There are no recommendations for this audit. Facility staff were prepared for our visit. Facility leadership has changed during this audit.

<b>Standards:</b>	<b><u>Medical, Mental Health and Education</u></b>
<b>On-site Visit conducted October 4, 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 Assistant Director Enoch Floyd. 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. Both youth during this audit had no concerns to pass along. These statements were passed along to the Director.
<b>Staff Interviews:</b>	Medical staff, education staff, intake and direct care staff were interviewed during this audit. The Director was also 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>	There are no recommendations for this audit. Facility staff were prepared for our audit visit.

<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: 2</li> </ul> <p>Number of Recommended Standards in Compliance: 79</p>
<b>Auditors:</b>	Kristin Herrmann
<b>Non-compliant Standards:</b>	None
<b>Recommended Action:</b>	<p>There are no recommendations for this audit.</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

Youth Care 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 100% of the recommended standards.

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

Therefore, Youth Care 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 Brent Niemeier, Circuit Court  
Rian Kisner, Executive Director  
pursuant to 210 IAC 8-1-5(f)  
File