Juvenile detention centers and the juvenile care process are sometimes misunderstood by both the public and law enforcement. Mixing in the emotions of upset, or even combative, parents and guardians alters what seems a straightforward process into significant challenges for facility professionals. To add to the confusion, it is not surprising when the authority having custodial jurisdiction changes from venue to venue; it may be under the courts, children and human services, health and human services, or sometimes the sheriff. Regardless of the differing jurisdictions, the facilities are common in structure, though changing with time. A detention facility is much smaller than a correctional or jail facility, having fewer than 20 to 30 occupants or generally having fewer than 100 occupants for a shared county facility, as opposed to as many as 200 to 500 in a larger state correctional facility for sentenced juvenile offenders. Depending on jurisdictional approaches and attitudes, these smaller institutions are generally called detention facilities, as opposed to youth facilities, training facilities or youth correctional facilities.

**Juvenile Detention Centers and the Law**

Correctional practitioners have an even more definitive role in holding juvenile defendants since the jurisdictional and court requirements for processing youths is sometimes more complex than that of adult processing. This is due to the options offered to those under 18 who can benefit from alternative court recommendations. The status of being a youth presents challenges for even pursuing detention. While infrequent, law enforcement sometimes perceives that the destruction of property warrants presenting a youth to a juvenile detention facility. This is due to greater emphasis on a “zero tolerance policy” extending into law enforcement. However, this generally is not true. In many states, the facility can only turn law enforcement away due to the strict requirements of how, when and under what premise a youth can be held.

The daily operations of juvenile detention centers are well-regulated at the state and local levels. For example, Pennsylvania is primarily based on the Pennsylvania Department of Public Welfare’s Title 55, Chapter 3800 regulation. This regulation, enacted in October 1999, sets minimum-mandatory practice, procedure and facility accommodations for the daily operation of detention centers and the treatment of youths detained in Pennsylvania County detention centers.

Juvenile detention centers in Pennsylvania are a temporary holding facility for children who are adjudicated of a felony; they are awaiting either trial or placement in a program that will better handle their individual needs. The average length of stay for a youth at a Pennsylvania juvenile detention center is approximately 17 days. This time will vary from case to case because juveniles are charged with crimes that range from terrorist threats to other various violent crimes. State facilities, or state-monitored facilities, often handle the sentenced offender for longer periods. This is true in New Jersey, Kentucky and Connecticut.

**Similarities And Differences**

In corrections terminology, a sentenced offender is often referred to as an inmate. In juvenile detention
facilities, the youths are referred to as residents, and may be sentenced, unsentenced or presented for protective custody. The offenders themselves present a diverse group and elude emotional overtones in civil society. Some of the authors’ personal and most vivid differences are characterized by seeing a 14-year-olds’ outstretched fingers under a cell door, perhaps looking for love, and a 4-foot, 9-year-old child in hand and foot shackles after court transport due to risk of flight. Stories of young males scaling perimeter fences and bolting from custody are common due to youth size, agility and energy. Often, undisciplined or gang-aligned individuals make control more necessary and much more critical for effective facility operation.

Day-to-Day Operations

The day-to-day operation of a detention center is dependent on several key areas. These range from security and control, education, health and staff development to intake and release. Each of these areas provides the ways and means for juvenile detention centers to operate within a scope of safety and reliability that ensure the well-being of the juveniles, staff and surrounding communities they serve.

The first area of operations is security and control. Within a juvenile detention center, all facility admittance and egress should be monitored and recorded for future use. Activities within the facility should be monitored and recorded 24 hours a day. By doing so, not only is safety achieved, but the accountability of staff is upheld. Inside the realm of security and control lies one of the basic principles of state-mandated regulations: staff-to-child ratio. In Pennsylvania, for example, the staff ratio required for a detention center is one detention officer to six juveniles during waking hours and one detention officer to 12 juveniles during sleeping hours. The staffing ratio helps ensure the proper care and protection of the residents and staff. Sometimes, resting or sleeping quarters are provided for the resident counselor or night-shift officer.

Information, Education And Medical Care

Information security plays a significant role in the well-being of the juveniles’ safety and security. To ensure complete confidentiality, no information may be given to the public over the phone, electronically or in person unless the individual is properly identified as the juvenile’s parent, guardian or probation officer. The idea of information security relies heavily on securing the detention center’s network from intrusion, as well as encrypting data so that only the appropriate parties may access a juvenile’s records. Many issues of information security can be avoided through proper staff training. An educated staff is always the best defense.

Another important area of interest in the operations of a juvenile detention center is the education of the juveniles. In Pennsylvania, juveniles being held in a detention center are required to have 5.5 hours of education each day. This not only continues the juveniles’ education, but allows them to be active during the daytime hours. Educational requirements within juvenile detention centers are usually provided by the local school district or contracted through special services of an intermediate unit. The majority of the education provided within the centers is conducted by teachers with special education certificates who are better equipped to handle the variety of juveniles admitted into the detention centers.

Educational spaces and indoor and outdoor recreational facilities all impact design requirements, adjacencies and other program spaces. They also may account for a large percentage of floor space and real estate.

Common among the implementation of many new state regulations are requirements for health care within juvenile detention centers. Previously, some centers had a nurse available only a few times a week. In Pennsylvania, detention centers are now expected to provide 24-hour nursing. This has not only enhanced the care of the juveniles, but provided a long overdue need for accountability within the realm of their physical and mental care as well. In addition, juveniles being admitted to detention centers are often receiving dental care, eye care and mental health evaluations. This has led to an improvement in the quality of life for the juveniles. These services offered are often the only time some juveniles may have the opportunity to visit a dentist or optometrist.

Thus, the same front-line care now being afforded in adult county intake is trickling down to the holistic medical approach afforded to the juvenile. In fact, there should be few exceptions among screening of adults and juveniles upon intake. It is noteworthy to state that youth cases of tuberculosis and HIV are less systemic in the detention system compared with adult facilities; however, chronic medical conditions are less and less the exception.

Aspects of chronic medical problems also impact planning, design and operations. In their 2003 Corrections Today article titled “Identification and Management of Chronic Medical Problems in Juveniles,” John Bradley and Eleanor M. Kalls stated that, “The elements of housing prioritization of service delivery, long-term care for chronic and recurring illnesses, behavior modification, crisis management and continuity of care all must be considered functional components of providing comprehensive, ongoing services during offenders’ incarceration and upon their return to the community.”

Management And Critical Concerns

In the daily operation of a juvenile detention center, heavy dependence is placed on the detention officers who look after the juveniles in their care. The training requirements for staff, according to the American Correctional Association’s Standards for Juvenile Correctional Facilities, may include 40 hours of annual training, first aid/CPR, fire safety, crisis intervention, procedures and regulations, and any other training required by the individual center. To promote a best practice model and increase the minimum standards of care, the Juvenile Detention Centers Association of Pennsylvania is looking to provide an
Mental Health And Impact to the Facility

The national trend of increased mental health service requirements has threatened the stability and daily operations of juvenile detention centers across the United States. The trend has been a rapid rise in juveniles requiring specialized services to help combat an uphill battle. This battle is currently being fought across the nation using staff who do not have proper training or the proper educational background. Due to this ongoing battle, detention centers are being crowded with juveniles who cannot receive the appropriate care they require while in the system’s jurisdiction.

In recent years, programs have been made available to help educate the courts about the increasing juvenile mental health problems. One such program is the National Youth Screening Assistance Project (NYSAP). A search of the University of Massachusetts Medical School Web site offers: “NYSAP was developed as part of a broader initiative of the MacArthur Foundation aimed at improving the identification of juvenile justice youths with potential mental health needs and increasing the delivery of appropriate services to those youths. The use of a standardized tool across a large number of programs nationwide will have significant benefits not only to individual youths and programs, but also in helping to learn about the extent of need nationally.”

Through NYSAP, Thomas Grisso developed a screening mechanism called the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2). This tool is currently being employed at more than 536 facilities throughout the United States and abroad, and has been adopted by 35 states across the country to help understand the increasing need for mental health services in a juvenile detention setting. The MAYSI-2 comprises 52 questions that screen juveniles for mental health problems upon entrance into a detention center. This tool has already been used in showing the relationship between youth mental health problems and youths who also are committed longer to detention centers. However, the main purpose of the MAYSI-2 is to help detention center staff identify juveniles who have an elevated need for mental health services.

The Youth Assessment and Screening Instrument’ provides an assessment and case planning approach for juvenile centers. It provides a balanced, nonprejudicial assessment, if answered with supervised accuracy, to match the subject to necessary housing and treatment needs. Placement within the facility and its available accommodations cannot be separated. Not all facilities can offer or are appropriate for all offenders in all circumstances. Those individuals needing different services should be placed in other appropriate settings as soon as possible.

Impact of Planning And Design

As with all specialized detention facilities, an architectural planning practitioner, having extensive experience in juvenile detention facilities, is required. The practitioner works in tandem with a seasoned juvenile planner to prepare an architectural program. The plan must provide establishment of statistics for the county or jurisdiction for population growth, expansion and all program needs.

These practitioners will take special care in providing input for intake, medical, interviewing spaces, counseling, classification, education, day space, sleep space, recreation, hearings and release, among other aspects.

While the architectural and engineering design team contributes significant and critical design input, both must have specific experience in corrections and detention. These
If one consideration should be made when constructing a new juvenile detention center, it should be to understand the growing population and crime rate of the area where the detention center will be located.

design professionals must be familiar with hollow metal doors and the location of secure door opening placement. The secure environment requires a much different thought process for architectural openings. This necessitates moving away from even the strongest storefront aluminum frame or solid wood doors; instead, rely on specialty manufacturers that design safe and secure openings for detention spaces.

Engineering experience in detention/corrections-type environments includes control of moisture for metal and electric locking devices, which are more prone to rusting with their integrated mechanical locksets, fire protection in ductwork to mitigate the circumstances under which juveniles may try to ignite flammable sources, noise control and specialized mechanical spaces and services. Critical electrical systems are also required since custody is a 24-hour service.

Security and Safety

Security takes place upon intake and holding, through visitation and hearings, and externally for transportation and release. These are critical junctures of maintaining custody and control of a juvenile who is more apt to think less about the repercussions of escape than an older adult. Physical security is accommodated with the use of security walls and panels, security ceilings, hollow metal openings and polycarbonate glazing to provide a higher degree of safety and security throughout the facility. In fact, this is far more important in juvenile facilities since youths are known to have frequent altercations and may possess the strength to shatter glass by throwing another resident in an aggressive and purposeful manner.

Segmentation of floor space design is critical. Corridor design is important to provide plenty of space, sometimes two to three times the typical width, to permit ease of passing of different residents who may be held for the same reason.

Suicide prevention and violence prevention are equally important factors in a detention facility. The absolute requirements for suicide-proofing sleeping quarters and other program spaces during periods of indirect supervision are important. As in adult facilities, juveniles face high social pressure, and especially pressure from the family, which can drive the individual toward a negative emotional turning point. The less the individual weighs, the more likely a lightweight instrument or device will enable the individual to accomplish an unfortunate goal.

While prevention is often both operational and physical, decreasing the opportunity for two gangs to be in the same corridor or gymnasium goes a long way. In all confined spaces, increased measures of a physical nature are often taken into account by the architect.

The cell is often not used during the day except for special offenders. In fact, the rooms that house the individuals often are not referred to as a cell but as a bedroom. Putting youths in cells is an extreme event with few individuals being physically incarcerated during the day. Individuals with extreme criminal challenges and potential for violent outbreaks, or those under protective custody, must be cared for in exceptional ways.

Safety of residents, staff and volunteers is, of course, paramount for any detention facility. But in juvenile facilities, especially in sleeping quarters, when residents are alone and possibly confined and depressed, safety though suicide prevention is taken very seriously. Suicide proofing sprinklers; heating, ventilation and air conditioning grills; and grooming and cleaning facilities requires detailed patience during planning and shakedown. Consideration must always be given to the possibility of material being threaded around equipment by a resident attempting suicide. This thought process of design requirements must start very early in the process; after construction award is too late.

Perimeter considerations, a requisite in approximately one-third of the facilities throughout the United States, require a fencing system to prevent escape. Razor ribbon or concertina tape is often not allowed in detention facilities because of the possibility of severe injury to very agile youths, while fencing is often of a lower profile type. Perimeter detection, sometimes with fence detection, is often provided with closed-circuit television surveillance. Main and emergency sally ports are critical. The main sally port is necessary because of the opportunity for a young individual to escape during beginning and end of transport to a vehicle. The emergency sally port may provide an opportunity for secondary access for offloading of heating fuel, food supplies and other perishables, or furnishing equipment.

The planning for adequate outdoor lighting, as well as an external intercom for entry of social workers and the counselors who work at the facility, is essential for the security of all personnel, staff, residents and outside visitors.

Technology

Digital surveillance through closed-circuit television systems is a tool that is used today to document and verify not only secure care, but circumstances surrounding incidents and the conduct of staff. Detention systems using advanced monitoring electronics, such as programmable logic controls, are now common in juvenile detention facilities. Intercoms are often provided in the cells for calls by residents.

Smoke and fire detection systems and their required alarm devices fall under the same categories under International Building Code 2003 for
I-3 Classification. Sounding devices may not be provided in the housing units, but should be provided in those locations where 24-hour monitoring is afforded. This provides for maximum control and release under supervised conditions if an event should occur.

Duress alarms should always be provided in interview rooms and especially in educational and other areas where incidents may occur. More institutions are opting for wireless duress, though the difference in price between a combination wired and infrared device versus a pure radio frequency system are widely divergent and require understanding by professionals in the field to control cost and offer expected coverage solutions.

More often than not, control systems now include master control with touch-screen or graphic control, as well as limited subcontrol. The sophistication of these controls and systems allow for fire safety to meet the most stringent code requirements and procedures for the facility. Card-access-based control systems and simple security systems are completely inadequate to provide this critical functionality. Customized software with touch control, programmable logic control, and other industrial-control, logic-based, relay systems, are mandatory.

Automated access control is sometimes provided in juvenile detention and may even provide access to the holding rooms. By having an audit trail, this can determine which counselor/officer went in, and at what time, and presents a functional log for the reasons of entry. Biometrics, including access, time and attendance, and correctional officer or counselor tour duties is often imbedded within the systems for a complete staff-managed system for the facility.

Information and communication systems in these facilities now require more sophisticated networks, distance learning for education, remote video conferencing for mandated hearings and sophisticated management software for operations.

**Documentation And Training**

Like any adult facility, policy, procedure, training and post orders are necessary for juvenile detention facilities. Many facilities have excellent documentation regarding the smallest policy and situation that may develop. It is not infrequent that four volumes, one for each item, are provided to the agency for reference and updating, and of course, training the counselors, officers and staff. These documents must pass stringent proof of care and regulation conformance under courts’ review.

**The Juvenile Detention Facility of the Future**

The juvenile detention facility of the future has remarkable requirements related to the type of offender, the youth, the sophistication and expectations of the youth, and the legal challenges that are presented to the facility. These challenges to the facility need to augment and provide the necessary input to the specialized consultant, architect and engineer who will need to plan, design and integrate with the operations required of the facility.

While the standards promoted by ACA for juvenile facilities have not changed since 1991, the sensitivities for promoting a safer, more holistic environment, including mental and physical conditions, make the planning, design, engineering and efficient occupancy of the facility as critical as any adult facility.

**ENDNOTES**


3 University of Massachusetts National Youth Screening Assistance Project. Implementation of the MAYS1-2. Available at www.umassmed.edu/nysap/maysi2/implementation.cfm.

4 Youth Assessment and Screening Instrument (YASI), Orbis Partners Inc.

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