Indiana Department of Correction, Division of Youth Services

2022 Juvenile Detention Inspection - Compliance Report



Allen County Juvenile Center

2929 Wells Street

Fort Wayne, In 46808

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Auditors

Rachel McCaffrey, Director of Juvenile Detention Inspections, Indiana Department of Correction

Kristin Herrmann, 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

**Indiana Department of Correction, Division of Youth Services**

**2022 Juvenile Detention Inspection - Compliance Report**

Facility: Allen County Juvenile Center

2929 Wells St.

Fort Wayne, In 46808

On-Site Inspection Dates: April 12, 2022 and September 6, 2022

Certification Completed By:

Rachel McCaffrey

Director of Juvenile Detention Inspections

Division of Youth Services, Indiana Department of Correction

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Division of Youth Services, Indiana Department of Correction

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**INTRODUCTION**

The 2022 annual juvenile detention facility audits conducted by the IDOC, Division of Youth Services included two on-site facility inspections, staff and youth interviews, and a file review of 2021 documents of the state detention standards.

Detention facilities were audited on the two hundred ninety-nine (299) enacted Indiana Juvenile Detention Facility Standards.  Since new, proposed standards were in the process of being promulgated, detention facilities had the option of submitting documentation under the enacted citations for the three hundred and one (301) standards or the corresponding two hundred and thirty-seven (237) proposed standards.

Allen County Juvenile Center chose to be audited on the current two hundred ninety-nine (299) juvenile detention facility standards in 2022, for their 26th annual detention inspection.  Of the two hundred ninety-nine (299) standards audited, twenty-six (26) standards require mandatory compliance and the remaining two hundred and seventy-five (273) are recommended standards.  Compliance with 100% of the mandatory standards and 90% of the recommended standards is required to attain “Full Compliance.”

**FACILITY INFORMATION**

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| **Facility county:** | Allen |
| **Governing authority:** | Allen Superior Court |
| **Name of facility administrator:** | Shane Armstrong |
| **Detention Director:** | Shane Armstrong |
| **Detention facility’s mission:** | The Allen County Juvenile Center views the concept of detention as being able to provide the community a continuum of services directed toward meeting the needs of individual juveniles who, for the protection of the community themselves, must temporarily be removed from their homes |
| **Rated capacity:** | 114 |
| **Population during on-site visits:** | 45 and 46 |
| **Average daily population for the last 12 months:** | 34 |
| **Average length of stay for the last 12 months:** | 30 days |
| **Year the building was built:** | 2004 |
| **Minor upgrades since last audit (i.e. painting, flooring, bedding, furnishings):** | Bedding replaced as needed. |
| **Major upgrades since last audit (i.e. plumbing, electrical, security system):** | New Gym Equipment and complete security/camera installation |
| **De-escalation techniques training:** | Handle with Care |
| **Physical force techniques training:** | Handle with Care |
| **Chemical agents permitted:** | No |
| **Name of food service provider:** | Trinity Services Group |
| **Name of food service supervisor:** | Angie Nix |
| **Name of health care authority individual or agency and license/certification:** | Danielle Stapleton, RN  Kim Schall, RN  Lisa Elkabir, RN |
| **Name of mental health care authority individual or agency and license/certification:** | Klinton Krouse, HSPP  Rebecca Kelley, LMHC  Maria Lopez, LMHC |
| **Education Services:** | Full day secondary program administered by the local school district. Evening HSE/adult education classes administered by the local school district. |

**Allen County 2022 Audit**

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| **April 12, 2022** | **Allen County First Site Visit** |
| **Inspectors:** | Rachel McCaffrey, Kristin Herrmann, and Danielle Zagone |
| **Facility Tour:** | The facility tour was conducted by the director, Shane Armstrong. |
| **Youth Interviews:** | Two youth were interviewed.  Youth interviews consisted of questions regarding procedure about safety, medical, mental health, programming, education, kitchen, due process, and intake. |
| **Youth Responses:** | The youth interviewed both stated that they felt that their medical needs or concerns were taken seriously and handled in a manner that they could easily understand. Both youth said that the food tasted fine and that were fed at regular times each day. |
| **Staff Interviews:** | Two line staff were interviewed.  Staff were interviewed over the proper procedures in areas such as safety, security, and intake process. |
| **Staff Responses:** | Both staff were knowledgeable over their facility’s policies and procedures regarding emergency situations and the safety and security of youth. They were both able to sufficiently answer all other questions. |

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| **September 6, 2022** | **Allen County Second Site Visit** |
| **Inspectors:** | Rachel McCaffrey and Danielle Zagone |
| **Facility Tour:** | The facility tour was conducted by the director, Shane Armstrong. |
| **Youth Interviews:** | Two youth were interviewed.  Youth interviews consisted of questions regarding procedure about safety, medical, mental health, programming, education, kitchen, due process, and intake. |
| **Youth Responses:** | Both youth interviewed expressed feeling safe and being treated fairly and consistently by staff. They explained the intake process and how they received all necessary items; such as linens, hygiene, and clothing. Neither youth had a concern to bring to the director. |

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| **Auditor(s):**  **Rachel McCaffrey** | **Allen County Standards Audit** |
| **Administration and Management**  **Standards** | * Eighty Total Standards, 80 Recommended * Number of Standards in Compliance: 75 * Number of Standards in Non-Compliance: 5 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Administration and Management Standards:* | *3-1.12: Documentation of annual review*  *3-1.15: Documentation of policy and procedure disseminated to staff*  *3-1.26: Documentation for proof of practice*  *3.151: File Not Submitted*  *3-1.52: File Not Submitted* |
| **Safety Standards** | * Fifty-Three Total Standards, 15 Mandatory and 38 Recommended * Number of Standards in Compliance: 53 * Number of Standards in Non-Compliance: 0 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Safety Standards:* | *Not Applicable* |
| **Security Standards** | * Twenty-Eight Total Standards, 28 Recommended * Number of Standards in Compliance: 26 * Number of Standards in Non-Compliance: 2 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Security Standards:* | *3-2.124: File Not Submitted*  *3-3.135: Documentation for proof of practice* |
| **Justice and Order Standards** | * Forty-Four Total Standards, 44 Recommended * Number of Standards in Compliance: 41 * Number of Standards in Non-Compliance: 3 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Justice and Order Standards:* | *3-3.166: Documentation for proof of practice*  *3-3.171: Documentation of end times*  *3-5.300: File Not Submitted* |
| **Food Service and Hygiene** | * Twenty-One Total Standards, 4 Mandatory and 17 Recommended * Number of Standards in Compliance: 21 * Number of Standards in Non-Compliance: 0 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Food Service and Hygiene Standards:* | *Not Applicable* |
| **Medical Standards** | * Thirty-seven Total Standards, 7 Mandatory and 30 Recommended * Number of Standards in Compliance: 34 * Number of Standards in Non-Compliance: 3 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Medical Standards:* | *3-4.241: File Not Provided*  *3-4.244: File Not Provided*  *3-4.247: File Not Provided* |
| **Mental Health Standards** | * Six Total Standards, 6 Recommended * Number of Standards in Compliance: 6 * Number of Standards in Non-Compliance: 0 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Mental Health Standards:* | *Not Applicable* |
| **Programs and Services Standards** | * Twenty-four Total Standards, 24 Recommended * Number of Standards in Compliance: 23 * Number of Standards in Non-Compliance: 1 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Programs and Services Standards:* | *3-5.293: File Not Submitted* |
| **Education Standards** | * Six Total Standards, 6 Recommended * Number of Standards in Compliance: 6 * Number of Standards in Non-Compliance: 0 * Number of Standards Not Applicable: 0 |
| *Recommended Action for Non-Compliant Education Standards:* | *Not Applicable* |

**Inspection Results based on CURRENT STANDARDS:**

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|  | **Mandatory** | **Recommended** |
| **Total Standards Audited - 301** | **26** | **273** |
| **Number of Standards Not Applicable** | **0** | **0** |
| **Number of Standards in Non-Compliance** | **0** | **14** |
| **Number of Standards in Compliance** | **26** | **259** |
| **Total Percentage of Compliance** | **100%** | **94.87%** |

Was the facility required to implement a corrective action plan as a result of the audit? **NO**/YES

**CONCLUSION**

Allen County Juvenile Detention Center is in full compliance with the 2022 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 (812) 929-3980 should you have any questions concerning this report.

Respectfully submitted,

**Rachel McCaffrey**

Director of Juvenile Detention Inspections

Indiana Department of Correction/Division of Youth Services

cc: Crissy Simmons, Director of External Relations, DOC

Honorable Andrea R. Trevino, Superior Court

Shane Armstrong, Superintendent

pursuant to 210 IAC 8-1-5(f)

File