

2024 Adams County Juvenile Detention Center Inspection Report

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ILLINOIS DEPARTMENT OF JUVENILE JUSTICE

Executive Summary

The Department of Juvenile Justice conducted an annual inspection of the Adams County Juvenile Detention Center on September 3, 2024, pursuant to 730 ILCS 5/3-15-2(b). For the third consecutive year, the Department observed several areas of noncompliance during this review, some of which are significant and 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.
2602.40 Records	A log of all grievances shall be maintained. The log shall include the name of the youth, date the grievance was filed, nature of the grievance, the date of any appeal and the date the grievance was resolved.
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.

2602.90 Mental Health Services	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.
2602.160 Grievances	Superintendents shall respond to youth grievances as follows: 1) For emergency grievances, the superintendent shall provide the youth with a written response utilizing the grievance form within one working day of receipt and forward a copy for inclusion in the youth's file. 2) For non-emergency grievances not resolved by the designated detention administrator, the superintendent shall review the grievance form and supporting documentation and provide the youth with a response form within five working days of the superintendent's receipt. A copy of the response form shall be forwarded for inclusion in the youth's file.
2602.230 Education	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). . . There shall be a minimum of five hours of instruction per day.”

Methodology

- Interviews Conducted
 - Superintendent
 - Director
 - Educator
 - Educational Liaison
 - Detention Officers (2)
 - Supervisor
 - Youth (5)
 - Mental Health Practitioner
 - Health Department Director of Nursing
 - Health Department Nurse

- Documents Reviewed
 - Memorandum of Understanding with Adams County Health Department
 - Quincy Fire Prevention Division Inspection Report (8/19/22)
 - Health Department Procedures
 - Employee Training Records – Health Department Procedures
 - Educator Credentials
 - Dietary Menus
 - Resident Orientation Manual
 - 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 an 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 September 3, 2024. At the time of the audit, the facility had 13 residents and employed three Supervisors and 10 Detention Officers. The facility also employed a Superintendent, Assistant Superintendent, a dietary worker, and two part-time dietary workers.

Staffing levels at the facility are critically low. Two of the 10 Detention Officers are new hires. According to administrators, the facility spent much of this year with only eight full-time detention officers on staff. It is impossible to safely and adequately run a 24-hour detention center with staffing numbers so low. Administrators, staff, and youth indicate that it is not uncommon for the facility to only be staffed with two workers per shift during daytime hours. Throughout 2024, staffing levels have directly contributed to several areas of non-compliance as outlined in detail later in this report.

As noted in both the 2022 and 2023 Inspection Reports, the facility is 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 always scheduled and available 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 with only three employees is not sufficient, especially when vacation and sick time absences need to be covered.

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 and hire more supervisory staff to ensure adequate coverage is maintained.

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.

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 still has not implemented such a process, which is a repeat finding from both the 2022 and 2023 Inspection Reports. Youth still do not receive any orientation on the topic. This is a finding carried over from both the 2022 and 2023 Inspection Reports. The only youth at the facility who were familiar with PREA had learned about it while being detained elsewhere, and the facility has not undergone an official PREA audit.

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.
 - Conduct a PREA Orientation for all youth during the intake process.
 - Update the Resident Orientation Handbook to include an overview of PREA.
 - Hire a PREA Officer to supervise facility compliance with PREA standards.
 - Pursue a formal PREA audit.

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. Unfortunately, the limited staffing at the facility has interfered with much of the intended programming. The facility used to run daily cognitive-behavioral focus groups, however they are rarely done now due to the limited staffing levels at the facility. For much of 2024, youth have been subjected to rotating confinements due to low staffing numbers. On the date of the inspection, one youth reported he had not been out of his room for an entire day since his admission four months prior. Facility confinement data supports this, as there were confinements documented for several youth on each day in the month of July, almost exclusively for low-staffing reasons. The volume of this confinement renders the facility incentive program virtually meaningless and well out of compliance with County Detention Standards.

The facility utilizes a timeout system to address inappropriate behavior. Facility policy is consistent with County Detention Standard requirements, indicating confinement is only to be used as a short-term intervention until the youth has de-escalated. Practice, however, does not always match the intent of stated facility policy. On the date of the inspection, there was one observed incident in which the staff

confined a youth and then called out on the radio (“down for the day”), indicating the youth was to be confined for the rest of the day. While policy may have been updated to reflect that youth are only to be confined until they de-escalate, and the superintendent did intervene in this instance to have the youth removed from confinement at the appropriate time, the incident is indicative that there remains a culture in place that confines youth in a punitive manner inconsistent 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:
 - Continue efforts to hire enough staff to avoid the use of operational confinements.
 - Implement procedures to ensure staff utilize behavioral confinement in a manner consistent with County Detention Standards.
 - 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 twice per week to do medical assessments for youth intakes from the previous week. Nurses will also see youth on three additional days during the workweek via telehealth if the youth has submitted a sick call. There is not a physician ever present at the facility, but one does partner with the health department and provides oversight.

Inspections from the last two years have cited numerous problems with the medication management process at the facility. While some improvement was noted, there are still serious violations of standards in this process. Overnight staff are still responsible for packaging medications for distribution. Those envelopes are no longer stored loosely in the control room as noted in previous inspections. Each youth has an identified bin in a locked cabinet in the medical room. The envelopes identify the youth and time of distribution. There are still significant holes in this process, specifically related to newly admitted youth. On the date of inspection, the auditor reviewed the medications in bins scheduled to be distributed. There were two medications in envelopes for a youth who had been admitted five days prior. There was no documentation indicating the youth had been prescribed those medications, however. The youth reported he had not received his medications since he arrived, and documentation from the youth’s medical evaluation that morning indicated he was prescribed two completely different medications than what was in his assigned bin for distribution.

There are several significant problems with the medication management system at the facility. The identification and procurement of medication needs to be much more timely. Youth should not have to wait five days to receive their needed medication. Furthermore, much more significant controls need to be in place to ensure that only prescribed medications are administered to youth. Facility administrative and supervisory staff were not able to explain what medication the youth was supposed to be receiving, or how the un-prescribed medications ended up in the youth's bin. The medication management process in place poses a significant risk for mistakes and is well out of compliance with minimum standards.

There are standing orders for all of the staff that have been developed by the Health Department doctor. The nursing director and facility nurse met with detention staff on two occasions prior to the inspection date to review medication procedures, however it is clear that practice is not following the documented procedures. Current 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."
 - Recommendations:
 - 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.

Mental Health Services

Mental health services are exclusively offered through Transitions of Western Illinois as part of the MHJJ grant program. Two non-clinical, peer support employees from Transitions are on-site at the facility once per week for approximately 3-4 hours. During this time, they meet with youth on the MHJJ caseload and check-in with others on request. They are both credible messengers and typically do skill building activities with kids there in a more mentorship type role. They also continue to work with the youth on probation as well to help them find new jobs. They are also supposed to be conducting groups with youth but have rarely been able to do so due to the staffing issues at the facility.

A mental health practitioner (MHP) is also onsite once per week (usually on Fridays). The MHP works as part of the MHJJ grant and meets with youth. 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, however the MHP does not receive a copy of the screen from the facility. Only three youth were on the MHPs caseload at the time of the inspection. The MHP reported that she is only at the facility for two hours each week. The volume of mental health services provided are insufficient for the population size, and particularly problematic given the volume of confinement at the facility. In order to come into compliance, the facility will need to contract for additional mental health services.

There were also issues observed with the crisis management process. One youth had been admitted the week prior to the inspection. Documentation from the intake paperwork indicated the youth had been assessed by SASS after making some threats of self-harm during court. The documentation indicated the youth was to be placed on 10-minute checks and provided specialized bedding in her room. On the date of the inspection, the youth's room did not have the prescribed bedding despite no documentation present from a mental health professional indicating the crisis status had been lifted. The supervisor on duty reported she had been told the crisis status had been lifted by another supervisor, but there was no documentation available to support this. Documentation was requested to show that the required 10-minute checks were being made, however the facility reported they could not access the records.

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.
 - Ensure relevant intake screenings are shared with MHPs.
 - Follow MHP guidance on youth on crisis status.
 - Ensure there is clear documentation any time a youth is placed on or removed from crisis status.
 - Implement methods for documenting visual checks of youth that can be retrieved and reviewed.

Youth Grievances

The facility has grievance forms available for youth; however, grievances are not being responded to appropriately. Youth reported several instances in which grievances had been submitted, but they had never received a response. Administrators affirmed this, saying they do not respond to youth if the grievance is determined to be frivolous. Furthermore, a detailed grievance log is not being maintained.

Areas of Non-Compliance and Recommendations

- 2602.40 Records states: “A log of all grievances shall be maintained. The log shall include the name of the youth, date the grievance was filed, nature of the grievance, the date of any appeal and the date the grievance was resolved.”
- 2602.160 Grievances states: “Superintendents shall respond to youth grievances as follows: 1) For emergency grievances, the superintendent shall provide the youth with a written response utilizing the grievance form within one working day of receipt and forward a copy for inclusion in the youth's file. 2) For non-emergency grievances not resolved by the designated detention administrator, the superintendent shall review the grievance form and supporting documentation and provide the youth with a response form within five working days of the superintendent's receipt. A copy of the response form shall be forwarded for inclusion in the youth's file.”
 - Recommendations:
 - Respond to all youth grievances within required timeframes.
 - Document all youth grievances and outcomes on a grievance log.

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. 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.

The facility has made changes over the past year and is now providing services to youth upon admission to the facility instead of waiting for them to be formally enrolled in the Quincy School District. This includes youth detained from Missouri, who in years past were not offered educational services at all. On the day of the inspection, all youth were observed taking part in educational services, however youth and staff report that youth frequently only attend school for half of the day due to staffing shortages. County detention standards require all youth to have access to five hours of educational services each day.

Special education services continue to be monitored by a special education coordinator at the local high school, however the one educator at the facility is not a licensed special education teacher and rarely sees copies of youth Individual Education Plans (IEPs). In order to come into compliance with County Detention Standards, the facility will have to hire or contract with a license special education teacher to provide services to youth.

Additionally, the facility is out of compliance with the requirement that teacher student ratio for general education youth be 1:12. Given the average number of youth at the facility, 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). . . There shall be a minimum of five hours of instruction per day.”
 - Recommendations:
 - Hire a special education teacher to provide services to youth with IEPs.
 - Hire an additional general education teacher to ensure the facility can maintain required ratios for educational services.
 - Ensure all youth receive five hours of instruction per day.

Recommendations

Section	Recommendations
Admissions Policies and Procedures	<ul style="list-style-type: none"> • Implement the PREA Risk for Victimization Assessment for youth within 72 hours of admission and periodically throughout a youth’s confinement. • Conduct a PREA Orientation for all youth during the intake process. • Update the Resident Orientation Handbook to include an overview of PREA. • Hire a PREA Officer to supervise facility compliance with PREA standards. • Pursue a formal PREA audit. • 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.
Personnel	<ul style="list-style-type: none"> • Budget for more supervisory staff to ensure adequate coverage is maintained.
Discipline	<ul style="list-style-type: none"> • Continue efforts to hire enough staff to avoid the use of operational confinements. • Implement procedures to ensure staff utilize behavioral confinement in a manner consistent with County Detention Standards. • Enhance the documentation of youth confinement time to include: <ul style="list-style-type: none"> ○ Written reports that indicate the reason for confinement.

	<ul style="list-style-type: none"> ○ The start and end times of the confinement. ○ Attempts to de-escalate the youth and return them to regular programming.
Grievances	<ul style="list-style-type: none"> ● Respond to all youth grievances within required timeframes. ● Document all youth grievances and outcomes on a grievance log.
Education	<ul style="list-style-type: none"> ● Hire a special education teacher to provide services to youth with IEPs. ● Hire an additional general education teacher to ensure the facility can maintain required ratios for educational services. ● Ensure all youth receive five hours of instruction per day.
Mental Health Services	<ul style="list-style-type: none"> ● Employ or contract with qualified mental health professionals to provide mental health services. ● Develop individual service plans for youth in need of services. ● Ensure relevant intake screenings are shared with MHPs. ● Follow MHP guidance on youth on crisis status. ● Ensure there is clear documentation any time a youth is placed on or removed from crisis status. ● Implement methods for documenting visual checks of youth that can be retrieved and reviewed.