

# 2023 Adams County Juvenile Detention Center Inspection Report

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## Executive Summary

The Department of Juvenile Justice conducted an annual inspection of the Adams County Juvenile Detention Center on August 29, 2023, pursuant to 730 ILCS 5/3-15-2(b). The Department observed several areas of noncompliance during this review, some of which warrant immediate attention. The sections and specific requirements of 20 Ill. Adm. Code 2602, County Juvenile Detention Standards, (“County Detention Standards”) noted as non-compliant are listed in the table below, while specific observations are noted in the sections that follow. Each section of the report also includes policy and practice recommendations to either gain compliance or move towards best practices. Those recommendations are combined in a second table at the end of the report.

## Areas of Non-Compliance

Section	Requirement
2602.170 Discipline	Room confinement may be used only as a temporary response to behavior that threatens the safety of the youth and others. Room confinement shall not be used for a fixed period of time, but only until the youth is calm enough to rejoin programming without being a risk to the safety of others. At no time should room confinement exceed 4 hours without administrators and/or mental health staff developing an individualized plan to address the behavior.
2602.30 Personnel	A shift supervisor must be scheduled and available at all times and on duty during all waking hours and immediately available if not on duty during sleeping hours.
2602.50 Admissions Procedures	Within 72 hours after the youth’s arrival at the facility and periodically throughout a youth’s confinement, the agency shall obtain and use information about each youth’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Assessments shall be conducted using an objective screening instrument. . . Current prescription medication shall be continued without interruption unless a qualified medical professional determines in consultation with the prescribing physician, youth, and family that continuation is not indicated. . . Any medication in the possession of a youth at admission shall be labeled for identification and withheld until a medical doctor determines the disposition. This determination shall be made at the earliest possible time, but in no instance shall it exceed eight hours after admission or within the time interval specified for administration of the medication on the prescription container, whichever is less.

2602.80 Medical and Health Care	<p>All facilities shall employ a competent medical doctor, physician assistant, nurse practitioner, or registered nurse to ensure that the following are available. . . Prescription and administration of medications and special diets. . . A medical doctor shall be available to attend the medical needs of youth. General medical physician services shall be provided in accordance with one or more of the following procedures: on salary, in accordance with locally established personnel pay plan; a contract with local physician or clinic for full-time coverage at specific hours and for emergencies; a contract with a local physician to conduct sick call, to be on call for emergencies and to examine newly admitted youth; arrangements with a nearby hospital to provide all needed medical services; and services rendered, without cost, by another agency or department or with costs prorated. Access to psychiatric and/or psychological services shall be provided in individual cases as needed. Nonmedical detention staff may issue any form of over-the-counter medication, providing the facility physician gives prior written approval to the facility for the issue. . . Security of supplies must be maintained at all times . . . Drugs, including over-the-counter medication and other abusable medical supplies, shall be secured and accessible only to designated staff.</p>
2602.90 Mental Health Services	<p>All facilities shall employ or contract with qualified mental health professionals to address the needs of youth identified in the mental health screening, as well as needs that arise during the period of confinement. Services shall meet or exceed the community level of care.</p>
2602.230 Education	<p>Each facility must designate a qualified educational authority responsible for the development and implementation of the educational program. The educational authority must ensure that: The program complies with State and federal education standards. . . Teacher student ratios are at least 1:12 for general education and 1:8 for students with Individualized Education Programs (IEPs). . . All youth are enrolled immediately upon admission.</p>

**Methodology**

- Interviews Conducted
  - Superintendent
  - Director
  - Educator
  - Educational Liaison
  - Detention Officers (3)
  - Youth (7)
  - Mental Health Practitioner
  
- Documents Reviewed
  - Behavior Management Training Materials
  - Commissary List
  - Educator Credentials
  - Fire Inspection Report

- Dietary Menus
- Health Department Inspection Report
- Resident Orientation Manual
- Room Check Policy
- Use of Force Policy
- Resident Grievance Policy
- Sample Youth Files
- Medication Logs

## **Overview**

The Adams County Juvenile Detention Center is a 32-bed facility in Quincy, Illinois. The primary programming space is a multi-purpose area outside of the main control room. The facility has three classrooms, a gymnasium and outdoor recreation space. Youth are primarily housed in three living units, referred to as Blue Unit, Red Unit, and Green Unit.

The on-site portion of the review took place on August 29, 2023. At the time of the audit, the facility had 18 residents, employed three Supervisors and 17 Detention Officers, with two Detention Officer openings. The facility also employs a Superintendent, Assistant Superintendent, and a Dietary Worker. There were two part-time dietary worker positions open. The shortage of dietary staff has forced detention officers to shoulder responsibility for meal preparation on the weekends, contributing to a stretching of personnel resources.

## **Admission Policy and Procedures**

The Adams County Juvenile Detention Center offers 24-hour coverage for admissions. The facility has ended the practice of conducting strip searches upon intake; only using such searches in the event there is suspicion that the youth is in possession of contraband.

The facility has a Youth Orientation Manual that includes a broad overview of programming and rules, youth rights, and the youth grievance process. Youth reported familiarity with the grievance process during interviews. Youth knew the location of the grievance box, located in the main common area, and how to obtain a grievance if needed. One youth showed where grievances should be located in the living unit, however the folder was empty.

Prison Rape Elimination Act (PREA) requirements include an assessment to determine risk for victimization within 72 hours of each youth's admission and periodically throughout a youth's confinement. The facility has not implemented such a process, which is a repeat finding from the 2022 Inspection Report. Some employees have been trained on PREA; however, one interviewed employee was not familiar with PREA. Youth do not receive any orientation on the topic. None of the youth at the facility were familiar with the Prison Rape Elimination Act, and the facility has not undergone an official PREA audit. The facility performs background checks for new employees but does not complete background checks for existing employees every five years as required by County Detention Standards.

### Areas of Non-Compliance and Recommendations

- 2602.50 Admissions Procedures states: “Within 72 hours after the youth’s arrival at the facility and periodically throughout a youth’s confinement, the agency shall obtain and use information about each youth’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Assessments shall be conducted using an objective screening instrument.”
  - Recommendations:
    - Implement the PREA Risk for Victimization Assessment for youth within 72 hours of admission and periodically throughout a youth’s confinement.
    - Hire a PREA Officer to supervise facility compliance with PREA standards.
    - Conduct background checks for existing employees every 5 years.

### Personnel, Staffing and Supervision

Staffing consistency has continued to be a challenge for the facility over the past year. As noted in the 2022 Inspection Report, the facility is also only budgeted for three shift supervisors, which is insufficient to cover all the waking hour shifts in each week. As such, there are shifts during the week in which a supervisor is not present. In these cases, the most senior Detention Officer is in charge of the shift. County Detention Standards require that a shift supervisor be scheduled and available at all times and on duty during all youth waking hours. The facility will need more budgeted supervisory staff to meet this standard; as covering seven days of youth waking hours by only three employees is not sufficient, especially when taking vacations and sick time into account.

Despite only having two open Detention Officer positions, administrators reported staffing has continued to be a major impediment over the past year. Administrators reported staff have been mandated to work overtime a lot and administrators have had to cover shifts at times. Staff and youth affirmed that youth are consistently confined for extended periods of time due to insufficient staffing numbers. If the facility is in this situation when only short two Detention Officers, consideration should be given to increasing the number of budgeted Detention Officer positions.

### Areas of Non-Compliance and Recommendations

- 2602.30 Personnel states: “A shift supervisor must be scheduled and available at all times and on duty during all waking hours and immediately available if not on duty during sleeping hours.”
  - Recommendations:
    - Budget for more supervisory staff to ensure adequate coverage is maintained.

### Detention Programs, Youth Discipline, and Confinement

In 2019, the facility took steps to implement a cognitive-based programming model with the assistance of external consultants. The program includes a token economy system in which youth earn points throughout the day that are converted into a three-tiered level system with graduating incentives. The facility also utilizes immediate reinforcements to recognize youth for positive behavior. Youth can use these “tokens” to make purchases from the commissary system, which mostly contains snacks and hygiene products.

The facility also runs daily cognitive-behavioral focus groups with youth. These groups are facilitated by the Detention Officers and cover topics such as anger management, restorative justice, and thinking errors. It is also commendable that the facility is utilizing Detention Officers to deliver programming, as it demonstrates commitment to moving away from a traditional correctional environment towards one of rehabilitation. Detention Officers also participate in daily activities with youth. They were observed playing basketball with youth during the audit and sitting with youth during lunchtime, engaged in conversation. Engagement with youth in this manner is helpful for relationship-building and youth skill development.

The facility utilizes a timeout system to address inappropriate behavior. Youth earn five-minute timeouts for minor behavioral infractions. These timeouts can escalate to thirty-minute timeouts if the youth does not serve the timeout appropriately. Youth also earn a consequence called a “30-30-5” for behaviors that are threatening in nature. In these circumstances, youth serve a timeout for approximately 30 minutes and complete a Rational Self-Analysis; a thinking tool that prompts youth to self-analyze their behavior by identifying antecedents and irrational thinking that contributed to their behavior.

The facility also utilizes an administrative intervention process when youth exhibit more significant behaviors. When youth are placed on Administrative Intervention they are largely separated from other youth during programming. On the day of the on-site inspection, two youth were on active Administrative Intervention and two others had just been removed. The youth on Administrative Intervention were only allowed out of their rooms to go the gym and group. Rather than Administrative Intervention, youth should instead have individualized plans developed to target thinking and problematic behaviors instead of relying on a confinement-based process.

The facility has some additional struggles with confinement. Staff and youth indicated there have been frequent occurrences in which youth have been confined for shifts due to a lack of sufficient staffing. Some estimate it happens multiple times per week, particularly on weekends. Youth are also confined for significant portions of the day when they are not in attendance at school. The drivers of these school absences are outlined in greater detail in the Education section of the report. The confinement of youth who are not in school is out of compliance with County Detention Standards.

#### Areas of Non-Compliance and Recommendations

- 2602.170 Discipline states: “Room confinement may be used only as a temporary response to behavior that threatens the safety of the youth and others. Room confinement shall not be used for a fixed period of time, but only until the youth is calm enough to rejoin programming without being a risk to the safety of others. At no time should room confinement exceed 4 hours without administrators and/or mental health staff developing an individualized plan to address the behavior.”
  - Recommendations:
    - Eliminate the use of confinement for youth on Administrative Intervention plans.

- Implement Administrative Intervention Plans to include interventions designed to directly target problematic behaviors.
- Eliminate the use of confinement for youth who are not permitted to participate in school.
- Enhance the documentation of youth confinement time to include:
  - Written reports that indicate the reason for confinement.
  - The start and end times of the confinement.
  - Attempts to de-escalate the youth and return them to regular programming.

### **Medical and Health Care**

Limited medical services are provided on-site by nursing staff from the Adams County Health Department. The nurse is only on-site once per week to do medical assessments for youth intakes from the previous week. The Health Department does not provide any type of physician or psychiatric services, nor do they provide any direct medical guidance. The Health Department nurse documents the medication the youth is taking but does not provide any medication direction. When youth report they are taking prescription medication, facility staff contacts families to request they bring the medication to the facility. Those medications, if supplied, are not reviewed by any medical professional before being administered to youth; rather the facility attempts to contact the prescribing doctor's office to verify the medication. If families do not bring the medication, or if a medication runs out, there is not an efficient process to have those prescriptions filled. One youth had been prescribed several medications, but three of them had run out on 8/21/23, 8/26/23, and 8/27/23 respectively. One of the medications was an anti-depressant. The youth had not received these medications since they ran out. There was documentation indicating the facility had contacted the youth's parent to ask the parent to drop off more medication, however this cannot be the lone process in place to obtain youth medication. The facility houses youth from multiple counties, and the distance alone is a barrier for families to consistently meet the expectation of bringing medication to the facility. County Detention Standards require a medical doctor be in place to monitor medication distribution. The facility needs a way to obtain medication without relying on parents. There needs to be a method in place for a doctor to prescribe medications and have them filled at a local pharmacy so medications can be maintained. Furthermore, there is not a clear method for verifying the medication that is received. Detention staff who are not medically trained, cross-reference pills with a manual upon receipt from families. This is not an acceptable practice, as a medical professional needs to manage the process.

Medication distribution is managed by facility staff. Prescription medication is stored in a locked cabinet in the medical exam room. The facility does not have a second, locked box for controlled medication. Overnight shift staff package medication to be distributed the following day in small envelopes. These envelopes are stored in the control room for distribution throughout the day. These envelopes were observed loose on the countertop in the control room during the on-site inspection, along with over-the-counter medications. This needs to change, as all medications should be kept in a locked cabinet. An additional, complicating factor to the disorganized medication storage in the control room is that the door to the control room was observed to propped open on several occasions during the audit. It would not be difficult for a youth to enter the room and take something given the lack of security observed.

These practices are in violation of several County Detention Standards and warrant immediate attention.

#### Areas of Non-Compliance and Recommendations

- Section 2602.50 Admission Procedures states: “Current prescription medication shall be continued without interruption unless a qualified medical professional determines in consultation with the prescribing physician, youth, and family that continuation is not indicated. . . Any medication in the possession of a youth at admission shall be labeled for identification and withheld until a medical doctor determines the disposition. This determination shall be made at the earliest possible time, but in no instance shall it exceed eight hours after admission or within the time interval specified for administration of the medication on the prescription container, whichever is less.”
- 2602.80 Medical and Health Care states: “All facilities shall employ a competent medical doctor, physician assistant, nurse practitioner, or registered nurse to ensure that the following are available. . . Prescription and administration of medications and special diets. . . A medical doctor shall be available to attend the medical needs of youth. General medical physician services shall be provided in accordance with one or more of the following procedures: on salary, in accordance with locally established personnel pay plan; a contract with local physician or clinic for full-time coverage at specific hours and for emergencies; a contract with a local physician to conduct sick call, to be on call for emergencies and to examine newly admitted youth; arrangements with a nearby hospital to provide all needed medical services; and services rendered, without cost, by another agency or department or with costs prorated. Access to psychiatric and/or psychological services shall be provided in individual cases as needed. Nonmedical detention staff may issue any form of over-the-counter medication, providing the facility physician gives prior written approval to the facility for the issue. . . Security of supplies must be maintained at all times. . . Drugs, including over-the-counter medication and other abusable medical supplies, shall be secured and accessible only to designated staff.”
  - Recommendations:
    - Hire or contract with a medical doctor and nursing personnel to provide sufficient coverage to meet the medical needs of the youth population.
      - Have a facility medical physician provide written approval to the facility before nonmedical staff can issue over-the-counter medication.
      - Implement a process to ensure minimal disruption in youth medication upon intake.
      - Implement a process for youth prescriptions to be properly monitored by a medical physician and ensure prescriptions are renewed and medications are refilled when necessary to avoid youth missing prescribed doses.
    - Hire or contract with an entity to provide psychiatric and/or psychological services.
    - Store all medication in a locked cabinet.



## **Mental Health Services**

The facility used to contract with an independent community mental health practitioner, however that contract has expired and was not renewed. Mental health services are exclusively offered through Transitions of Western Illinois as part of the MHJJ program. Two employees from Transitions are on-site at the facility once per week for approximately 3-4 hours, during which time they meet with youth on the MHJJ caseload and check-in with others on request. The therapist reported he frequently utilizes guided mindfulness workbooks to help youth cope with the stresses of being in detention.

All youth receive the Mental Health Juvenile Justice – JJ Referral Screen (MHJJ – JJ Referral Screen) on intake. Youth are referred to be seen by the MHP based on the results of the screen. MHPs will also meet with youth upon request, visit youth on Administrative Intervention status, and review youth on crisis.

Youth at the facility spoke highly of the MHP, however the volume of services provided is not sufficient to meet County Detention Standards. The amount of time Transitions workers are on-site is not enough to adequately meet the mental health needs of the number of youth at the facility. Individual services plans are not being developed and implemented to guide treatment.

## **Areas of Non-Compliance and Recommendations**

- 2602.90 Mental Health Services states: “All facilities shall employ or contract with qualified mental health professionals to address the needs of youth identified in the mental health screening, as well as needs that arise during the period of confinement. Services shall meet or exceed the community level of care.”
  - Recommendations
    - Employ or contract with qualified mental health professionals to provide mental health services.
    - Develop individual service plans for youth in need of services.

## **Education**

The facility has one full-time teacher that is an employee of Quincy Public School District #172 and an education liaison who manages youth enrollment. Special education services are provided by a special education coordinator at the local high school. The school calendar matches the calendar of the Quincy School District, inclusive of summer school. Youth classwork is done almost exclusively through the Edgenuity Credit Recovery System. Youth can also work on schoolwork sent from their home schools. There is no direct instruction taking place.

There are several areas of non-compliance present. On the day of the audit, only seven out of the 18 youth at the facility were in school. Education staff and facility administrators stated the remaining 11 youth were not in school because the youth could not be enrolled without first getting information from their home schools. One youth had been detained at the facility since June 6, 2023 (a period of approximately 10 weeks). The youth had not participated in a single day of school since arriving at the

facility. He reported he had been a resident at three other county detention centers in Illinois and had been able to attend school at all of the other facilities.

Another youth was home-schooled in the community and reported when she was at home, she completed her schoolwork through an online platform. Education staff reported they were unable to enroll this youth in the school at the facility since she was home-schooled. When asked why the youth could not utilize the computers available to access the online platform she used during her home-schooling, they reported that it was not in their purview.

There were also several youth at the facility from the State of Missouri who were not enrolled in school. Administrators and education staff reported that when youth from Missouri are detained at the facility, they are never enrolled in school. Administrators and education staff reported this is due to problems getting information from the youth's home school and, per their report, a dispute related to funding between Quincy School District #172 and Missouri school districts.

County Detention Standards state that all youth must be immediately enrolled in school upon admission. The failure to enroll and provide educational services to youth in the facility is substantially out of compliance with County Detention Standards and requires immediate attention. There is a large segment of the youth population at the facility being deprived of educational services. The facility also resorts to confining these youth during the school day as common practice, which is also out of compliance with County Detention Standards.

Additionally, the facility is out of compliance with the requirement that teacher student ratio for general education youth be 1:12. Given the number of youth at the facility (18), one teacher is insufficient to meet this standard. At least one additional teacher will need to be hired in order to move into compliance in this area.

#### Areas of Non-Compliance and Recommendations

- 2602.230 Education states: "Each facility must designate a qualified educational authority responsible for the development and implementation of the educational program. The educational authority must ensure that: The program complies with State and federal education standards. . . Teacher student ratios are at least 1:12 for general education and 1:8 for students with Individualized Education Programs (IEPs). . . All youth are enrolled immediately upon admission."
  - Recommendations:
    - Immediately enroll all youth to school upon admission to the facility.
    - Hire an additional teacher to ensure the facility can maintain required ratios for educational services.

#### Recommendations

Section

Recommendations

Admissions Policies and Procedures	<ul style="list-style-type: none"> <li>• Implement the PREA Risk for Victimization Assessment for youth within 72 hours of admission and periodically throughout a youth’s confinement.</li> <li>• Hire a PREA Officer to supervise facility compliance with PREA standards.</li> <li>• Conduct background checks for employees here for 5 years or longer.</li> </ul>
Personnel	<ul style="list-style-type: none"> <li>• Budget for more supervisory staff to ensure adequate coverage is maintained.</li> </ul>
Discipline	<ul style="list-style-type: none"> <li>• Eliminate the use of confinement for youth on Administrative Intervention Plans.</li> <li>• Implement Administrative Intervention Plans to include interventions designed to directly target problematic behaviors.</li> <li>• Eliminate the use of confinement for youth who are not permitted to participate in school. <ul style="list-style-type: none"> <li>○ Enhance the documentation of youth confinement time to include: <ul style="list-style-type: none"> <li>○ Written reports that indicate the reason for confinement.</li> <li>○ The start and end times of the confinement.</li> <li>○ Attempts to de-escalate the youth and return them to regular programming.</li> </ul> </li> </ul> </li> </ul>
Education	<ul style="list-style-type: none"> <li>• Immediately enroll all youth to school upon admission to the facility.</li> <li>• Hire an additional teacher to ensure the facility can maintain required ratios for educational services.</li> </ul>
Medical and Health Care Services	<ul style="list-style-type: none"> <li>• Hire or contract with a medical doctor and nursing personnel to provide sufficient coverage to meet the medical needs of the youth population. <ul style="list-style-type: none"> <li>○ Have a facility medical physician provide written approval to the facility before nonmedical staff can issue over-the-counter medication.</li> <li>○ Implement a process to ensure minimal disruption in youth medication schedules upon intake.</li> <li>○ Implement a process for youth prescriptions to be properly monitored by a medical physician and ensure prescriptions are renewed and refilled when necessary to avoid youth missing prescribed doses.</li> </ul> </li> <li>• Hire or contract with an entity to provide psychiatric and/or psychological services.</li> <li>• Store all medication in a locked cabinet.</li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>• Employ or contract with qualified mental health professionals to provide mental health services.</li> <li>• Develop individual services plans for youth in need of services.</li> </ul>