



# Research Anthology

Southern Illinois Secure Care and Family Resource Center

Dunahee

Ly

Murray

Shotts







# Juvenile Justice Analysis

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# Juvenile Justice Analysis

# Flow chart of the Illinois juvenile justice system

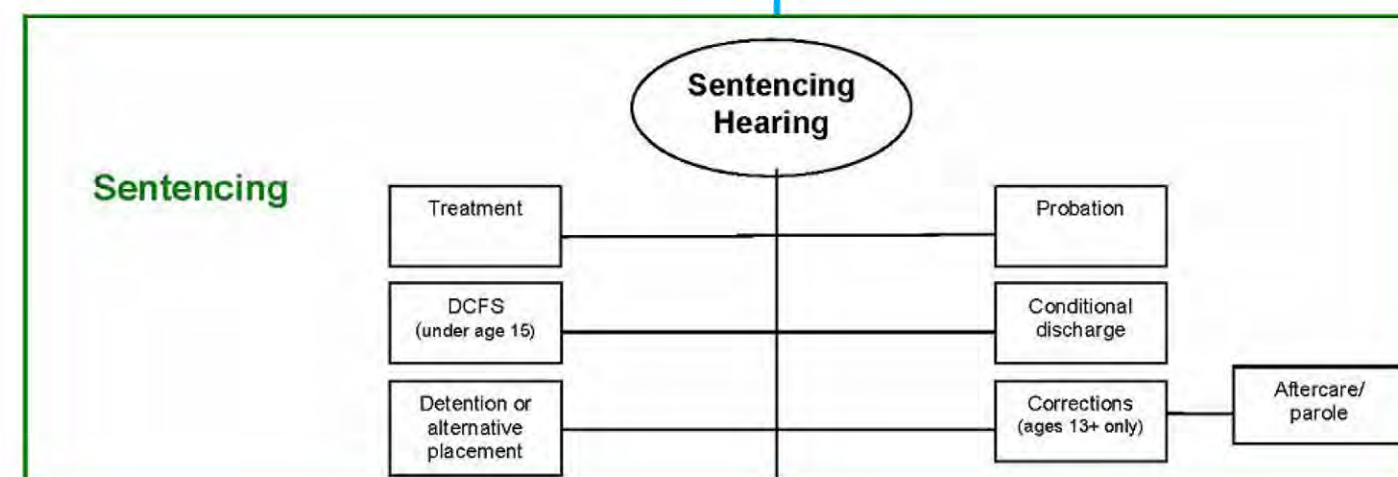
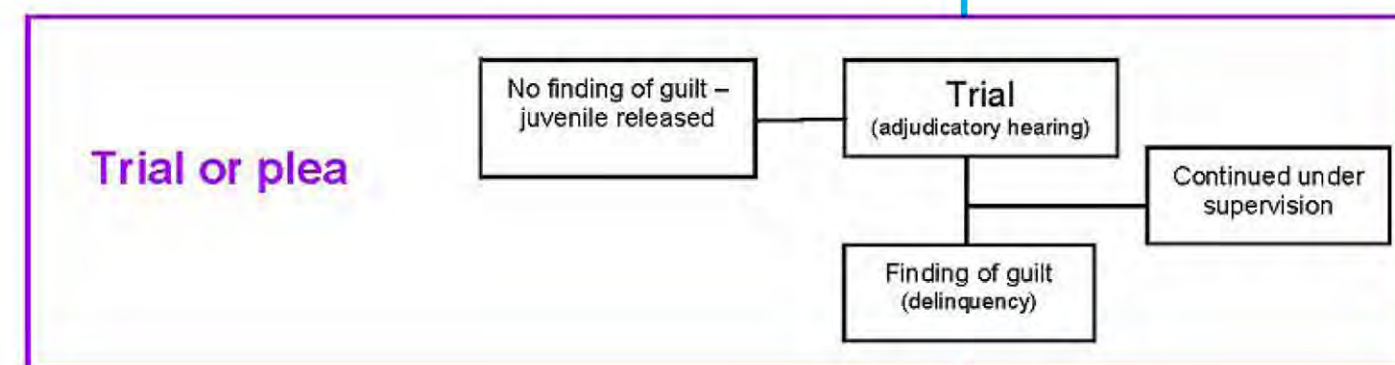
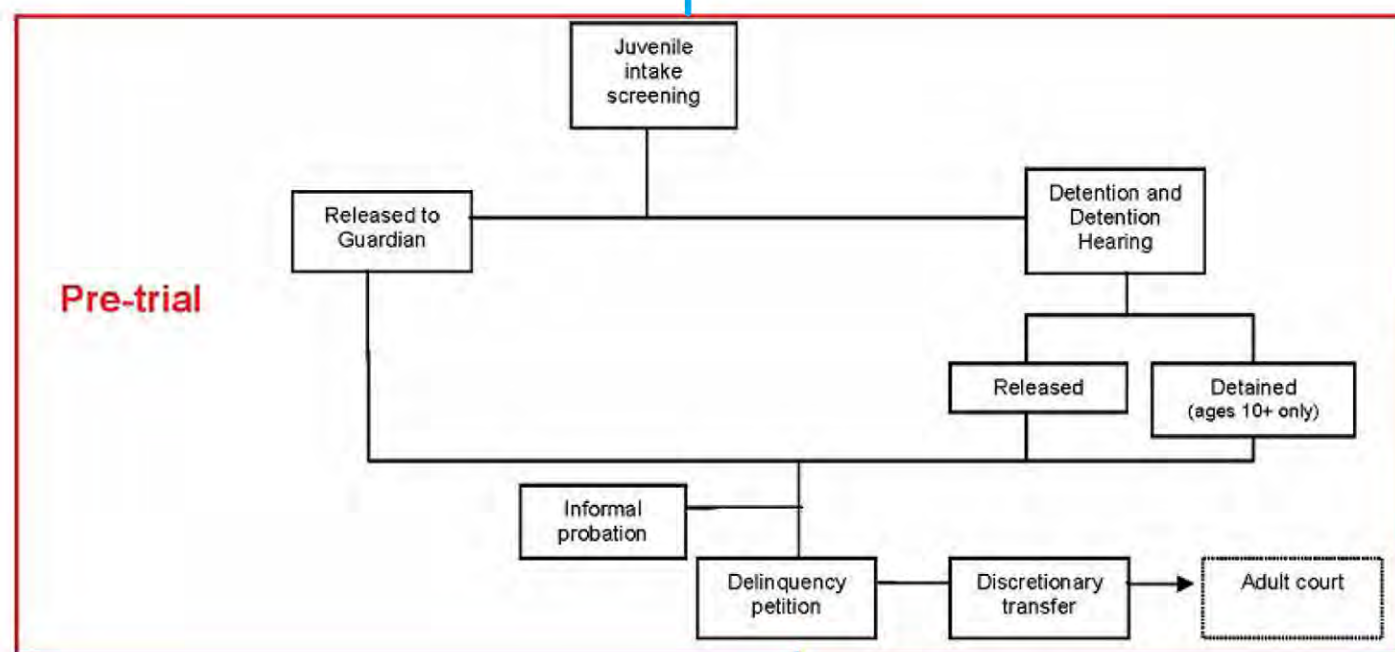
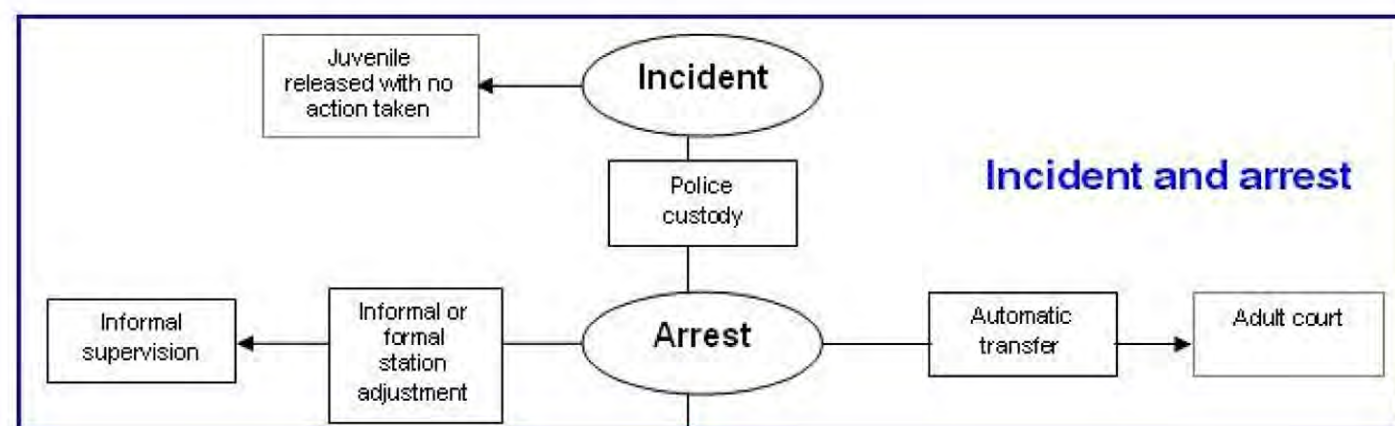


Figure 1: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011



Illinois Department of Juvenile Justice (DJJ) created in 2006 to focus on rehabilitation instead of punitive orientation of the adult system run by the Department of Corrections (DOC)

“National Forum on Youth Violence Prevention”, 2001

No system for juvenile support once they leave a DJJ facility due to budget crisis

“National Forum on Youth Violence Prevention”, 2001

The court can commit youths aged 13-21 to the IDJJ.

“Introduction to the Illinois State Supplement”, Cox, Bliss, p3

Pere Marquette is the first facility in Illinois to be dedicated fully to therapeutic treatment model

“Introduction to the Illinois State Supplement”, Cox, Bliss, p4

# Illinois Current Practices

# Sexual Victimization

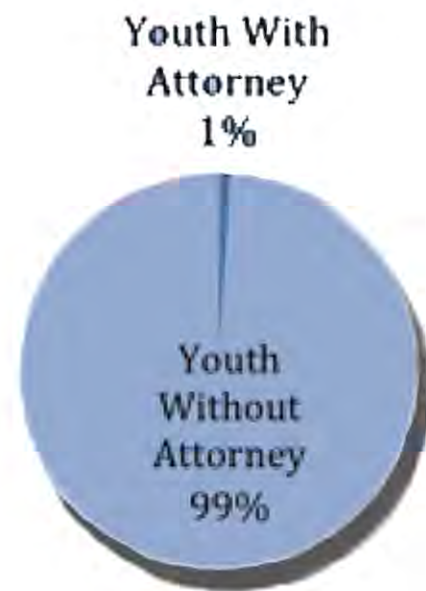
Illinois one of the 4 worst states

15% of youth sexually victimized

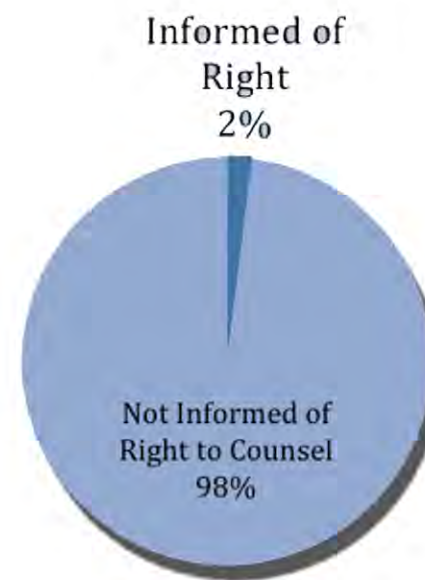
Highest rate of female staff victimizing male youth

## Youth Rights not recognized

Percentage of Youth with Attorney Representation at Revocation Hearings



Percentage of Youth Informed of Right to Present Evidence



Percentage of Youth Informed of Right to Counsel



Figure 2: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011



## Suicide

7 suicides between 2000-2010

175 attempts in same period

2/3 of youth incarcerated have mental illness

Estimated 50% of boys and nearly all girls have contemplated suicide before or during incarceration

Local: In 2006, 3 Youths attempted to hang themselves by a light fixture at the IYC-Harrisburg facility

## Understaffing

Common issue throughout state facilities

IYC-Kewanee had more than half of mental health staff positions vacant

360 hours per week lost due to under staffing

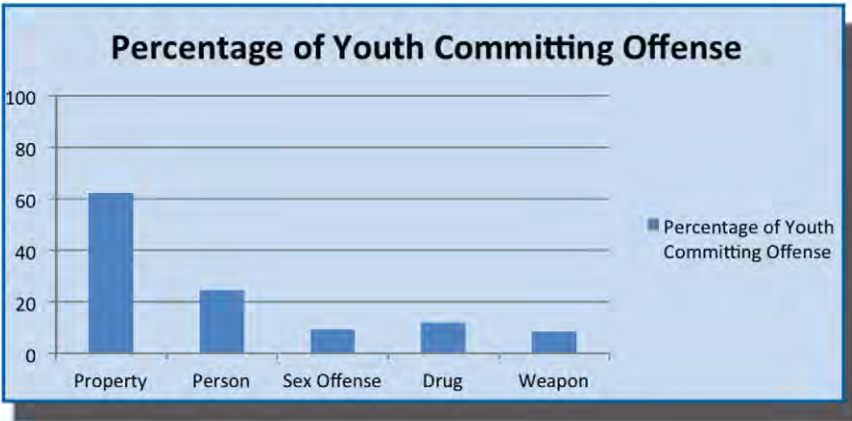
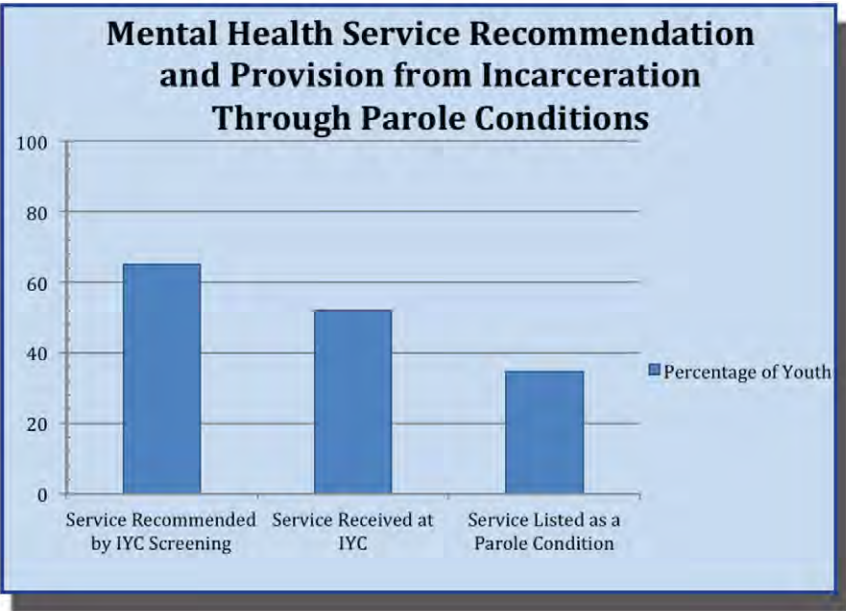
Youths only received 30 min a week in mental health care

IYC-Kewanee was considered a mental health focused facility

Image 1: <http://zpolitics.com/state-overthrow-juvenile-justice-system/>

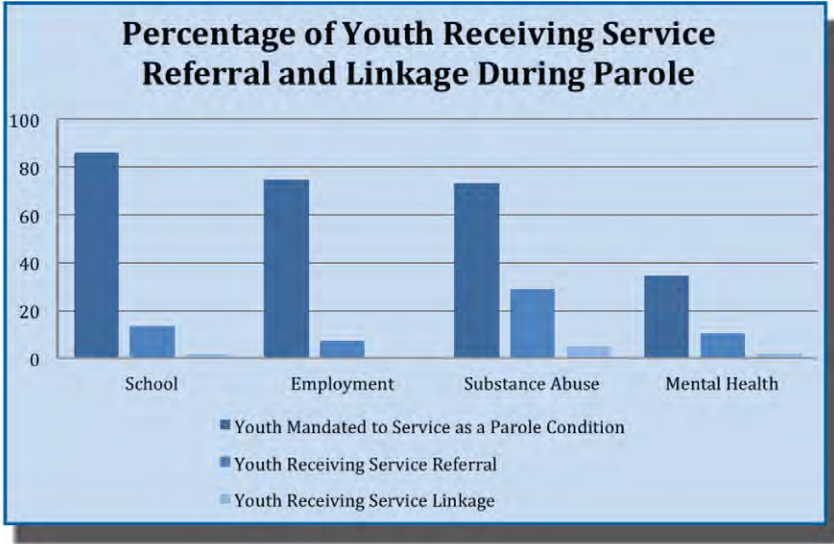
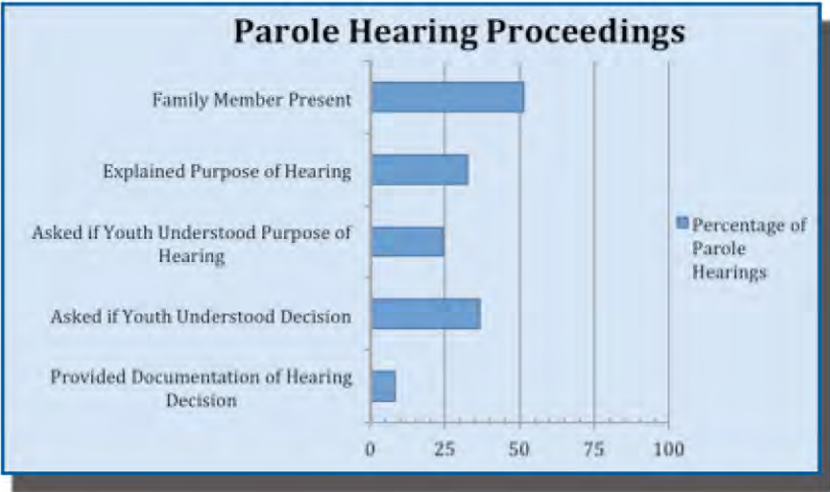


# Illinois Controversies



Figures 3: Illinois Juvenile Justice Commission Youth Reentry Improvement Report, Nov. 2011







# Map of Illinois Facilities



Image 2: <http://www.cecintl.com/images/facilities/marquette.jpg>

## Illinois Youth Center

Capacity:	40
Current population:	21
Security Level:	3-minimum
Gender:	Male
Year open:	1963

First juvenile facility in Illinois totally dedicated to a modified therapeutic community treatment model.

Medium security male facility with an open campus.

Step-down facility before reintegration into society.



Image 3: Google Earth

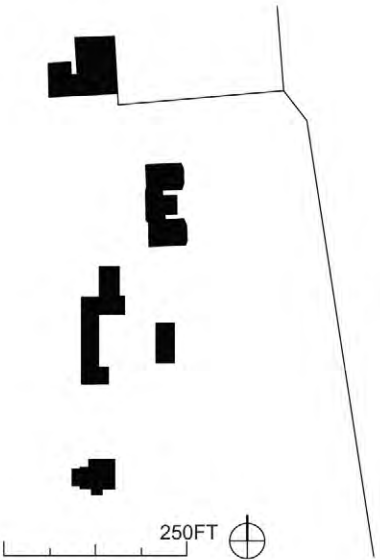
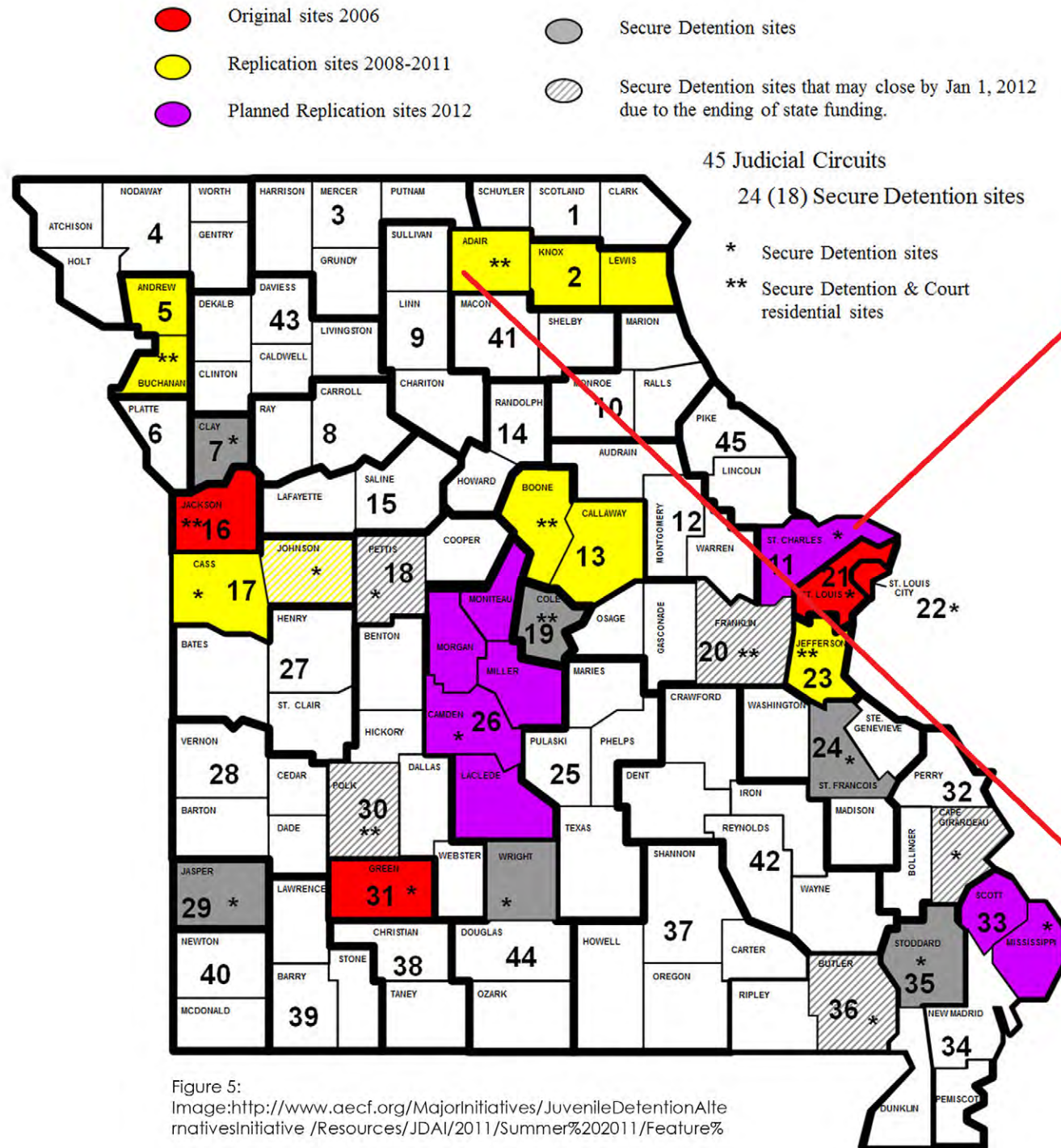


Figure 4: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011



# JDAI and Secure Juvenile Detention Sites



Missouri Hills



Image 4: Dilip Vishwanat for The New York Times



Image 5: <http://kirkvillechamber.com/businesses/business-photos/1891.jpg>

Bruce Normile Juvenile Justice Center

Missouri Facilities



# Juvenile Justice Analysis

- Smaller facilities, NOT in large, far away, prison like schools
- Small groups with treatment and individual attention. Not isolating
- Safe from physical, ridicule, and emotional abuse, NOT using coercive techniques
- Developing academic, pre-vocational, and communication skills
- Involves family. NOT treat them as a source of the youth's problems
- Provides support and supervision in aftercare

Figure 6: The Missouri Model - The Annie E. Casey Foundation

TIME	DAILY SCHEDULE FOR MISSOURI DYS FACILITY	
6:00 AM	Wake Up Complete Dorm <b>Details</b>	Attend to Personal Needs
6:30 AM	Morning <b>Check In</b> Return to Dorm Prepare for School	Breakfast and Kitchen <b>Details</b> Set Daily Goals
8:00 AM	School- 300+ minutes per day	
11:30 AM	Group <b>Check In</b> Kitchen <b>Details</b>	Lunch
12:30 PM	School- according to schedule	
3:00 PM	School Day Ends <b>Check In</b> / Process Their Day	Return to Dorms 30 Minutes of <b>Free Time</b>
5:00 PM	Prepare for Dinner	Kitchen <b>Details</b>
6:00 PM	Group Meetings	
8:00 PM	Make Phone Calls Shower	<b>Free Time</b> Prepare for Bed
9:00 PM	Journal	Process Goals Set Earlier
9:30 PM	Lights Out	
<b>Check in-</b> Share how they are feeling physically, emotionally, and mentally. The youth also identify concerns, set goals, report on goals, encourage each other, and share group reminders.		
<b>Details-</b> Youth perform routine cleaning duties.		
<b>Free time-</b> Youth have brief and structured time to listen to headphones, work on treatment assignments, journal, write letters, play board games, draw, and/or read.		

Figure 6: The Missouri Model - The Annie E. Casey Foundation



# Missouri Juvenile Court System



Youth are often discouraged from accessing and denied counsel

Youth having to defend themselves in juvenile court

60% of youth appeared in court without representation from state's indigent defense

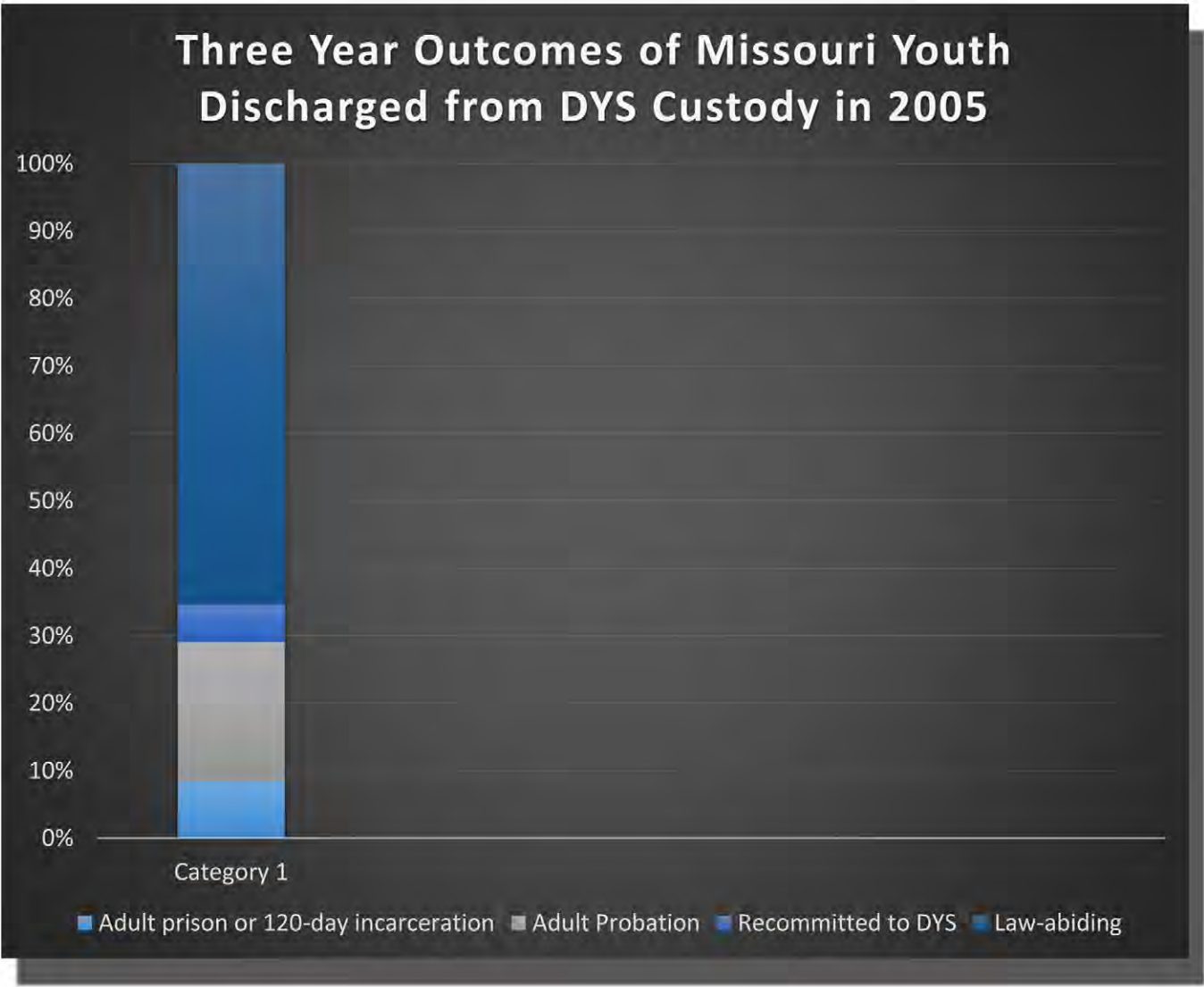
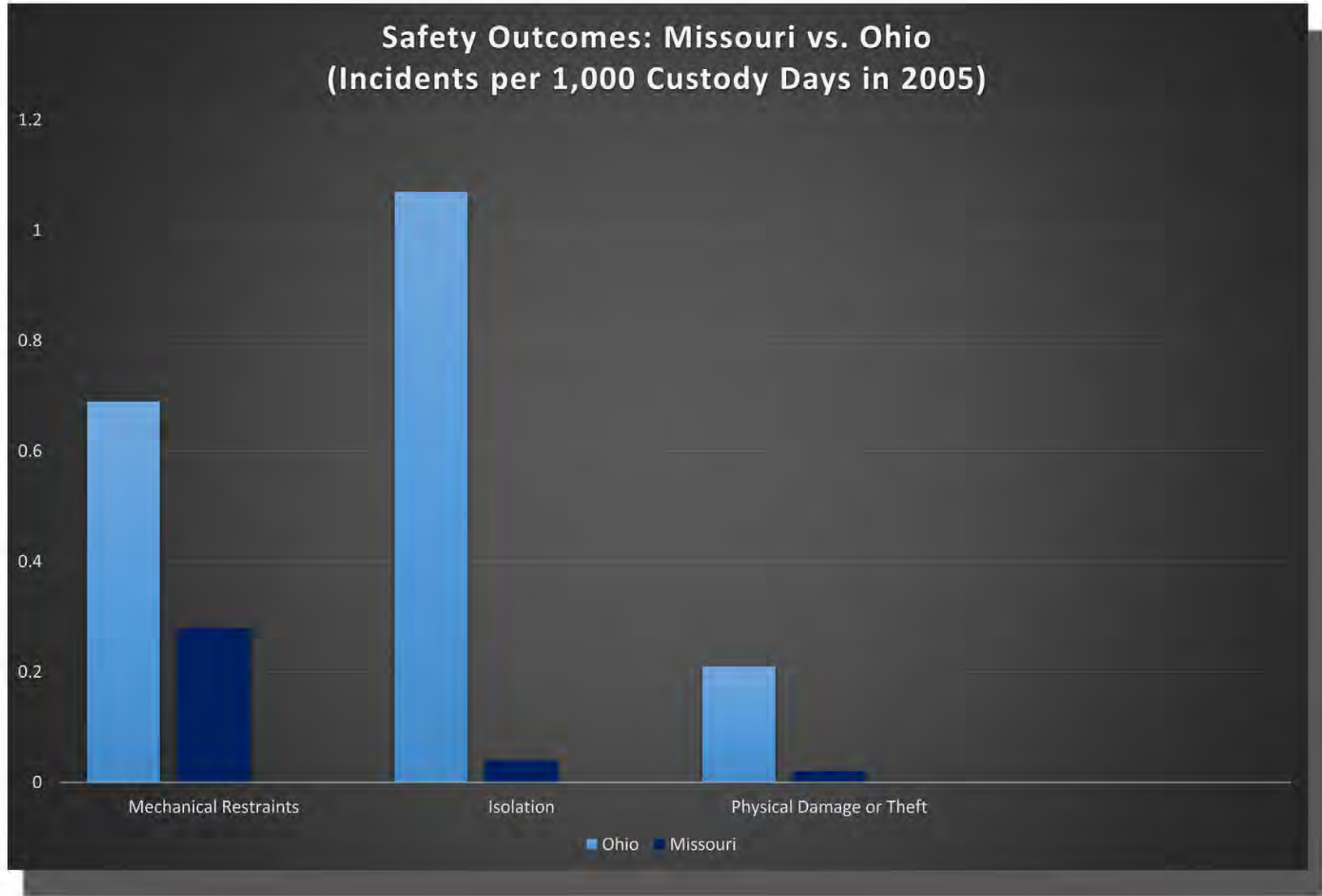
Inadequate funding

Outdated practices that mostly impact poor and minority teen

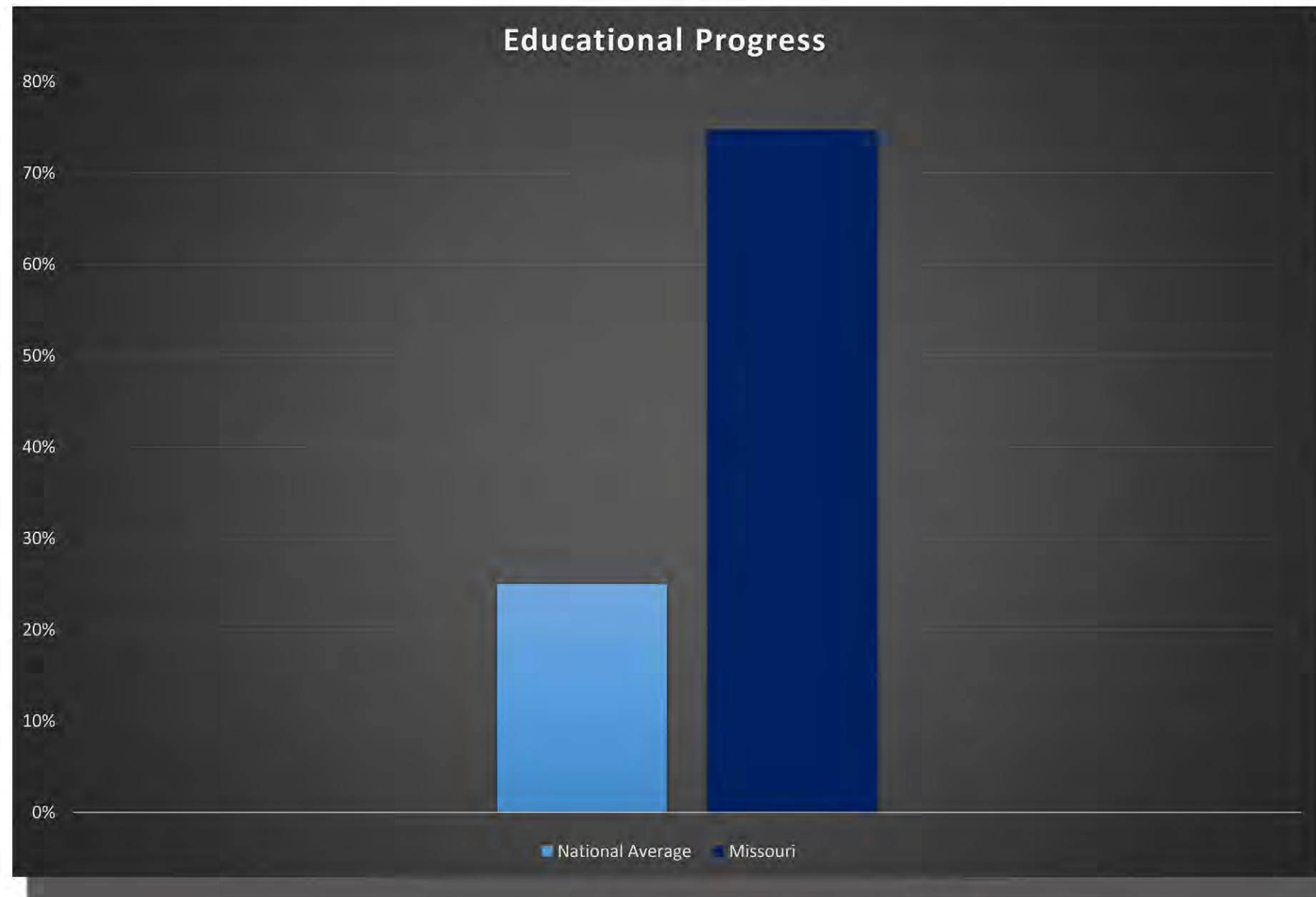
Lack of Juvenile Court Specialization, Training, and Standards

# Missouri Controversies





Figures 7: The Annie E. Casey Foundation



Percentage of Confined Youth making at least one year of Academic Progress for every one year in confinement

Figure 8: The Annie E. Casey Foundation

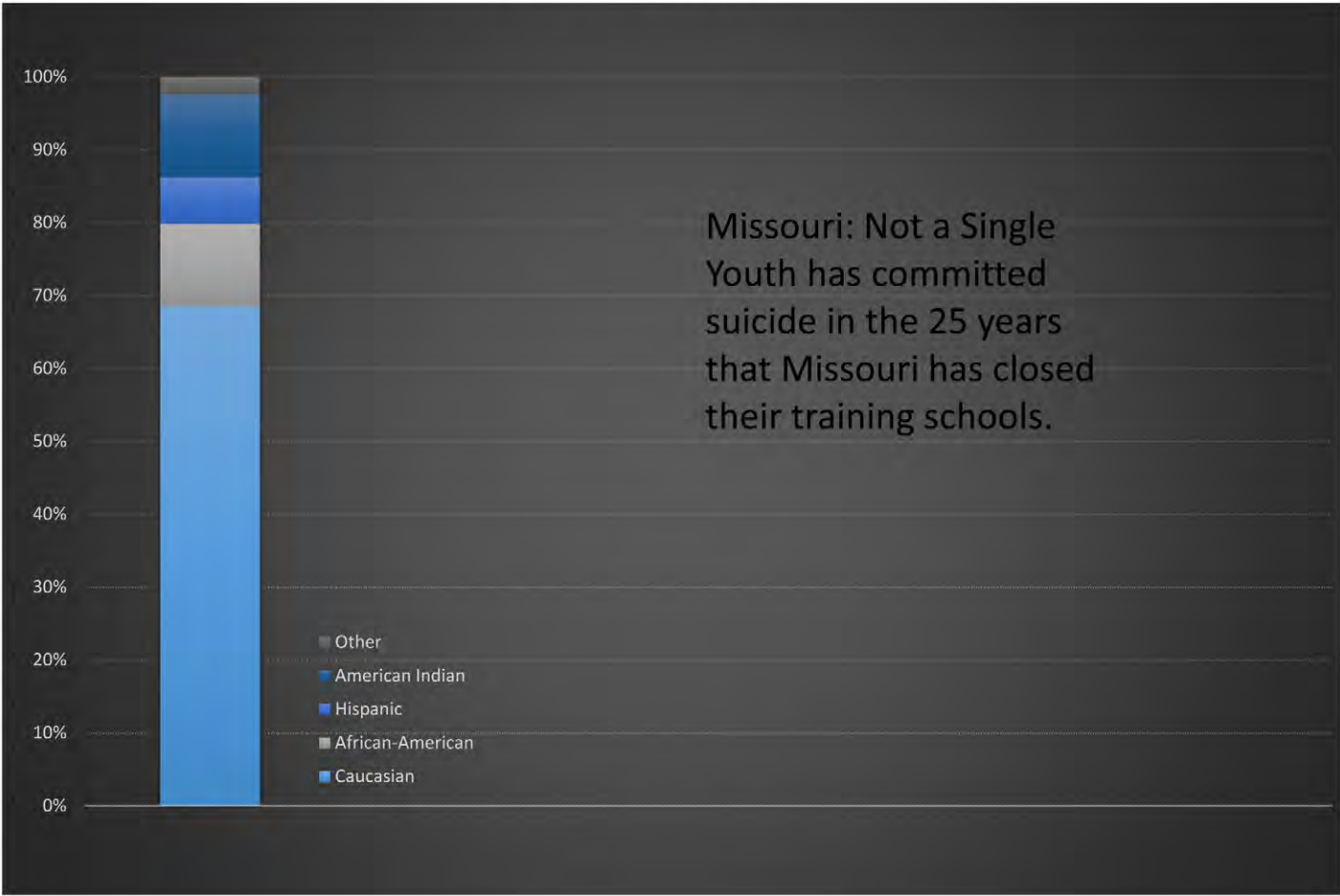


# Comparison of Current Practices

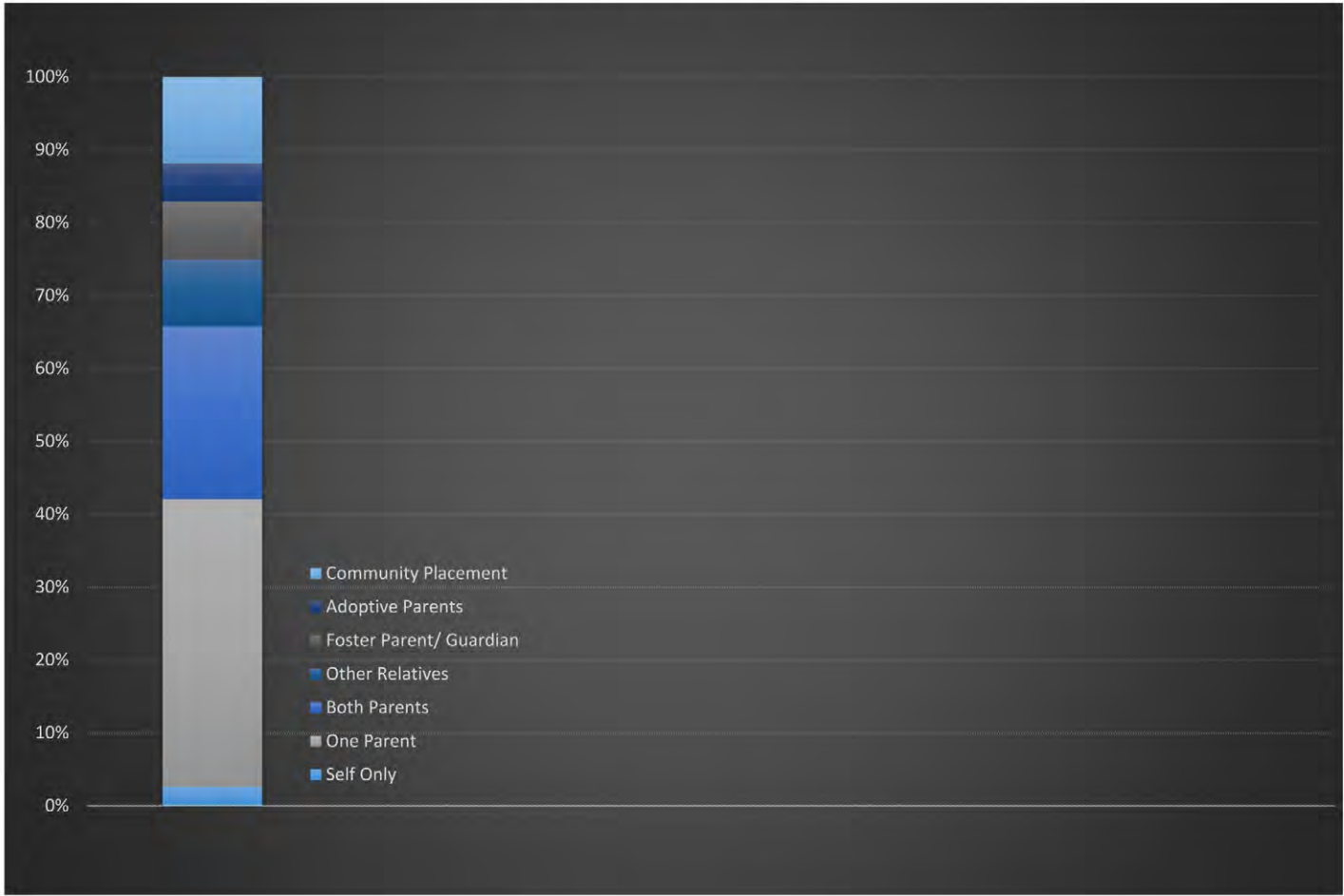
Illinois	A Blueprint for Juvenile Justice Reform <small>(The Youth Transition Funders Group)</small>	“Missouri Model”
Institutionalized	Reduce institutionalization	Emphasizes on rehabilitation
Little educational services	Reduce racial disparity	Minimum force
Understaffed	Ensure access to quality counsel	Well trained staffs
Community program trouble youth services	Create a range of community-based programs	Community Services for Low-Risk Youth
“minimally adequate” mental health services	Recognize and serve youth with specialized needs	Constant therapeutic interventions
Mostly large facilities	Create smaller rehabilitative institutions	Smaller Institutions
No aftercare program	Improve aftercare and reentry	Seamless Transition and Post-Release Services
	Maximize youth, family and community participation	Strong link to community and family
	Keep youth out of adult prisons	



Suicide Per Race Nationally in the Youth Detention Facilities



Living Status Prior to Confinement of Suicide Victims Nationally



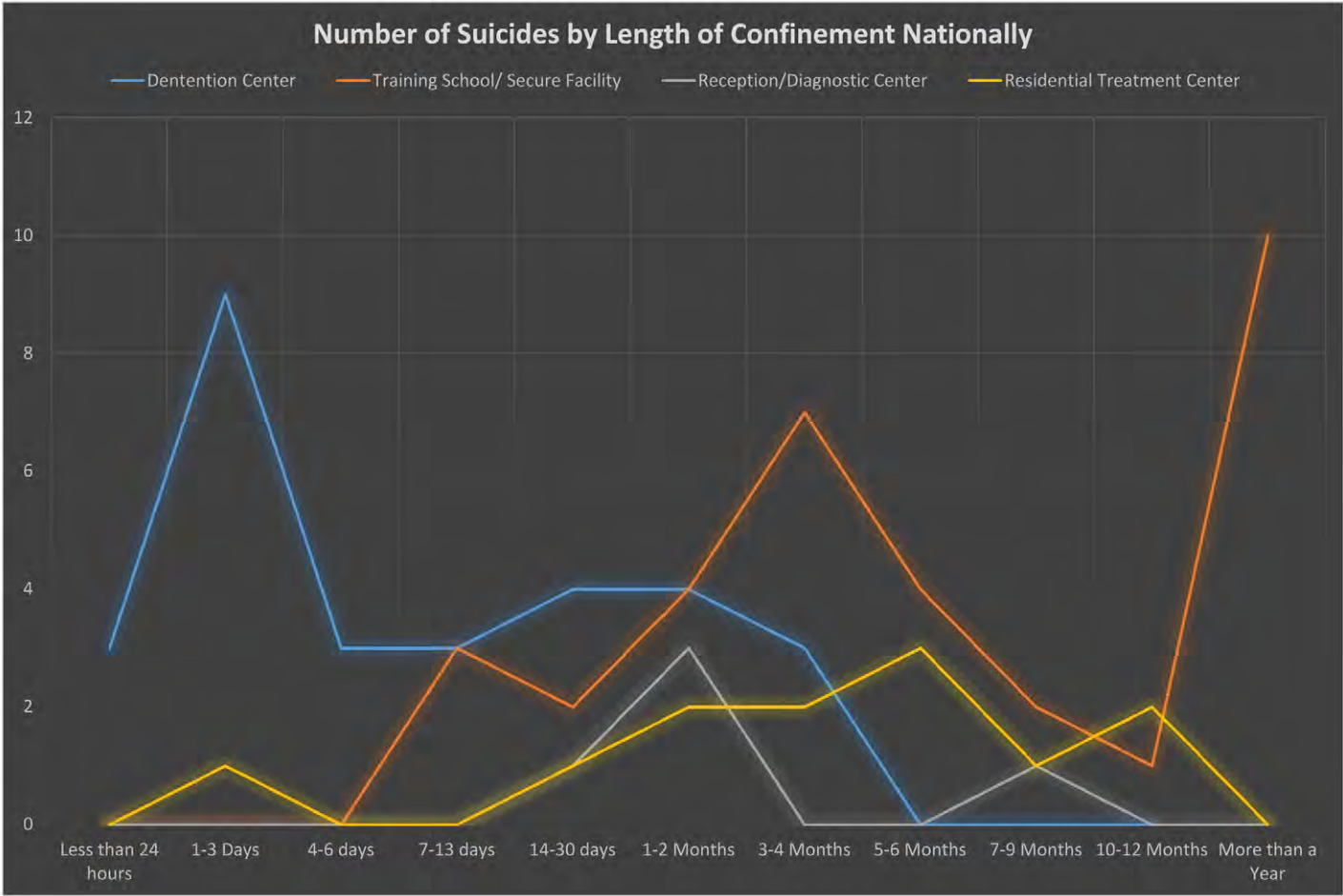
Figures 9: Hayes, Lindsay M. Juvenile suicide in confinement: A national survey. DIANE Publishing, 2009

# Type of Confinement of Suicide Victims

Type of Confinement of Suicide Victims Nationally

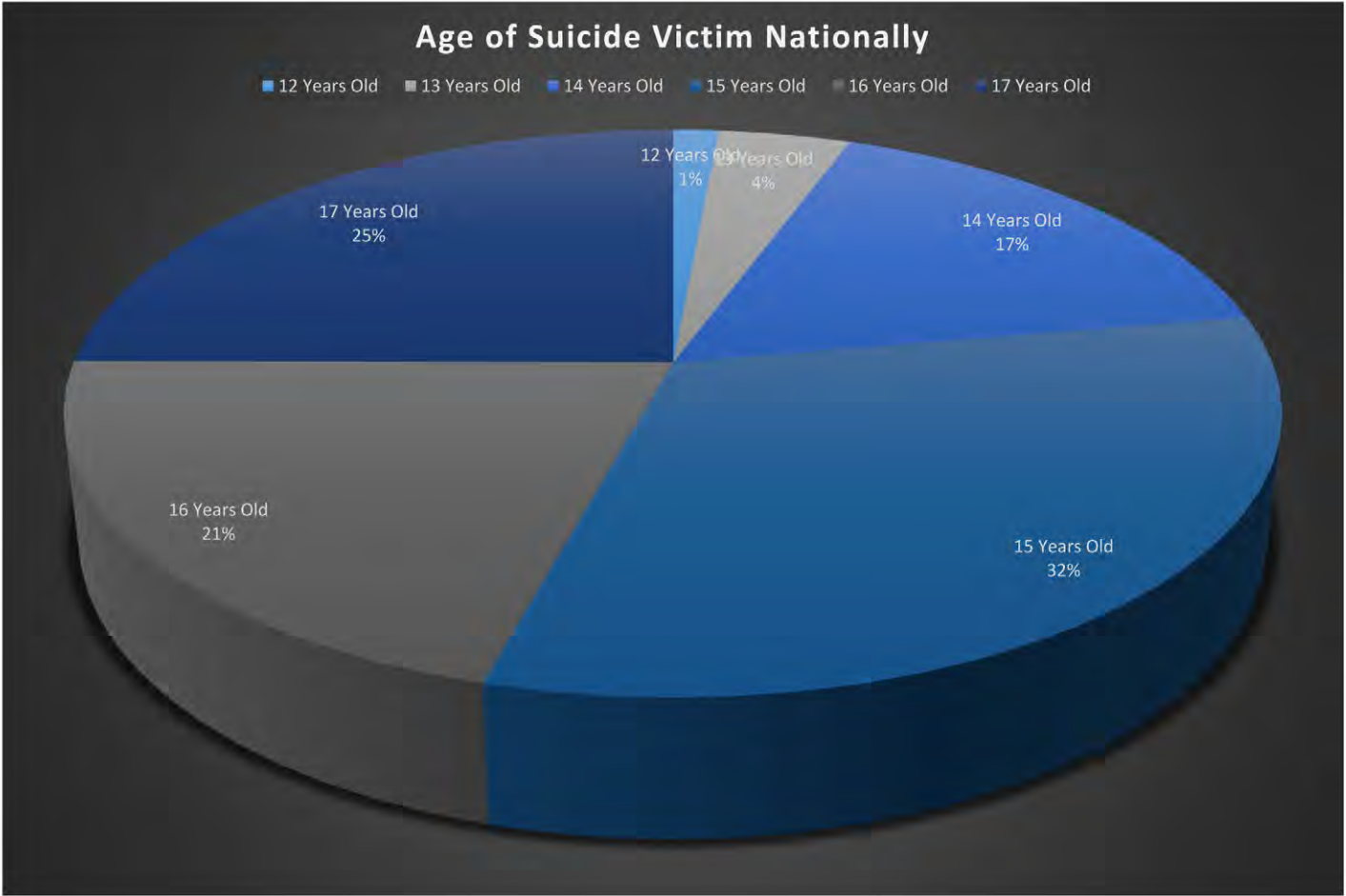
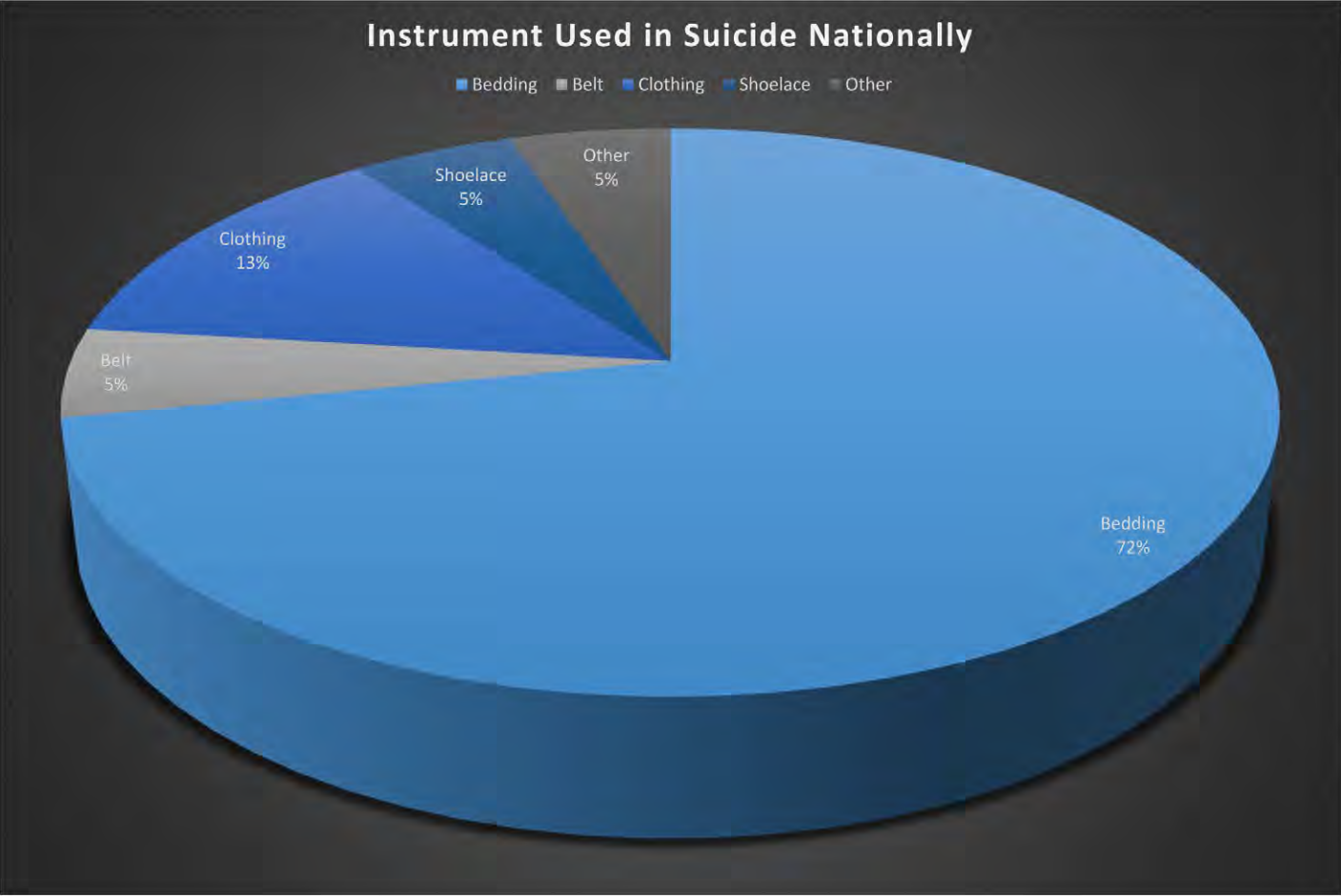


Number of Suicides by Length of Confinement Nationally



Figures 10: Hayes, Lindsay M. Juvenile suicide in confinement: A national survey. DIANE Publishing, 2009

# Suicide Per Race Nationally in the Youth



Figures 11: Hayes, Lindsay M. Juvenile suicide in confinement:  
A national survey. DIANE Publishing, 2009

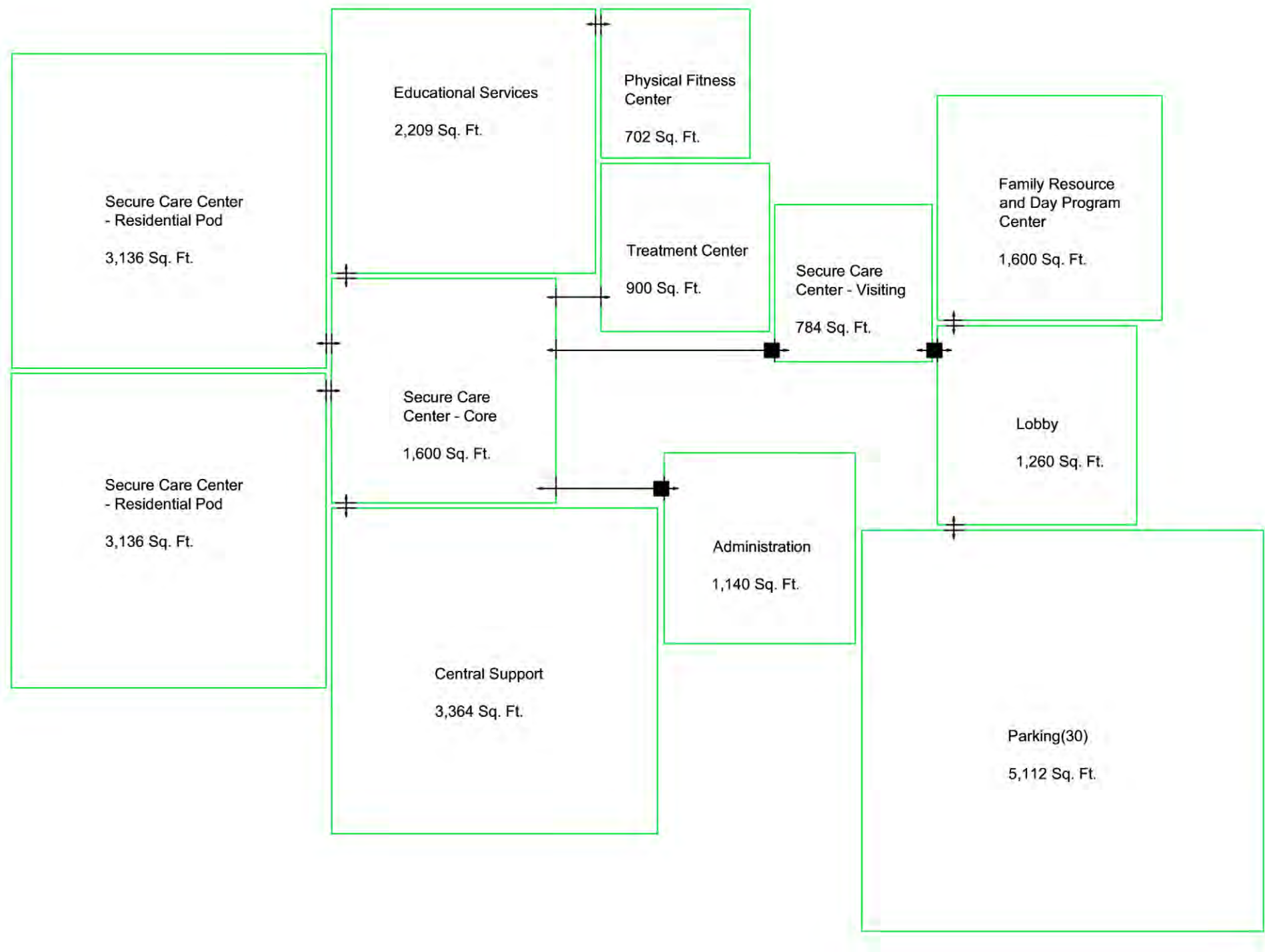




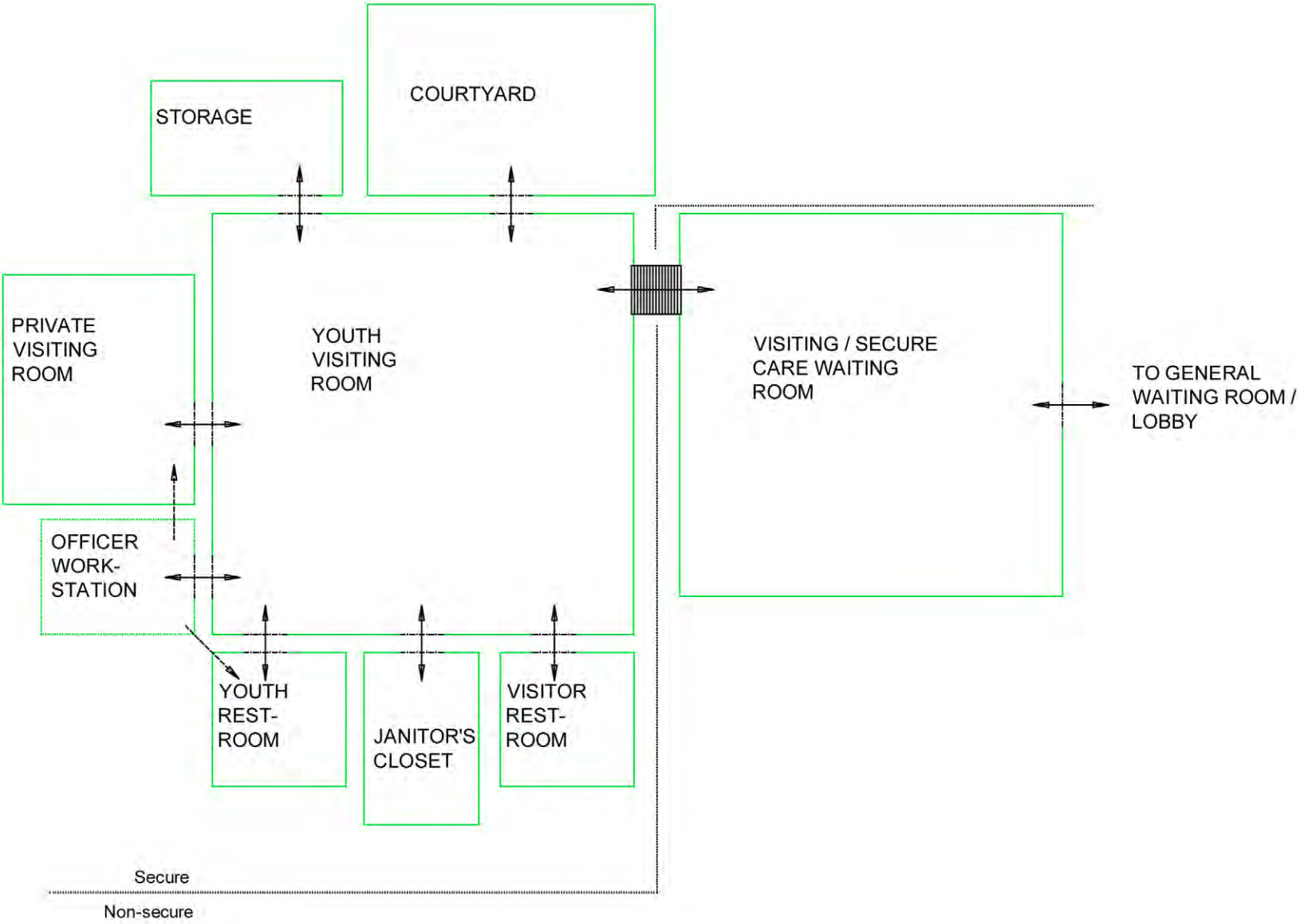
**Program Diagram**



# Overall Facility



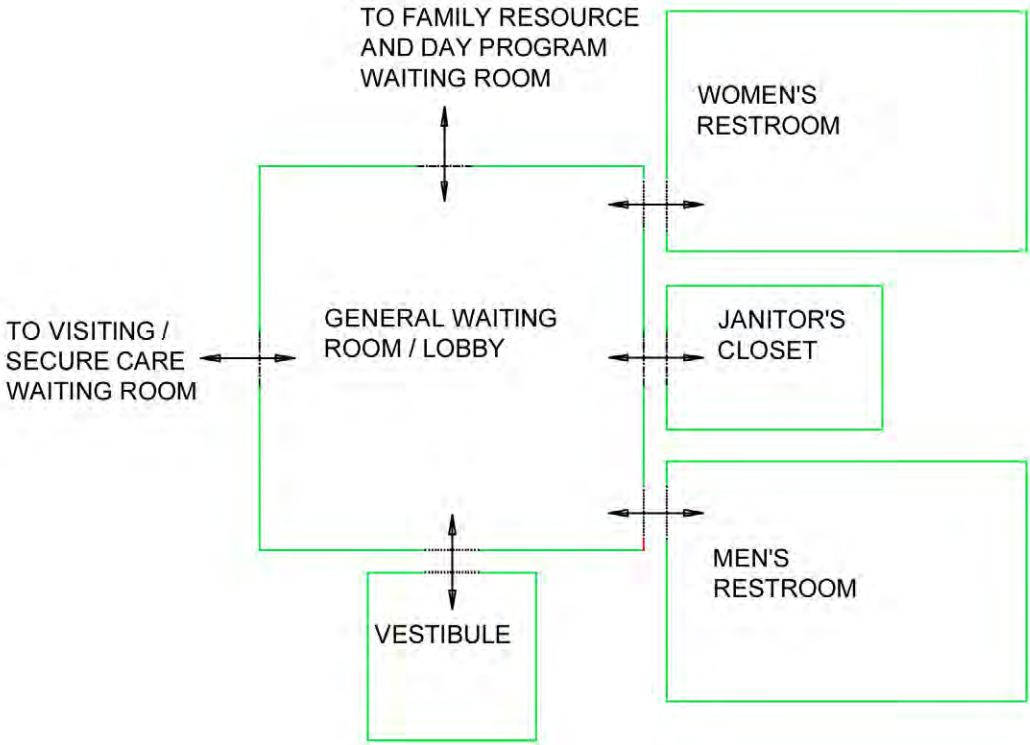
# Secure Care Center - Visiting



## Secure Care Center - Visiting

Youth Visiting Room	450	Storage	60
Officer Workstation		Youth Restroom	50
Private Visiting Room	120	Visitor Restroom	50
Storage	60	Janitor's Closet	50
Youth Restroom	50	Courtyard	
Visitor Restroom	50		
		Total	780

# Lobby

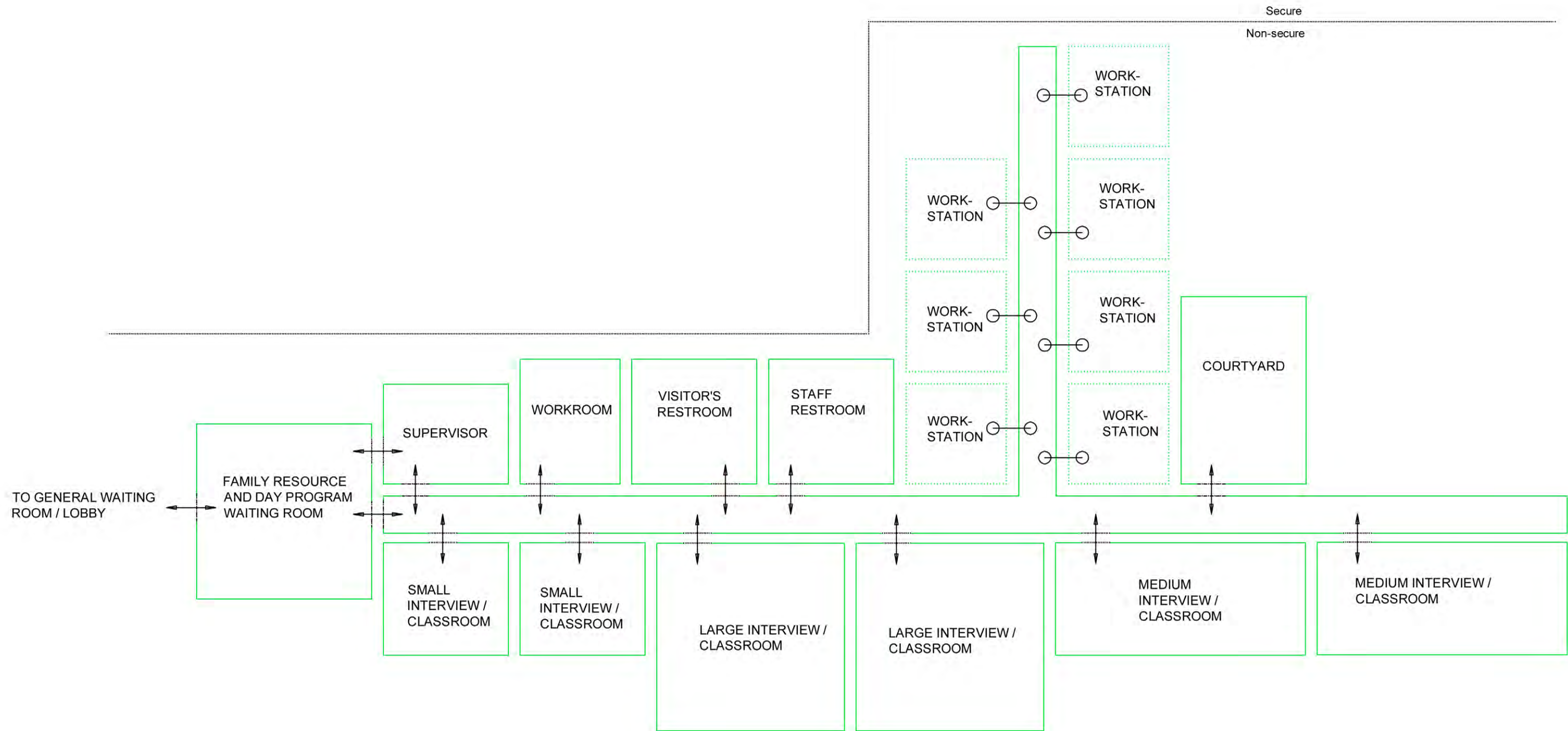


## Lobby

Entry Vestibule	50	Lockers	
General Waiting Room / Lobby	250	Visiting Sallyport	
Reception Desk		Family Resource and Day Program Waiting Room	200
Vending		Men's Restroom	150
Visiting/Secure Care Waiting Room	400	Women's Restroom	150
Reception Desk		Janitor's Closet	50
Lockers			
Visiting Sallyport		Total	1250



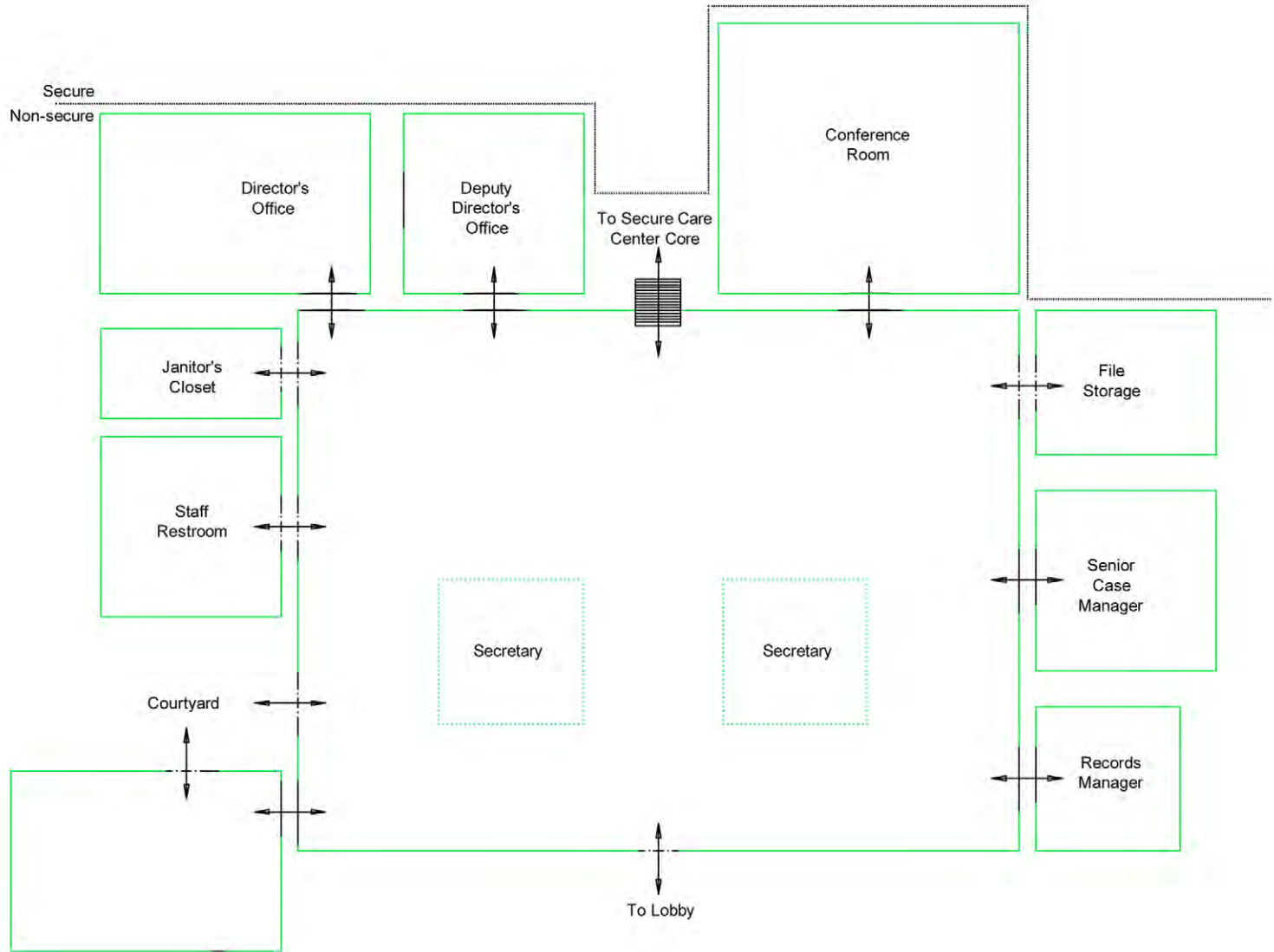
# Family Resource Center and Day Program Center



## Family Resource and Day Program Center

Workstations		Small Interview/Class Room - (2) at 90 sf	180	Total	1598
Assessment Specialist	64	Medium Interview/Class Room - (2) at 180 sf	360		
Case Manager	64	Large Interview/Class Room	250		
Truancy Case Manager	64	Workroom	80		
Day Program Manager - (2) at 64 sf	128	Visitor Restroom	100		
Open Positions - (2) at 64 sf	128	Staff Restroom	100		
Supervisor	80	Courtyard			

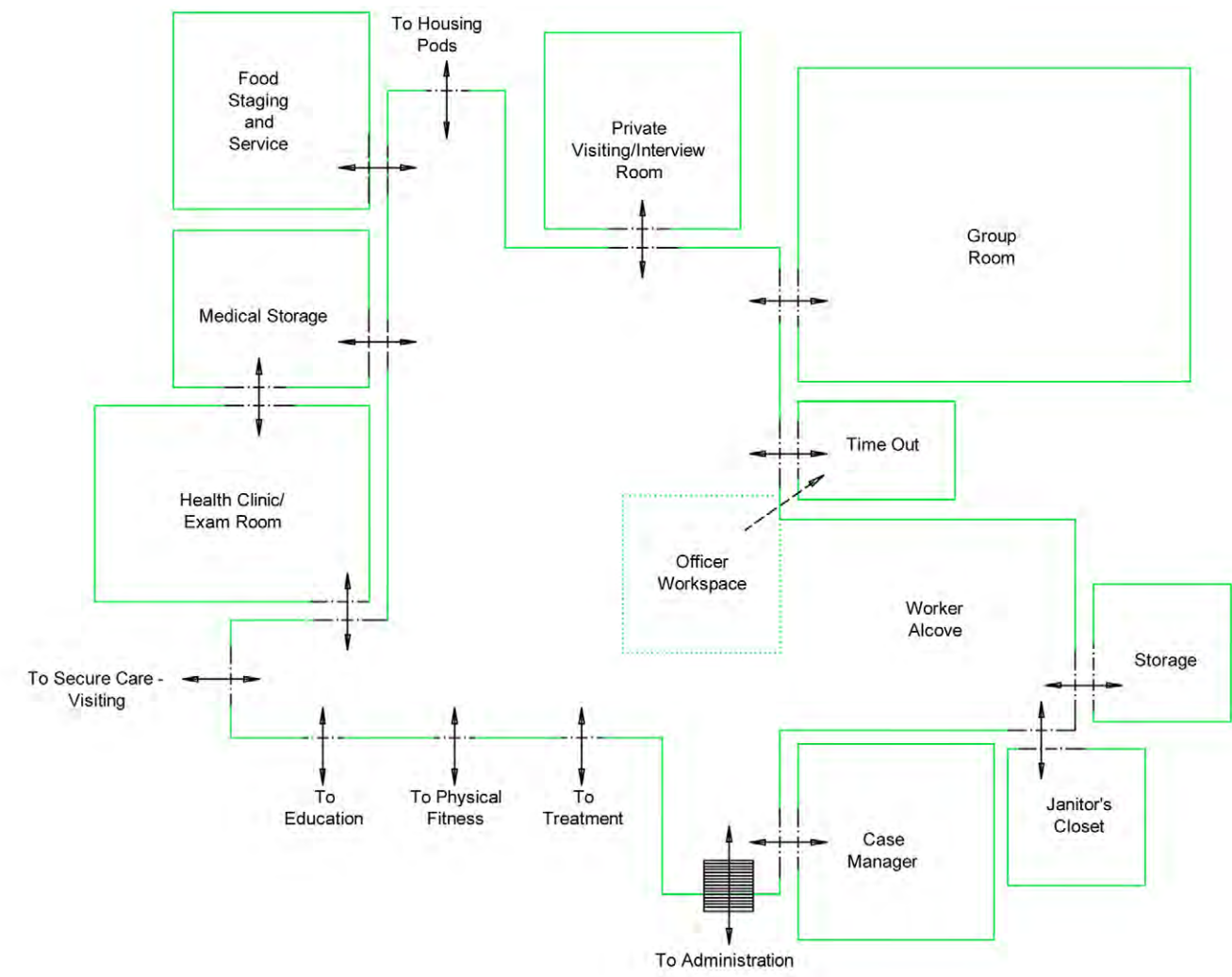
# Administration



## Administration

Workstations		Conference Room	250
Secretary - (2) at 64 sf	128	Staff Restroom	100
Records Manager	64	Breakroom	150
Senior Case Manager	100	Janitor's Closet	50
File Storage	80	Courtyard	
Director's Office	150		
Deputy Director's Office	100	Total	1172

# Secure Care Center - Core

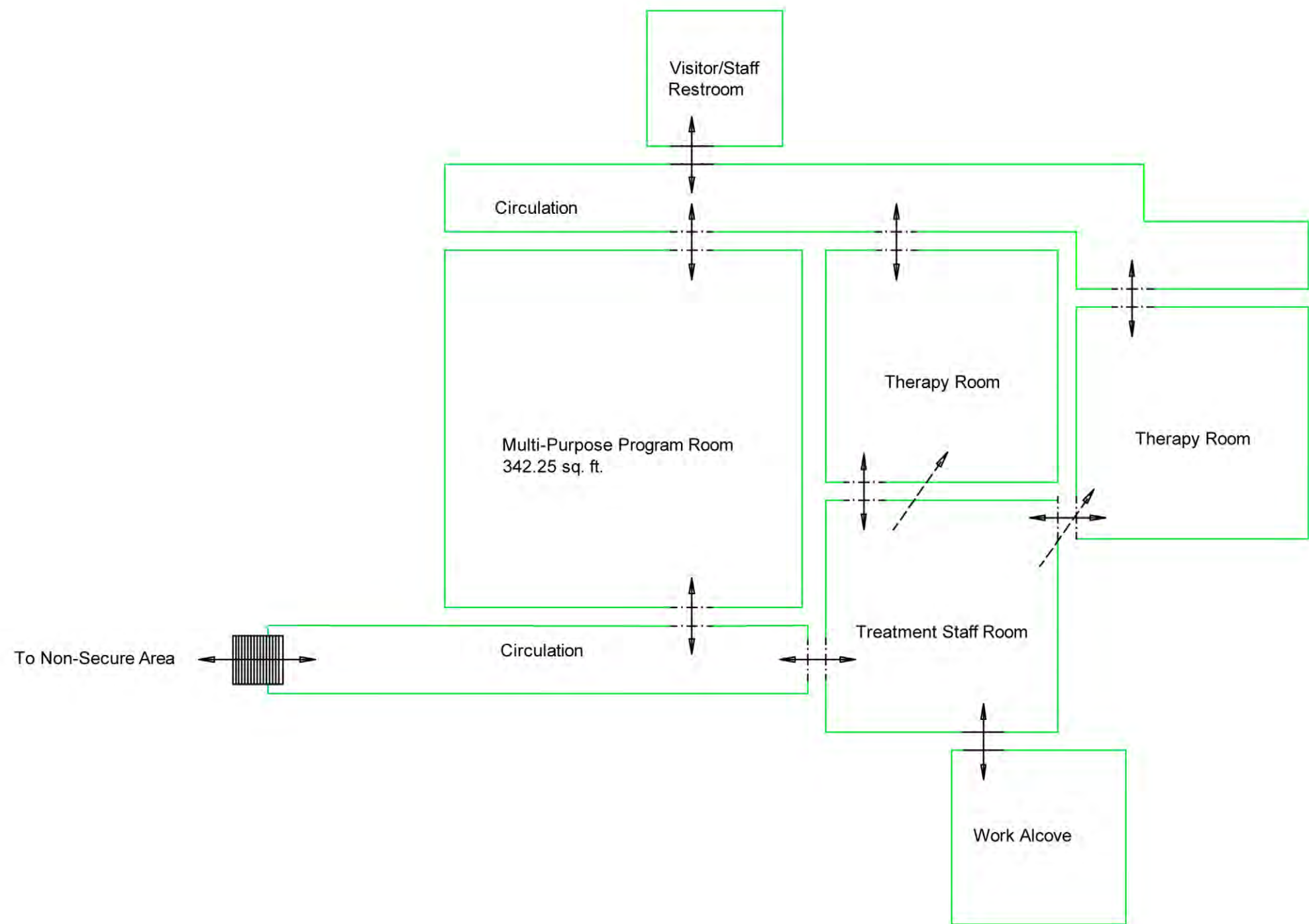


## Secure Care Center - Core

Core Common Space	400	Exam Room	140	Courtyard	
Officer Workstation		Medication Storage	80		
Time Out Room	40	Group Room	320	Total	1680
Secure Juvenile Entrance	100	Food Staging and Service	100		
Case Manager Office	100	Storage 50			
Staff Work Alcove	200	Private Visiting and Interview	100		
Health Clinic		Janitor's Closet	50		



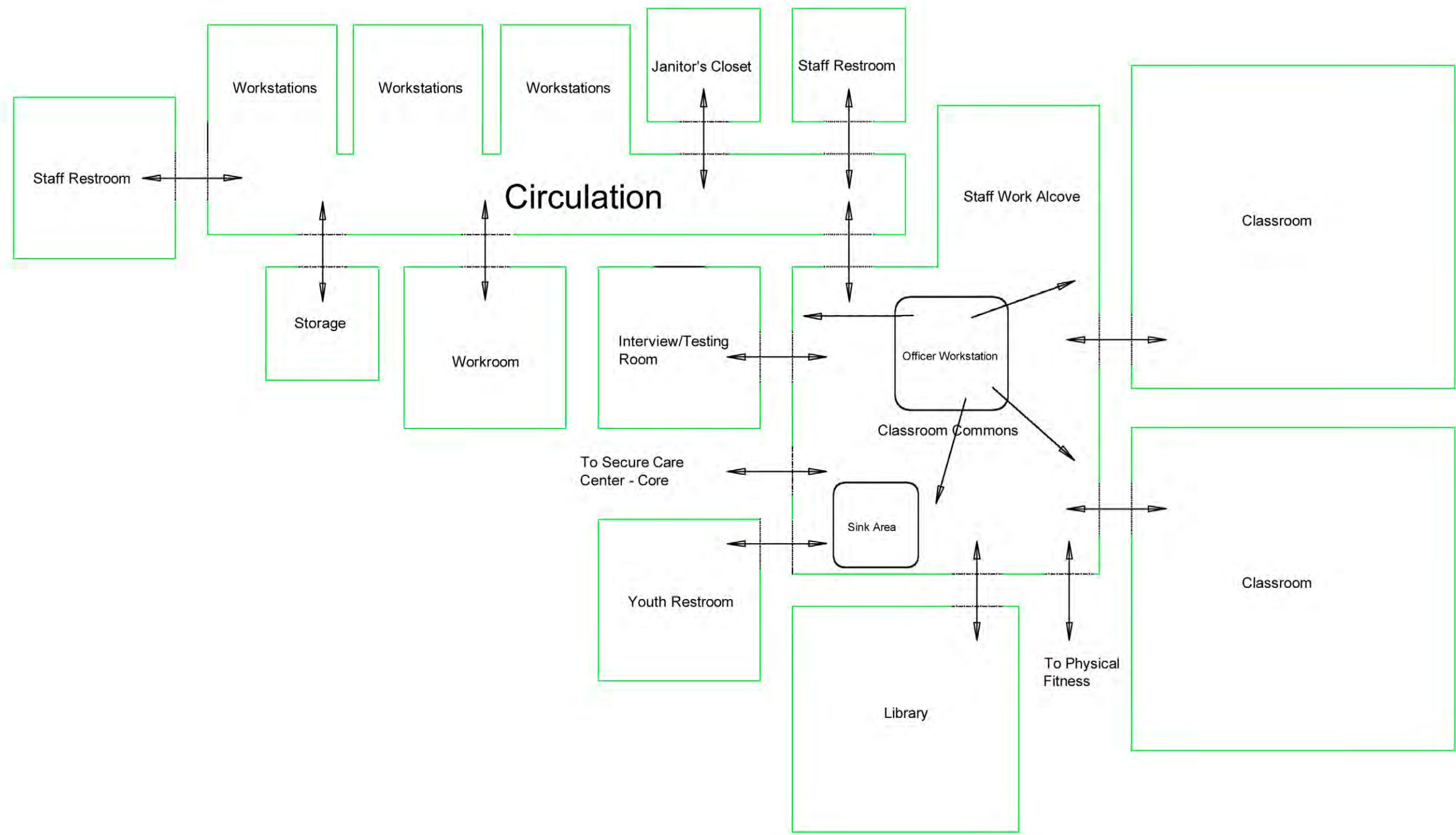
# Treatment Center



## Treatment Center

Multi-Purpose Program Room	350
Therapy Room - (2) at 150 sf	300
Treatment Staff Room	150
Work Alcove	80
Visitor/Staff Restroom	50
Total	930

# Education Center

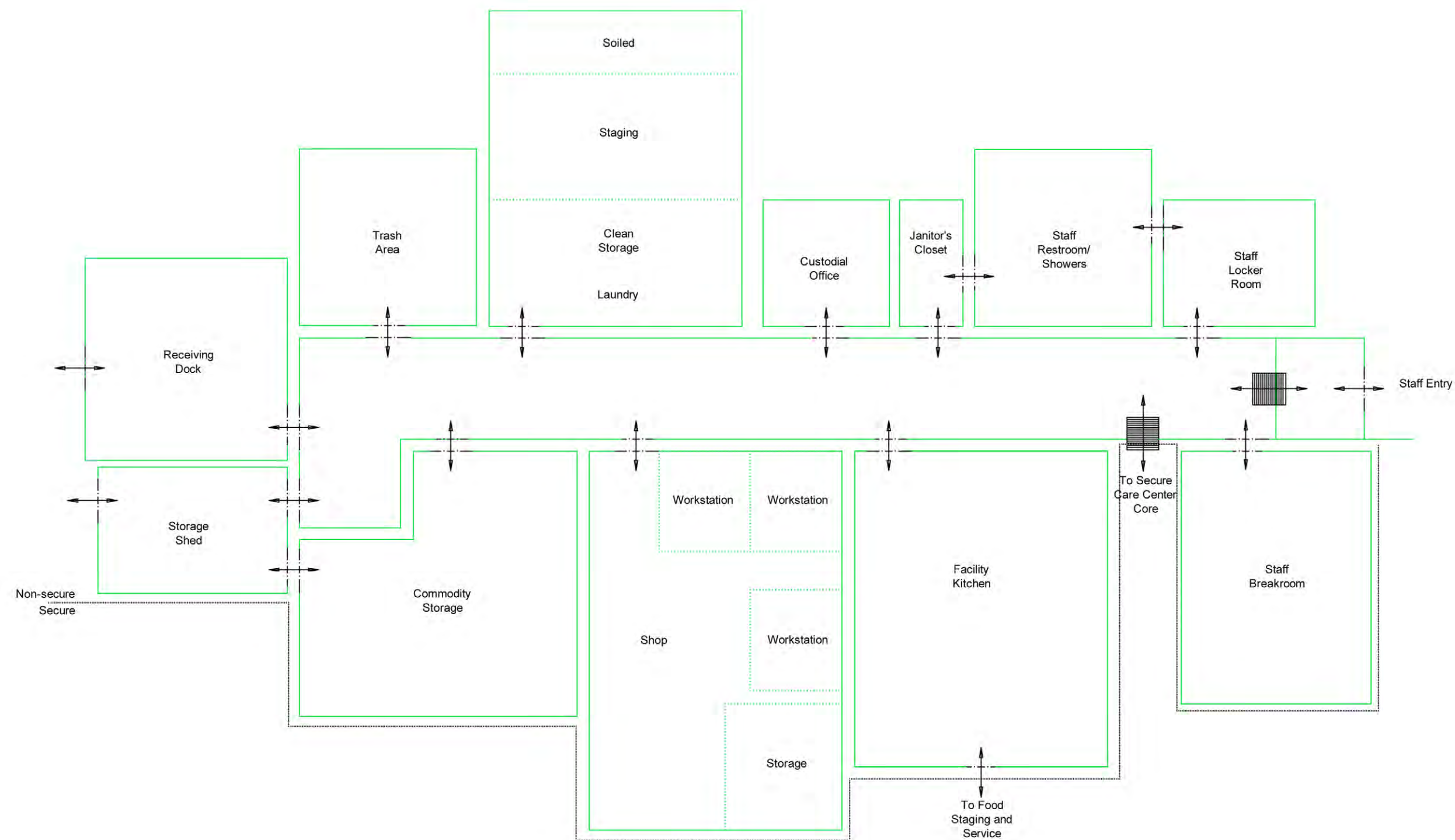


## Education Center

Classroom Commons	350	Staff Restroom	50	Staff Restrooms	100
Officer Workstation		Educational Staff Suite			
Sink Area		Interview/Testing Room	100	Total	2192
Staff Work Alcove	100	Workstations - (3) at 64 sf	192		
Classroom - (2) at 400 sf	800	Workroom	100		
Library	200	Storage	50		
Youth Restroom	100	Janitor's Closet	50		



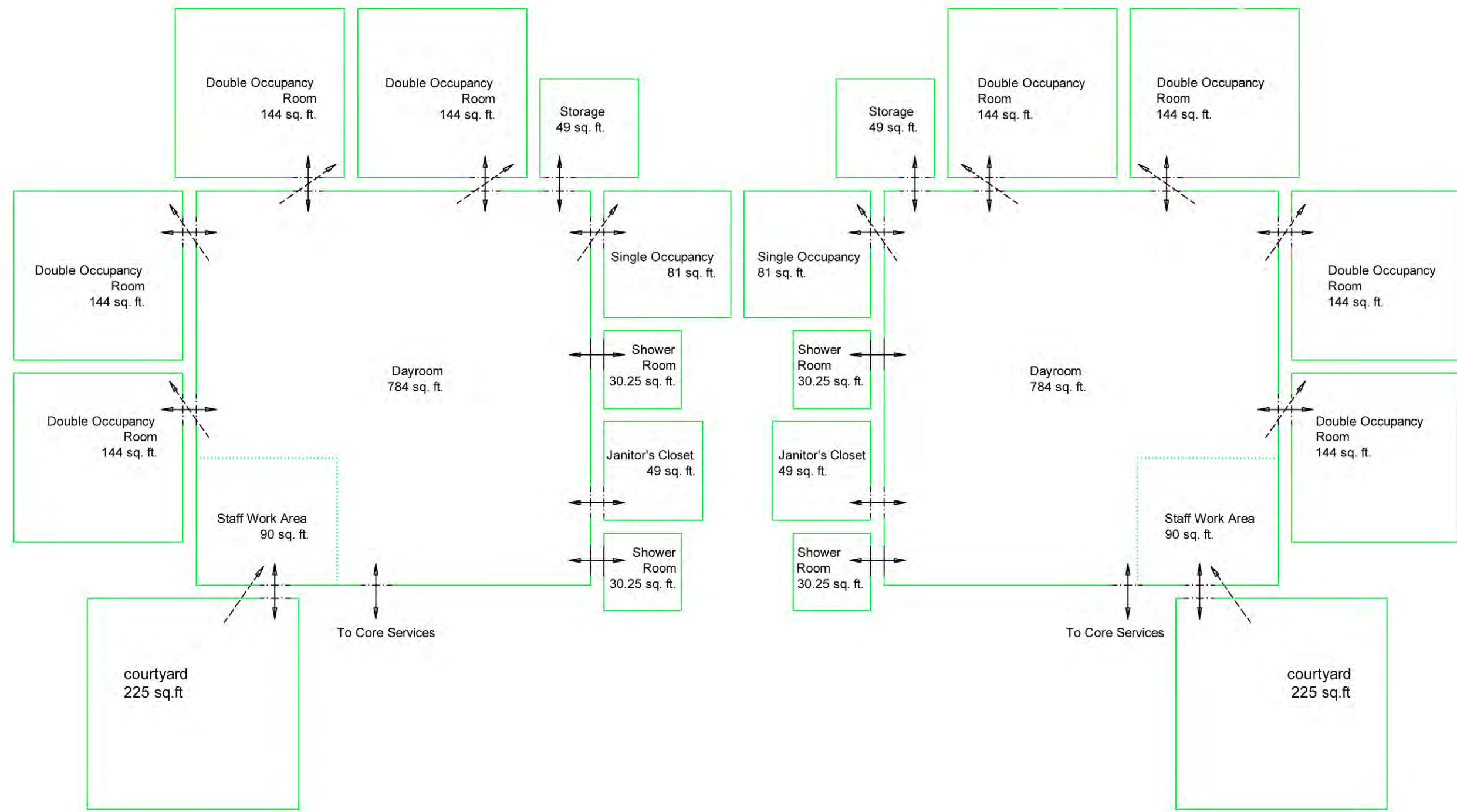
# Central Support



## Central Support

Commodity Storage	400	Locker Room	120	Clean Storage	200
Maintenance Suite		Staff Restroom/Showers	200	Custodial Office	100
Shop	300	Staff Lunchroom/Breakroom	300	Receiving Dock	250
Workstations - (3) at 64 sf	196	Facility Kitchen	500	Trash Area	200
Storage	100	Laundry		Storage Shed (Exterior Access)	150
Secure Staff Entry		Soiled Room	100	Janitor's Closet	50
Vestibule	50	Staging Area	200	Total	3416

# Secure Care Center - Residential Pod - (2) Pods

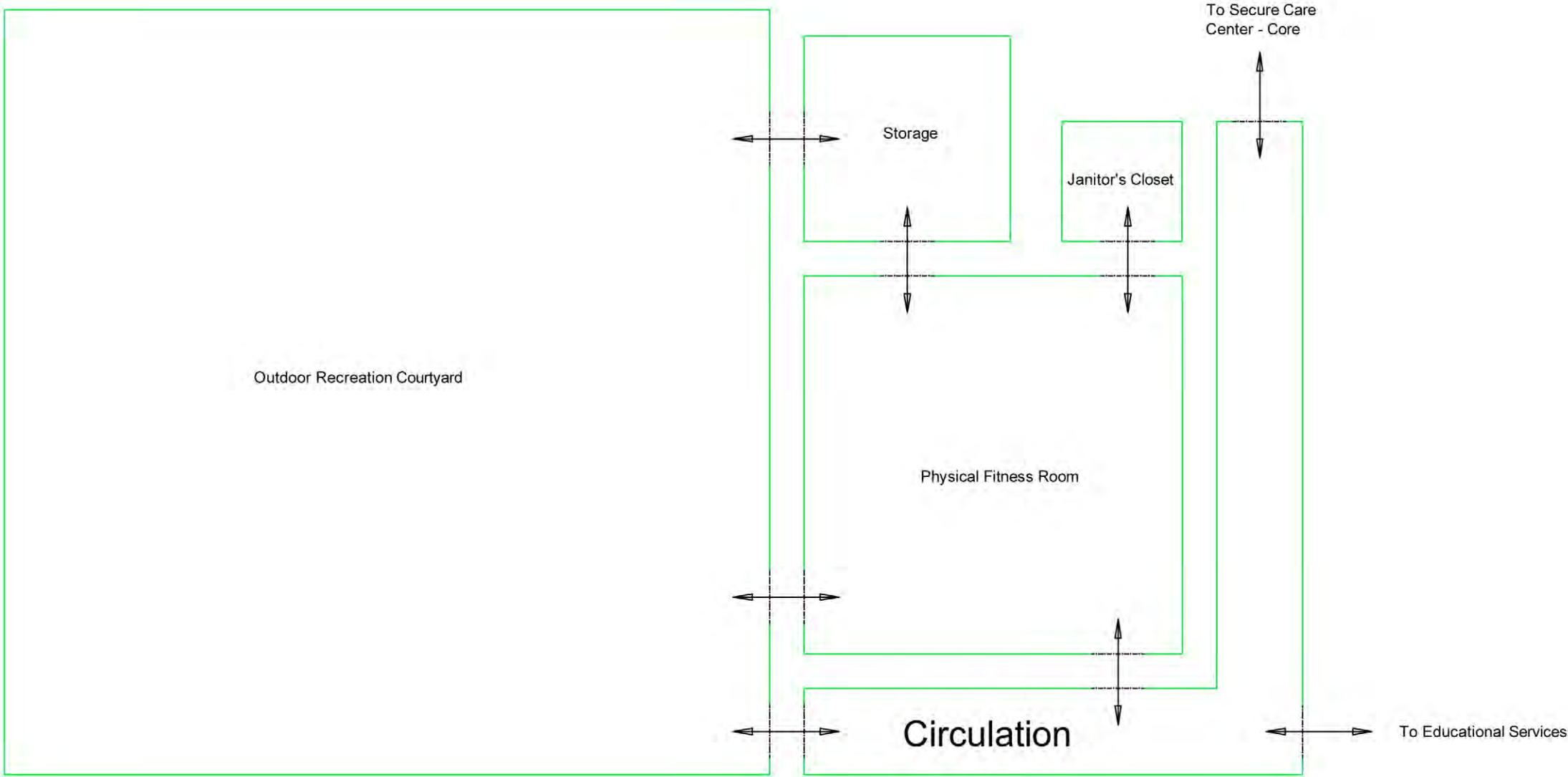


## Secure Care Center - Residential Pod - (2) Pods

Dayroom	800	Courtyard	
Staff Workstation		Total	1590
Double Occupancy Room - (4) at 140 sf	560	Times (2) Pods	3180
Single Occupancy Room	80		
Storage	50		
Janitor's Closet	40		
Shower Room - (2) at 30 sf	60		



# Physical Fitness Center



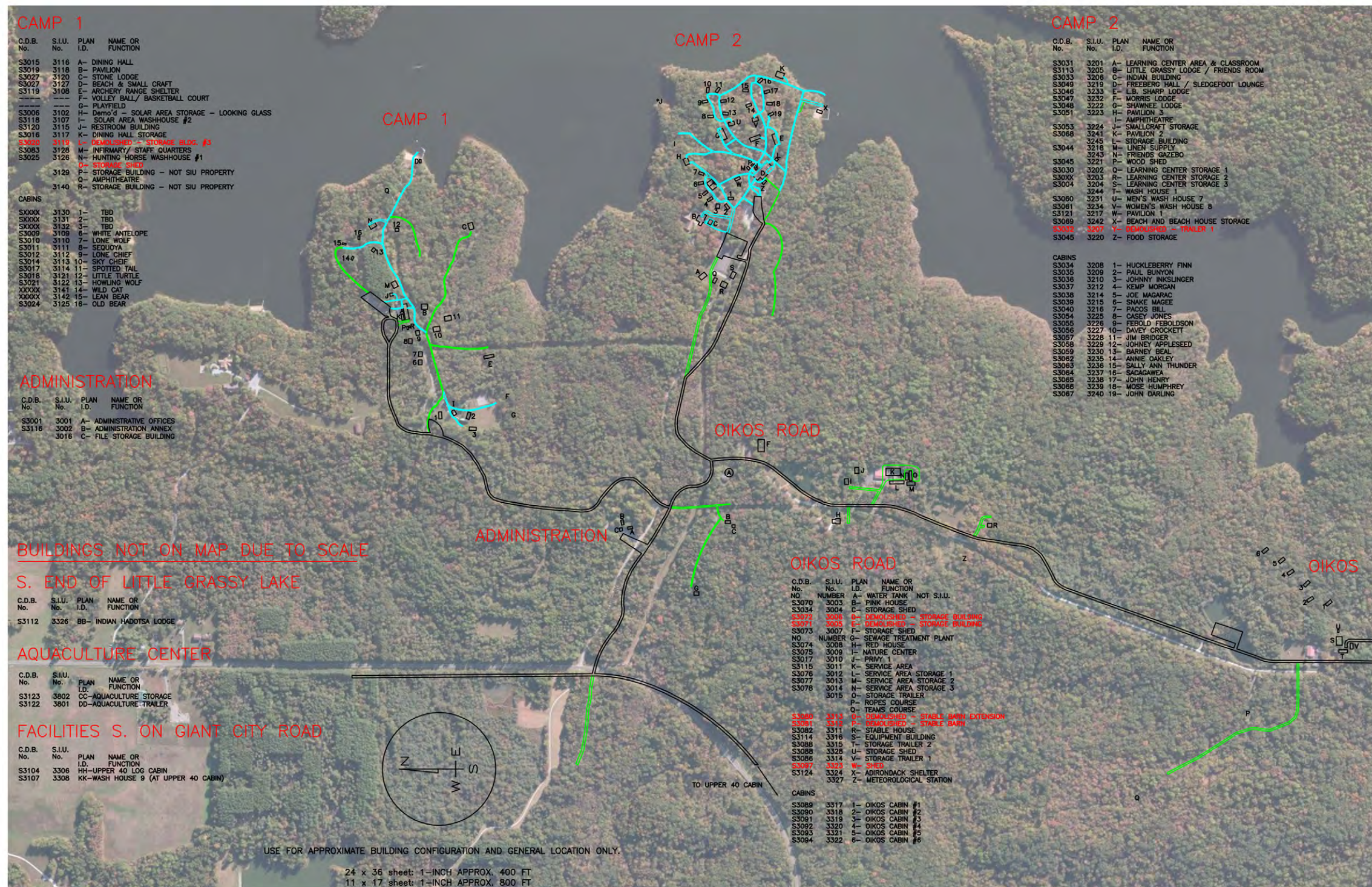
## Physical Fitness Center

Physical Fitness Room	500
Storage	150
Janitor's Closet	50
Outdoor Recreation Courtyard (approx. 2000 sf)	
Total	2700

**Site Analysis**



# Site Overview



## Historical Context

- Camp Little Giant
- Established in 1949, 59 Years Old
- Spectrum Program
  - Juveniles brought to Touch of Nature to learn skills (2 weeks)
  - Take trip to wilderness (Canada) to utilize skills learned and build relationships
- History with SIU football team and university in general

## Camp Programming

- Age group: 8-88
- Camp 1 : "Normal Kids"
- Camp 2 : Handicapped Kids
- Year round programs
- Therapeutic Recreation
  - 9 Weeks (June-August)
- Environmental Education
- Underway Adventure
  - Team Building
  - High Rope, Rock Climbing, etc

## Physical Attributes

- 3100 Acres
- 700 Acres of Lake
- 300,000 Acres of Public Lands used for Observation and Study
- Adjacent to Little Grassy Lake
  - 1,200 Acres
  - Built in 1940 – Federal Relief Efforts after

Image 7: Bing Map





### Potential Pros

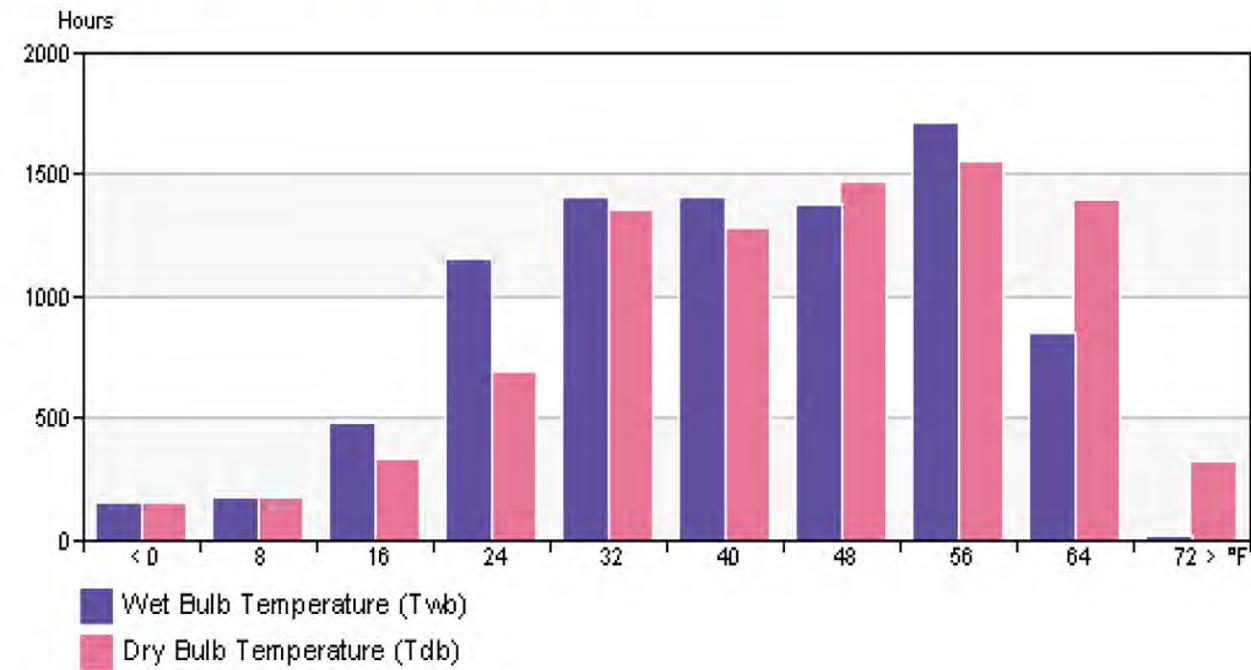
- Great area for team building exercises
  - oCanoeing
  - oRock Climbing
- Remove kids from bad environment and put into a "pure" environment
- Lake Access
- Possible connection with Underway Adventures
  - oRock Climbing
  - oHigh Ropes Courses
  - oTeam Courses
  - oCaving
  - oCanoeing
  - oBackpacking
  - oCamp Outs
- Other yearly activities
  - oMaple Syrup Making
  - oHorseback Riding
  - oMusic and Songs
  - oFishing
  - oArts/Crafts
  - oSports/Games
  - oSwimming
  - oZip Lining

### Potential Cons

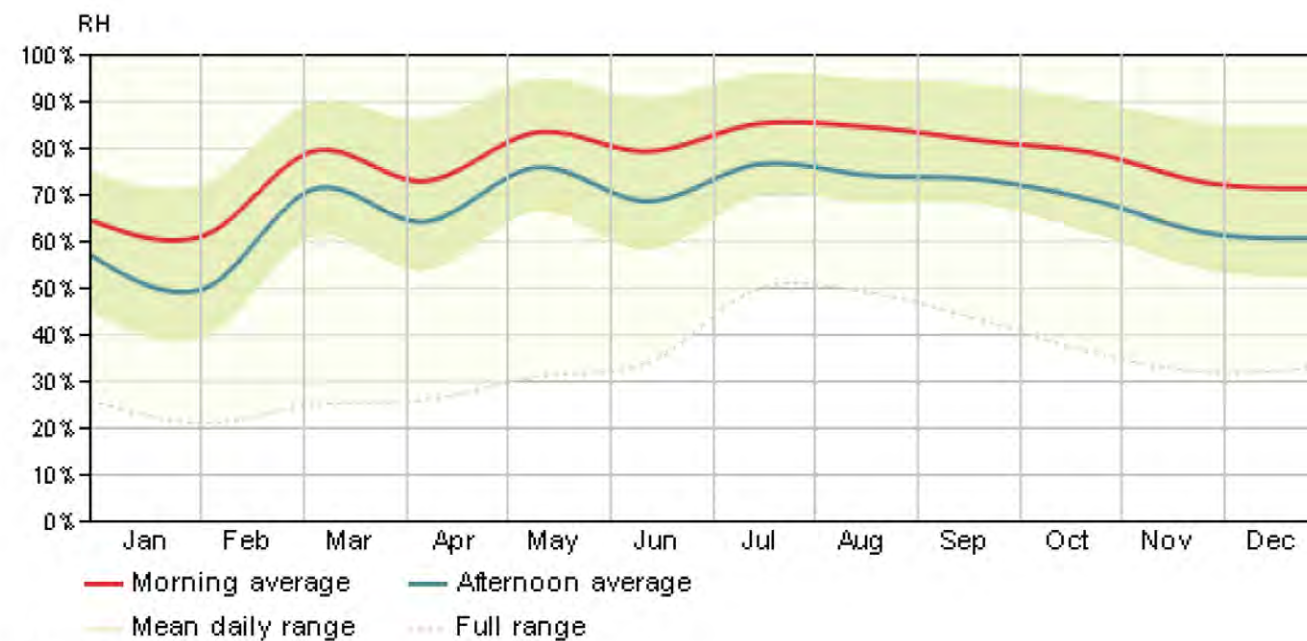
- Kids feel too isolated : Cast away from society – creates more issues
- Heavily Wooded, Except for the clearing on the east side of Oikos Rd., many trees will have to be removed for construction of the buildings and recreation areas. The lower branches might have to be cut off to avoid the youth climbing on them.
- Giant City State Park– Building Restrictions within State Park
- Crab Orchard National Refuge- Building restrictions within a National Refuge
- "Taking away" from those who use the facilities already for those who society deems as undesirable



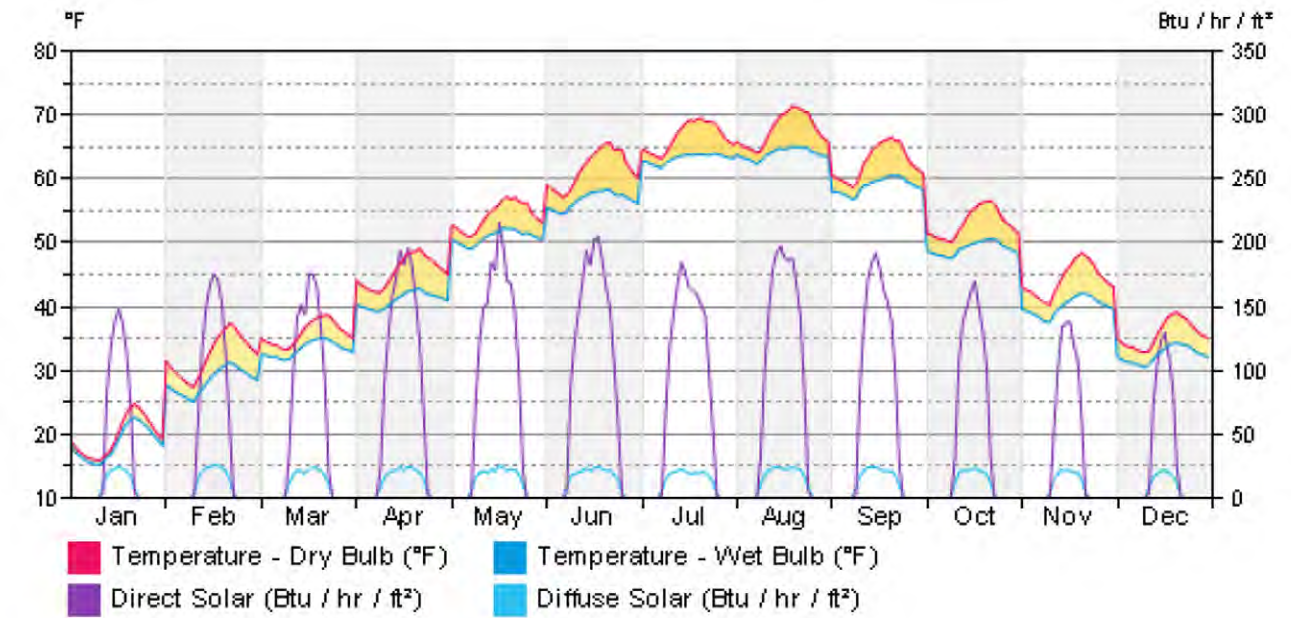
# Local Climate Data



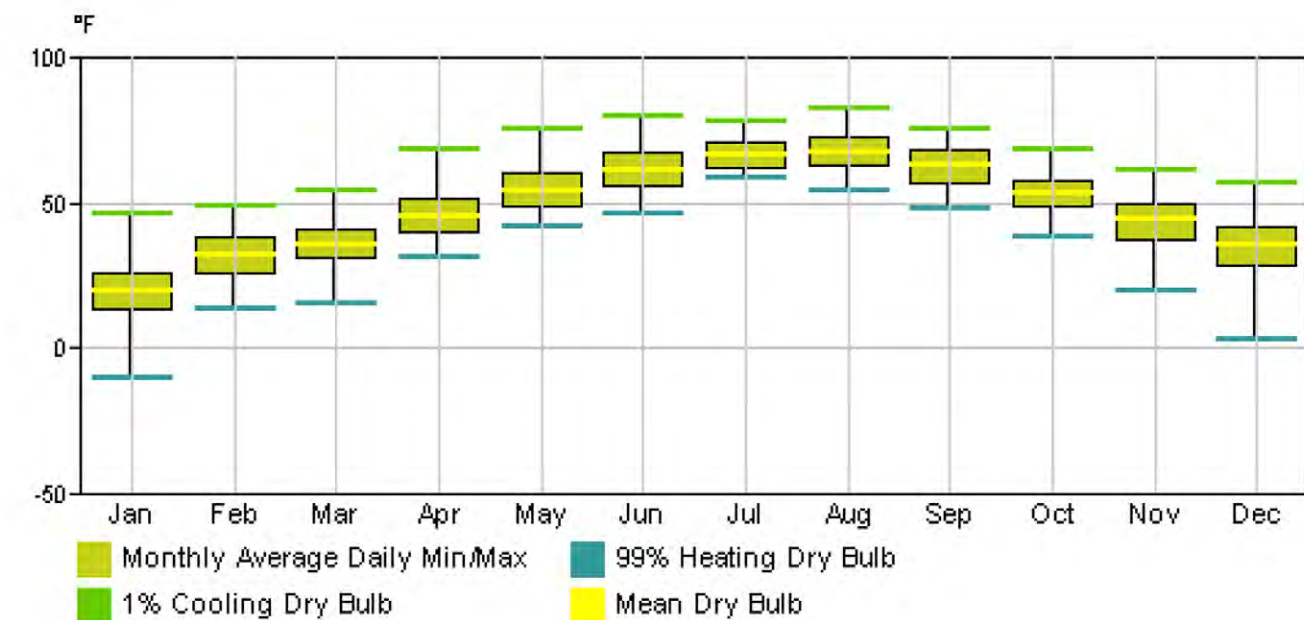
**Annual Temperature Bins**



**Humidity**



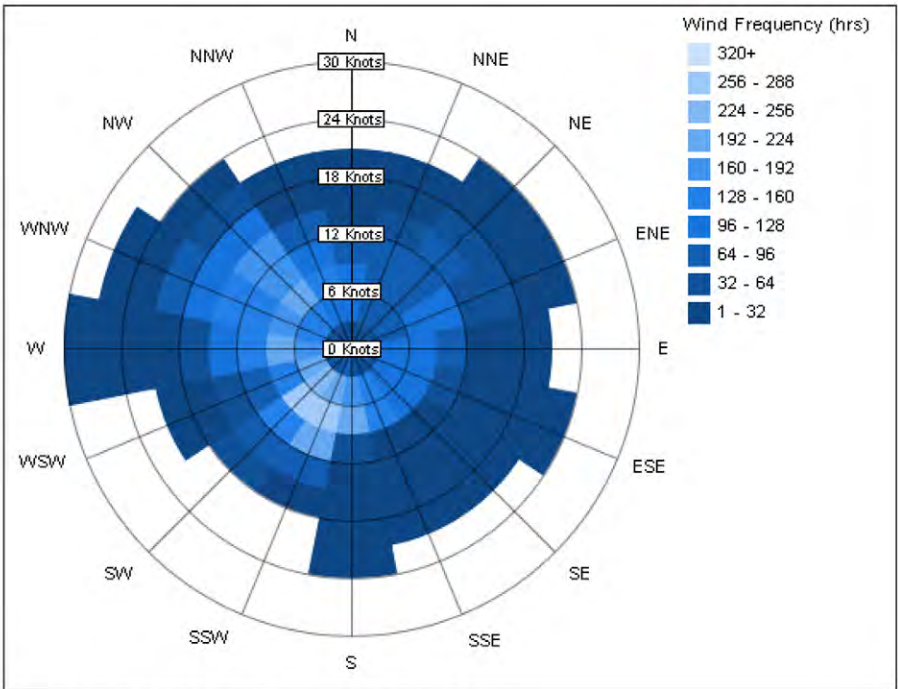
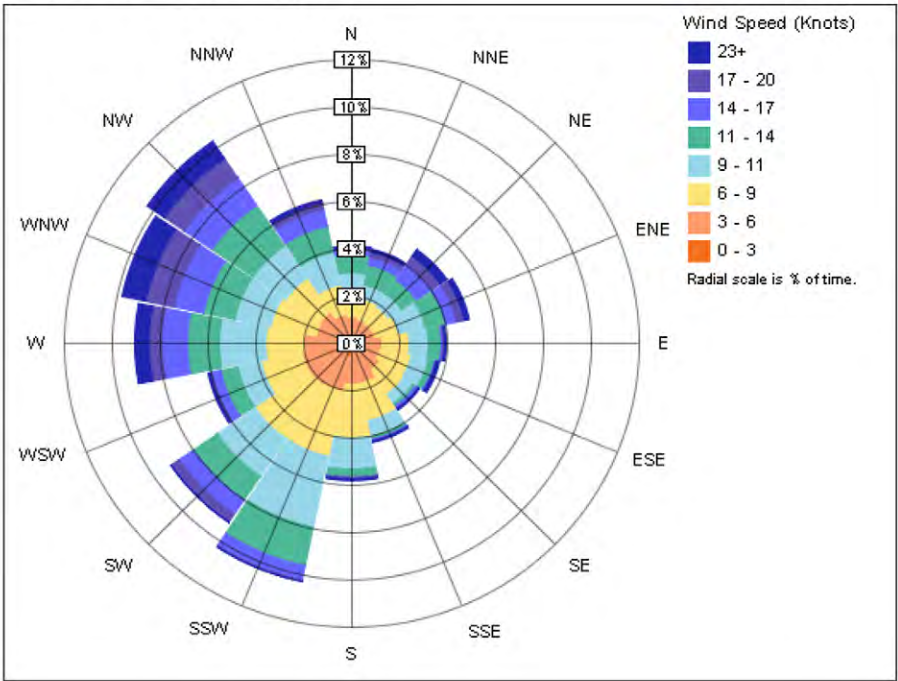
**Diurnal Weather Averages**



**Monthly Design Data**

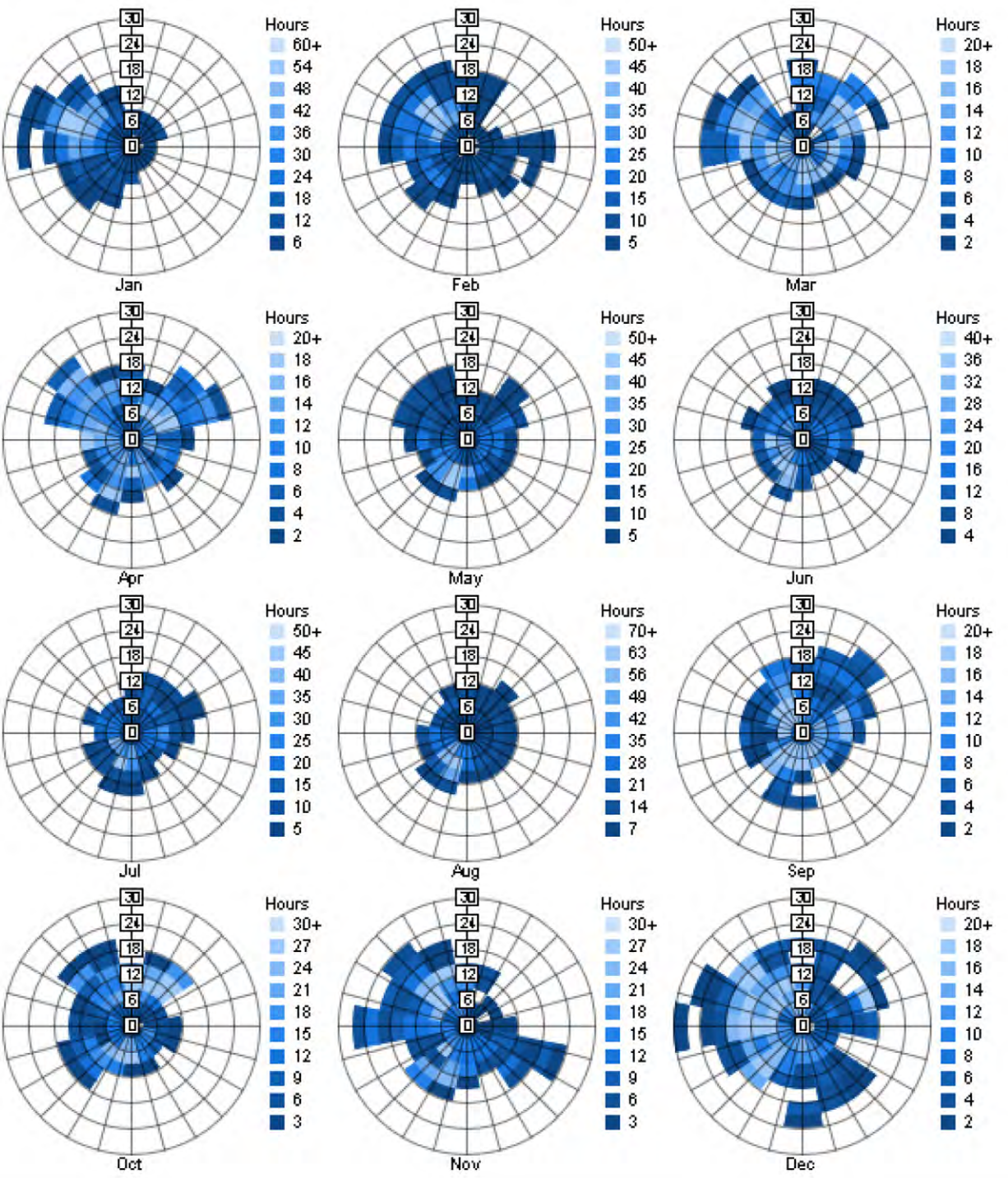


Annual Wind Speed



Annual Wind Frequency

Monthly Wind Roses



Figures 13: Autodesk Green Building Studio



# Potential Sites

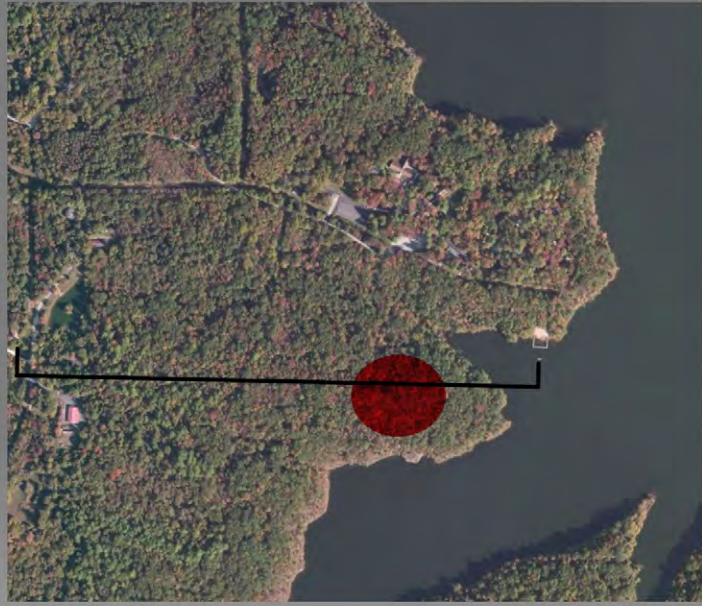


Image 8: Bing Map

## Pro:

- Great view of the lake
- Secluded

## Con:

- Access from dirt trail
- Away from utility



Oikos Road

0 50' 150' 350'



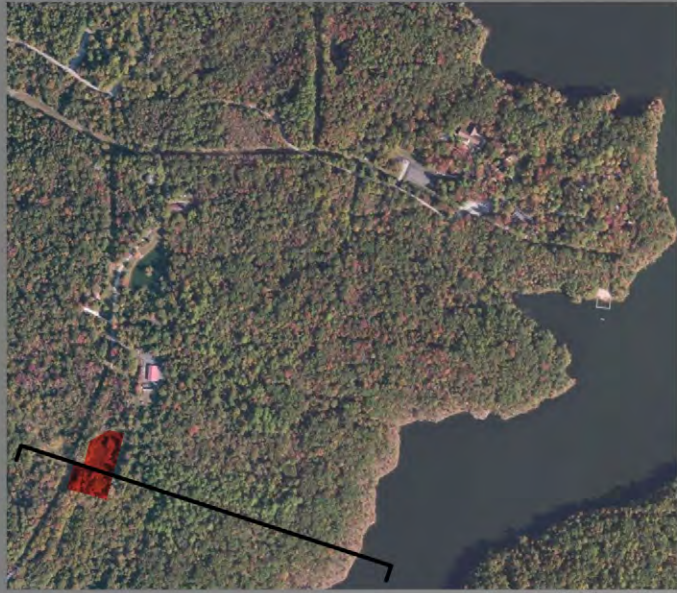


Image 9: Bing Map

Pro:

- Utility already in place
- On a main road

Con:

- No view of the Lake

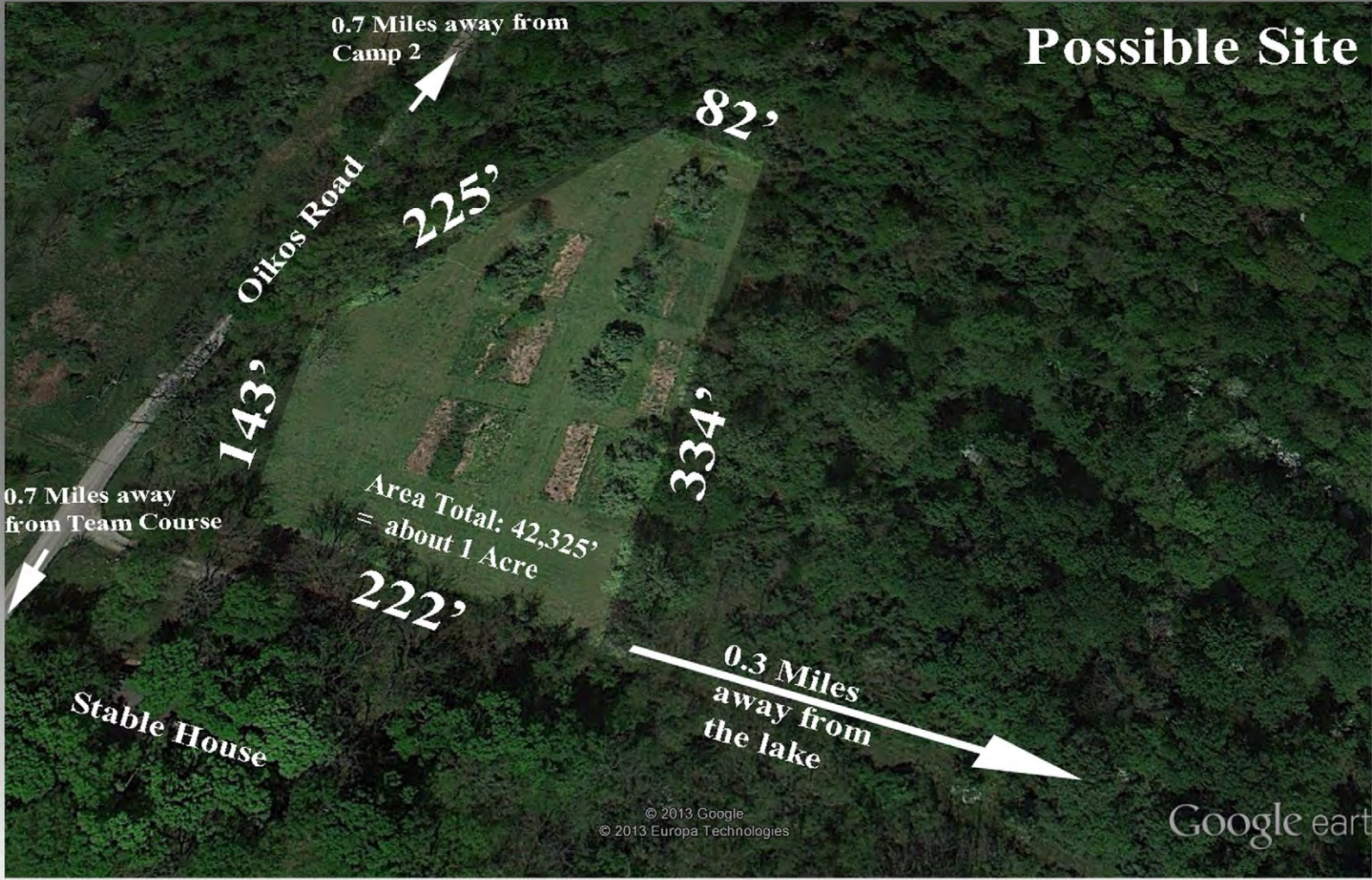


Image 10: Google Earth



Oikos Road





Tyler **Dunahee**



# Discussion of Reading

## Walls of Fear and Walls of Support

I found the reading to be very insightful and helpful as it strengthened the ideas I had previously thought about, as well as raised new ideas. When I first received the email about the project being a juvenile detention facility, my first thought about such a project and its success, was to make sure the young people living within the facility did not feel confined within the walls or feel isolated from the outside world. I thought that transparency, from within to the outside, and from the outside within, would bring success, and that confinement, even if it was just perceived, would limit the success the facility would have.

I have a cousin who bounced from juvenile detention center to juvenile detention center, she did poorly in those that were very confined, as after her release from those kind of facilities, she often fell back into the same life and would soon find herself back at another facility. It was not until she went to a facility that was much less confining, that allowed her to work and transition her into a "normal" lifestyle, in which she found success. She's currently working and living a "normal" life again, free from juvenile detention facilities and the like.

Walls can change your perception of a space, building, area, or environment. I grew up in a small town in southern Illinois, and in doing so, I went to a K-8 grade school, surrounded on three sides by farmland, and on the fourth was a highway. In the past, the natural boundary of the farmland was enough, with no students ever considering of crossing that natural boundary. In the past few years, however, the school built an eight foot tall chain-link fence around the playground. What was once an open, free, seemingly endless playground, is now a confined space, the feeling of freedom squashed by a simple wall, a chain-link fence.

The author mentions Rainer Fassbinder's Berlin Alexanderplatz, which reminds me of a scene in Shawshank Redemption. In this film, Brooks, a prisoner of Shawshank for fifty years, is released on parole, but knows nothing of the world outside the prison walls. After an unsuccessful rehabilitation to the new society, Brooks feels there is no place for him, and hangs himself. A rather severe example of the effect walls can have on person's psyche, but one I feel is truthful, nonetheless.

Walls and the perceptions around them make all the difference, and this idea, I believe, will be a primary factor in the success of this project.

## A Syntactic Study of Control in Restrictive Settings: Innovations in Isovist Methods

This article, written by Frieda D Peatross, analyzes the implications of spatial arrangements of a "restrictive settings", which in this analysis are Alzheimer's units and juvenile detention centers. She discusses how these facilities try to normalize these occupants' lives. The 19th century methods of control are still in use and are just now coming into question, as new methods of bridging control and relaxed behaviors come into light, as overcontrolling will result in a less effective treatment.

Movement through the facilities is what triggers interaction among the inhabitants, it is the design of the spaces that can bring more normalcy to their lives, as this can bring interactions that are not scheduled by the staff. Behavioral research shows that a person's physical setting can affect ones psyche and quality of life. This research also brings up the point that normalization on a behavioral level is largely based on cues from the physical surroundings. Research conducted in the past has shown that an hour of people watching can bring a more positive outlook than being forced to sit in a room alone for hours a day.

The facilities that were studied all had the design idea of central inspection and were somewhat repetitive in nature, as movement and awareness of the inhabitants is critical for the staff observing them. The normalization maintenance and programming to maintain these normal social roles, while also trying to allow the occupants to feel like they have some control over their life, however, when it comes to these restrictive facilities, personal control is undermined in favor of safety and security. Other ideas raised by the article included how staff interacted with the occupants, whether they were comfortable with each other or impersonal, as well if the actions of the occupants happened in the 'foreground', in the open areas, or the 'background', more personal areas, such as their room.

## A Comparison: A Syntactic Study and Walls of Fear and Walls of Support

Both articles are very interesting in their own way, they both shed light on primary issues that will be encountered in our project. Both of the focus on physical aspects of the building that will bear heavily on the emotions and well being of the juveniles in detention. These two design problems will work together to help create a place of rehabilitation for these who need it to straighten themselves out. The articles discuss an issue that is very similar in nature, which is how the design, whether it be a wall or the space as a whole, encourages interaction among those inside, rather than solitude and isolation.

Walls and spatial syntax configuration have the ability to encourage interaction or solitude, oppress or aid in the rehabilitation of the occupants. The articles do take different directions when it comes to the analysis of the points. Walls of Fear and Walls of Support use a literary analysis of walls, reviewing the history and effects socially that walls have, such as why they are used, the material used, etc. Whereas A Syntactic Study of Control in Restrictive Settings uses a very analytical study to review the effects of spatial layout of a restrictive setting.

Although the methods were different, both shed light on very important issues for the upcoming project, complete care has to be taken when designing, as isolation of the inhabitants will result in poor results. The boundaries of the center and layout of the center will be primary concerns of mine in the coming weeks.



## Constructing Captivity in a Juvenile Institution

I found the author's position on juvenile delinquents to be very interesting. Rather than see them as perpetrators or trouble makers, he sees them as victims of the system, which given how the system can treat them, is a valid point to observe. Most people view minors in the juvenile detention system as criminals, such as those in the adult prison system, however, these children (as most are younger than the age of seventeen) usually have not committed very severe crimes, as just as many have fallen victim to a poor family life or fell victim to an unjust juvenile court system, in which charges are trumped up so the state can receive more federal funding. The author decides to instead refer to the incarcerated children as "captives", implying that they were not the wrongdoer, however, victims of the system. This captivity results in a child's diminishment of self worth and they are often isolated and feel like they aren't equal to their peers once leaving the facility. We as designers shouldn't ignore these children when designing, even if we feel as if they are criminals, as many are not, we should respect them and design in their best interest, as they, along with the guards, are the primary users of the building.

The information that came from interactions and interviews with the guards gives great insight into how to design spaces to allow security personnel and staff to be personal and friendly with the juveniles, however not make the juveniles feel as if the staff is overbearing and intruding upon their personal space or preventing them from doing anything. However, the instances given show the guards see the children merely as criminals, and rather than treat them with respect, are constantly suspicious of their behavior. This is not as much a architectural design issue, as it is a staff problem which we have little control over, we can only design spaces which supports the idea of comfort and safety in both the occupants, staff, and guests, so that, perhaps, more personable interactions occur amongst all parties.

## How Teenage Rebellion has Become a Mental Illness

In this article, one which is more about psychology of teens than architecture, looks into the public and professional views of rebellious teens. The author discusses how there's another disorder that is similar in nature to Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). Oppositional Defiant Disorder, commonly referred to as ODD, was created by the American Psychiatric Association in 1980. Characteristics of the disorder include arguing with authority figures, as well as refusal to comply with authority figure's wishes. Typically the teen or child will only refuse to cooperate with adults they don't respect or know, while being pleasant around adults that they do respect.

I found this article interesting after reading the previous article because it furthers the idea that the children being incarcerated may not be entirely at fault, whether it be an environmental, family, medical, or other issue. I believe this also comes back to the idea of the staff of the facility earning the respect of the children, for respect is earned, not assumed, even so with children and adults. Children who suffer from ADD, ADHD, or ODD commonly use passive aggressive techniques to anger the authority figures, such as playing dumb or intentionally not doing chores correctly. Commonly, the doctors and staff dealing with children grew up very obedient, whether it was instilled in them through parents or other means. They have a hard time dealing with such unruly behavior and refusal to cooperate because many times they realize just how excessively compliant they likely were while growing up or obtaining their own degrees. They sometimes are ashamed at just how little stands they took or the lack of taking a stance on something they believed in, in fear of not complying with the norm.

I believe trying to grasp as much information about the life of a juvenile delinquent in this kind of captivity is needed to have a successful project, as well as understanding the day to day routine and interactions that occur within and outside of the building between the children and staff.

A Comparison & Link to Today's Lecture

This article ties to the lecture today as well as the third article, as pharmaceuticals play a huge role in the juvenile detention system. When it comes to disorders like ADD, ADHD, or ODD, pharmaceutical drugs are used to calm or subdue the symptoms they suffer from. As Dr. Kimberly Kempf - Leonard discussed today in class, many detention centers will treat the children with such drugs until the funding for that child for that drug run out, once that occurs, the center will commonly deem that child as "healed" or "cured" of their poor behavior and cast them back into society, where they are likely to fall back into the same old habits. I feel as if the two articles are them self related because it takes the stance of the child, they view the system as the wrongdoer, whether it be the guards and staff of the detention center looking down upon the children of the center, or society refusing to believe that their behavior stems from a medical condition and their acting out should be taken as a need for help, not be deemed punishable. Pathology is a common theme throughout both articles. In From Captive to Child, the guards are taught to see the children as pathological, basically meaning their behavior may be caused by some kind of mental or physical disorder, while in the article on teenage rebellion, it discusses how the United States has started dealing with teenage rebellion and defiance as either criminal or pathological, very similar to the previous article, the only difference dealing with scale of the context.



# Programming

## Southern Illinois Secure Care and Family Resource Center Program

### 1. Lobby

The lobby is the entry for all visitors and the receptionists that occupy the space point visitors in the right direction and provide them with the necessary information for their visit. The lobby includes waiting areas for the two portions of the center as well as lockers for their personal belongings, public restrooms, and vending. The space is open and warm, inviting those who visit the center.

### 2. Family Resource and Day Program Center

The family resource and day program center is used by those not staying at the facility, but are still court ordered or mandated to make visits to the facility as terms of a ruling, i.e., parole. There are small interview/classrooms, a number of different managers to assist with those that come here, as well as restrooms for visitors and staff.

### 3. Administration

The administration is the heart of the operations at the facility. The administration is where the facility is run and all the paperwork is stored. There are a number of managers, as well as the directors find their offices here. The conference room houses most of the meetings held by the staff.

### 4. Secure Center Core

Likely the busiest space of the facility, all operations of the youth run through here. It is the lifeline of the facility, as the youths must come through this space to get anywhere, whether it be treatment, education, or physical fitness. It's an open space, but also links to a health clinic space.

### 5. Secure Care Visiting

A space for visiting family members or friends to see those who currently occupy the facility. It's an open space overseen by a guard. There are also two private meeting rooms, in which more intimate conversations may take place. There are separate restroom facilities for the youths and visitors.

### 6. Secure Care Center – Residential Cabins

Two separate cabins house the youths, the cabins are identical and designed to belong to the context of the site. The cabins house a large dayroom, in which most activities take place, and both have four double occupancy rooms as well as two single occupancy rooms. They also house three shower rooms each and a janitor's closet. The cabins contain a kitchen and laundry room for the youths to use.

### 7. Treatment Center

The treatment center is where most of the progress is made in getting to the youths. There are two therapy rooms, in which the staff try to connect with the youths to get them to share and open up. There is also a multi-purpose room, which is larger and activities can be done to enhance therapeutic techniques.

### 8. Education Center

The education center is an important aspect of the facility. It is where the youths can work toward getting their GED or working on a particular skill that will make them a productive member of society. The education center is made up of 2 large classrooms, a library, bathrooms for staff and youths, and an education suite, where staff can work with youths one on one.

### 9. Physical Fitness Center

A place for the youths to release energy and maintain their physical health. The space is very straight forward, a large gym-like space, with storage and a janitor's closet and access to an exterior recreation space.

### 10. Central Support Diagram

The facility couldn't operate without this facility, it is the heart of the back end of the operations, taking care of the facility, as well as most storage. Staff will enter here and take their breaks/showers here. There are maintenance spaces, storage, and staff areas contained here.

## Southern Illinois Secure Care and Family Resource Center Program

<b>1 Lobby</b>	
Entry Vestibule	50
General Waiting Room	250
Reception Desk	
Vending	
Visiting/Secure Care Waiting Room	400
Reception Desk	
Lockers	
Visiting Sallyport	
Family Resource and Day Program Waiting Room	200
Men's Restroom	150
Women's Restroom	150
Janitor's Closet	50
<b>Total Lobby NSF</b>	<b>1250</b>

<b>2 Family Resource and Day Program Center</b>	
Workstations	
Assessment Specialist	64
Case Manager	64
Truancy Case Manager	64
Day Program Manager - (2) at 64 SF	128
Open Positions - (2) at 64 SF	128
Supervisor	80
Small Interview/Classroom - (2) at 90 SF	180
Medium Interview/Classroom - (2) at 180 SF	360
Large Interview/Classroom	250
Workroom	80
Visitor Restroom	100
Staff Restroom	100
<i>Courtyard</i>	
<b>Total Family Resource and Day Program Center NSF</b>	<b>1598</b>

<b>3 Administration</b>	
Workstations	
Secretary - (2) at 64 SF	128
Records Manager	64
Senior Case Manager	100
File Storage	80
Director's Office	150
Deputy Director's Office	100
Conference Room	250
Staff Restroom	100
Breakroom	150
Janitor's Closet	50
<i>Courtyard</i>	
<b>Total Administration NSF</b>	<b>1172</b>



**4 Secure Care Center - Core**

Core Common/Space	400
Officer Workspace	
Time Out Room	40
Secure Juvenile Entrance	100
Case Manager Office	100
Staff Work Alcove	200
Health Clinic	
Exam Room	140
Medication Storage	80
Group Room	320
Food Staging and Service	100
Storage	50
Private Visiting and Interview	100
Janitor's Closet	50
Courtyard	
<b>Total Secure Care Center - Core</b>	<b>1680</b>

**5 Secure Care Center - Visiting**

Youth Visiting Room	450
Officer Workstation	
Private Visiting Room - (2) at 120	240
Storage	60
Youth Restroom	50
Visitor Restroom	50
Janitor's Closet	50
Courtyard	
<b>Total Secure Care Center - Visiting NSF</b>	<b>900</b>

**6 Secure Care Center - Residential Cabins - (2) Cabins**

Dayroom	800
Staff Workstation	
Double Occupancy Room – (4) at 140 SF	560
Single Occupancy Room – (2) at 80 SF	160
Laundry	
Soiled Room	100
Staging Area	200
Clean Storage	200
Kitchen	350
Storage	50
Janitor's Closet	40
Shower Room – (3) at 30	90
Courtyard	
Total Residential Cabin NSF	2550
<b>Times (2) Cabins</b>	<b>5100</b>

**7 Treatment Center**

Multi-Purpose Program Room	350
Therapy Room – (2) at 150 SF	300
Treatment Staff Room	150
Work Alcove	80
Visitor/Staff Restroom	50
<b>Total Treatment Center NSF</b>	<b>930</b>

**8 Education Center**

Classroom Commons	350
Officer Workstation	
Sink Area	
Staff Work Alcove	100
Classroom – (2) at 400 SF	800
Library	400
Youth Restroom	100
Staff Restroom	50
Educational Staff Suite	
Interview/Testing Room	100
Workstations – (3) at 64 SF	196
Workroom	100
Storage	50
Janitor's Closet	50
Staff Restroom	100
<b>Total Education Center NSF</b>	<b>2392</b>

**9 Physical Fitness Center**

Physical Fitness Room	750
Storage	200
Janitor's Closet	50
Outdoor Recreation (approx. 2000 SF)	
<b>Total Physical Education Center NSF</b>	<b>1000</b>

**10 Central Support Diagram**

Commodity Storage	400
Maintenance Suite	
Shop	300
Workstations – (3) at 64 SF	196
Storage	100
Secure Staff Entry	
Vestibule	50
Locker Room	120
Staff Restroom/Shower	200
Staff Lunchroom/Breakroom	300
Custodial Office	100
Receiving Dock	250
Trash Area	200
Storage Shed (Exterior Access)	400
Janitor's Closet	50
<b>Total Central Support Diagram NSF</b>	<b>3666</b>

**Total Project Net Square Footage = 19688**

**Grossing Factor = 1.45**

**Total Gross Square Footage = 28548**

**11 Site Components**

Parking – 30 Spots required + 2 ADA spaces  
Public Dropoff Zone Required

**12 Notes**

Need to calculate restroom needs using 2003 IBC  
The entire facility must be ADA compliant









# Discussion of Reading

## Walls of Fear and Walls of Support

When I think of a wall the first thing I usually associated it with is protection. Especially during ancient time where any nation could invade another if they wish to take their land. So the people back then really need a physical wall for protection. Compare that to today where the boundaries of different countries are more implied by other mean rather than a physical wall. Another difference I think is the scale of the wall itself is drastically different between the different time periods. In the past you would have a wall that would surround an entire town to the Great Wall of China that's over a thousand miles long. Today wall is more on the scale of a gated community or just a fence around your property.

A wall can also elicit a certain feeling from a person as well and depending on which side of the wall you're in it could be positive or negative. When one is inside a wall one could feel safe and protected or it could have a negative effect where one could feel confine or claustrophobic which create fear. When a person is on the outside of a wall it could bring up the feeling of being excluded or a feeling of freedom. So there is this duality of feeling of both negative and positive no matter which side of the wall you're on.

### A syntactic study of control in restrictive settings: innovations in isovist methods

This article by Frieda D. Peatross is a case study on controls in restrictive setting. One of the main question that was brought up is how do you create an environment that encourage normal behavior while enforcing rules and regulations and maintaining control. In the past strict control was use on patients/inmates/juvenile who misbehaves by ways of separation, restrain, and isolation. I would imagine that being confined in a small space or restrain for a long period of time would cause anyone to become unstable, depress, angry, etc.

There two different types of facilities she used in this case study. One is for patients with Alzheimer disease and the other is a juvenile detention center. Patients with Alzheimer, which there is no cure for, would most likely remain at these facilities for the rest of their life. So it all about creating a comfortable normalize environment while still maintaining control of the patients to ensure their and the staffs safety. It proves to be a much more difficult when the question is applied to the juvenile detention center. How do you provide an environment where these troubled teen can interact with each other instead of being isolated while maintaining order? How do you make such a restrictive and confining place feel less like a prison? These teen still have an opportunity to change and get integrate back into society.

## From Child to Captive: Constructing Captivity in a Juvenile Institution

After reading this article one question pop into my head, who is to blame; the trouble youths, the guards, the person(s) who devise the training procedures, or the whole juvenile system itself? I think this question that the author wanted the reader to ask themselves and to bring awareness to this unfortunate situation.

First, I'm going to exclude the juvenile system because I'm don't really know how it works so I can't comment on it and I believe that the people that run these institution that make the differences not the system. I will start with the kids. How do they in up here in the first place? According to statistic the majority of the youth that end up at these institutions are poor minorities. With their financial situation parents are force to leave their kids at home or left to wonder the streets because they can't afford to pay the for a babysitter because they have to work in order to support their family. Then there are the abusive parents that don't care about their kids. I believe that a lot of these are the way they are because their situation but I also think that some kids are just born.

Next are the guards. As Christopher have mentioned a lot of the guards can be harsh and distant with the kids and in turn the kids to rebel against them and that just escalate situation even further. Is it their training that teaches them to be aggressive and assume that all the youth that are in here has some kind of pathological disorders to blame? According to some the guards they don't really follow their training that closely anyway, especially with the rookies where they tried to be more lenient with the kids. And of course no good deed goes unpunished. If and when their colleagues find out they would get criticize and sometime even reported to their superior and some the kids would try to take advantage of them as well. So that forces them to be stricter and causes trust issues with the kids.

In the end I don't really think that it just one specific problem but a multitude of problems that contribute to the issues.

### Characteristics of adolescent females in juvenile detention

This article is about a case study that they conducted from November 2001 through November 2002. This case study consist of asking 672 female that have been detain in a juvenile facility a series of questions. After reading the article I wasn't really surprise by causes of these teen delinquent. I think it what people expected to be the reason for how these girls end up where they are. After the case study they created a list of the top six characteristics that these girls have in common. One of the things that they have in common is some type of family dysfunction at home. Next is associating with the wrong type of people like gang. There is also sexual abuse, failing in school, drug abuse, and sexual behaviors at a young age. I think types of sturdies are really important, especially for teen female. It would help to prevent these types of things from happening. As I have learned, female juvenile are the one that being ignore because the number of girls that are in the juvenile system are quite small compare to the boys, but they are rapidly increasing. I think that knowing this information would help with our upcoming project as well. I think one of the things that we could do is add programs to our project that could help these girls deal with their issues so that it would leave a lasting effect on them. I think it would prepare them for when they get release back into society.



# Southern Illinois Secure Care and Family Resource Center Program

<b>1. Lobby</b>		<b>3. Administration</b>		<b>5. Secure Care Center - Core</b>		<b>7. Secure Care Center - Residential Pod - (2) Pods</b>	
Entry Vestibule	50	Workstations		Core Common Space	400	Dayroom	800
General Waiting Room / Lobby	250	Secretary - (2) at 64 sf	128	Officer Workstation		Staff Workstation	
Reception Desk Vending		Records Manager	64	Time Out Room	40	Double Occupancy Room - (4) at 140 sf	560
Visiting/Secure Care Waiting Room	400	Senior Case Manager	100	Secure Juvenile Entrance	100	Single Occupancy Room	80
Reception Desk Lockers Visiting Sallyport		File Storage	80	Case Manager Office	100	Storage	50
Family Resource and Day Program Waiting Room	200	Director's Office	150	Staff Work Alcove	200	Janitor's Closet	40
Men's Restroom	150	Deputy Director's Office	100	Health Clinic		Shower Room - (2) at 30 sf	60
Women's Restroom	150	Conference Room	250	Exam Room	140	Courtyard	
Janitor's Closet	50	Staff Restroom	100	Medication Storage	80	<b>Total</b>	<b>1590</b>
<b>Total</b>	<b>1250</b>	Breakroom	150	Group Room	320	<b>Times (2) Pods</b>	<b>3180</b>
		Janitor's Closet	50	Food Staging and Service	100		
		Courtyard		Storage	50	<b>8. Treatment Center</b>	
		<b>Total</b>	<b>1172</b>	Private Visiting and Interview	100	Multi-Purpose Program Room – (2) at 350 sf	700
				Janitor's Closet	50	Therapy Room - (2) at 150 sf	300
<b>2. Family Resource and Day Program Center</b>		<b>4. Secure Care Center - Visiting</b>		Courtyard		Treatment Staff Room	150
Workstations		Youth Visiting Room	450	<b>Total</b>	<b>1680</b>	Work Alcove	80
Assessment Specialist	64	Officer Workstation				Visitor/Staff Restroom	50
Case Manager	64	Private Visiting Room	120	<b>6. Secure Care Center - Teen Mother Visiting</b>		<b>Total</b>	<b>1280</b>
Truancy Case Manager	64	Storage	60	Visiting Waiting Room	200		
Day Program Manager - (2) at 64 sf	128	Youth Restroom	50	Officer Workstation			
Open Positions - (2) at 64 sf	128	Visitor Restroom	50	Staff Restroom	100		
Supervisor	80	Janitor's Closet	50	Warming Kitchen	64		
Small Interview/Class Room - (2) at 90 sf	180	Courtyard		Bedroom w/ Bed and Crib	120		
Medium Interview/Class Room - (2) at 180 sf	360	<b>Total</b>	<b>780</b>	Bedroom w/ Single Beds	150		
Large Interview/Class Room	250			Youth Toilet / Shower Room	120		
Workroom	80			Janitor's Closet	50		
Visitor Restroom	100			<b>Total</b>	<b>804</b>		
Staff Restroom	100						
Courtyard							
<b>Total</b>	<b>1598</b>						

Changed

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Added



## 9. Educational Center

Classroom Commons	350
Officer Workstation Sink Area	
Staff Work Alcove	100
Classroom - (2) at 400 sf	800
Library	200
Youth Restroom	100
Staff Restroom	50
Educational Staff Suite	
Interview/Testing Room	100
Workstations - (3) at 64 sf	192
Workroom	100
Storage	50
Janitor's Closet	50
Staff Restrooms	100
<b>Total</b>	<b>2192</b>

## 10. Physical Fitness Center

Physical Fitness Room	500
Storage	150
Janitor's Closet	50
Outdoor Recreation Courtyard	2000
<b>Total</b>	<b>700</b>

## 11. Central Support Diagram

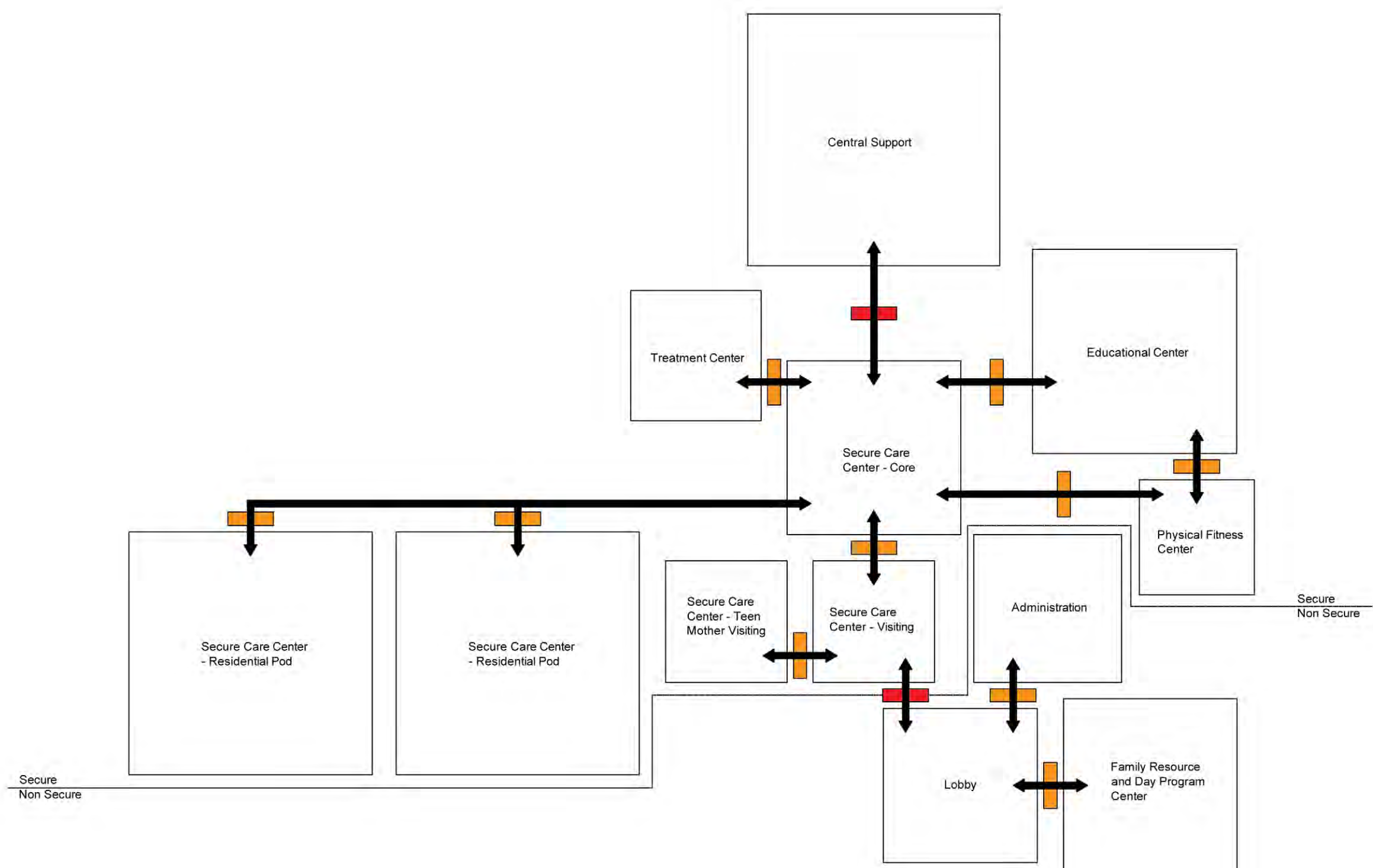
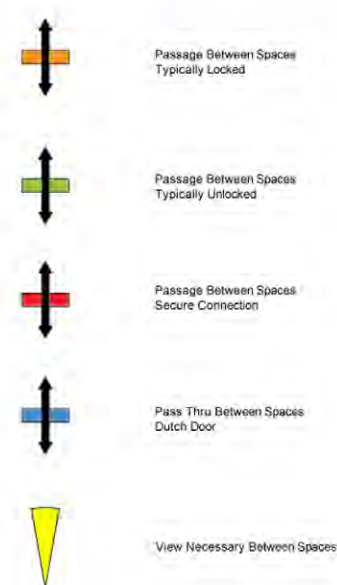
Commodity Storage	400
Maintenance Suite	
Shop	300
Workstations - (3) at 64 sf	196
Storage	100
Secure Staff Entry	
Vestibule	50
Locker Room	120
Staff Restroom/Showers	200
Staff Lunchroom/Breakroom	300
Facility Kitchen	500
Laundry	
Soiled Room	100
Staging Area	200
Clean Storage	200
Custodial Office	100
Receiving Dock	250
Trash Area	200
Storage Shed (Exterior Access)	150
Janitor's Closet	50
<b>Total</b>	<b>3416</b>

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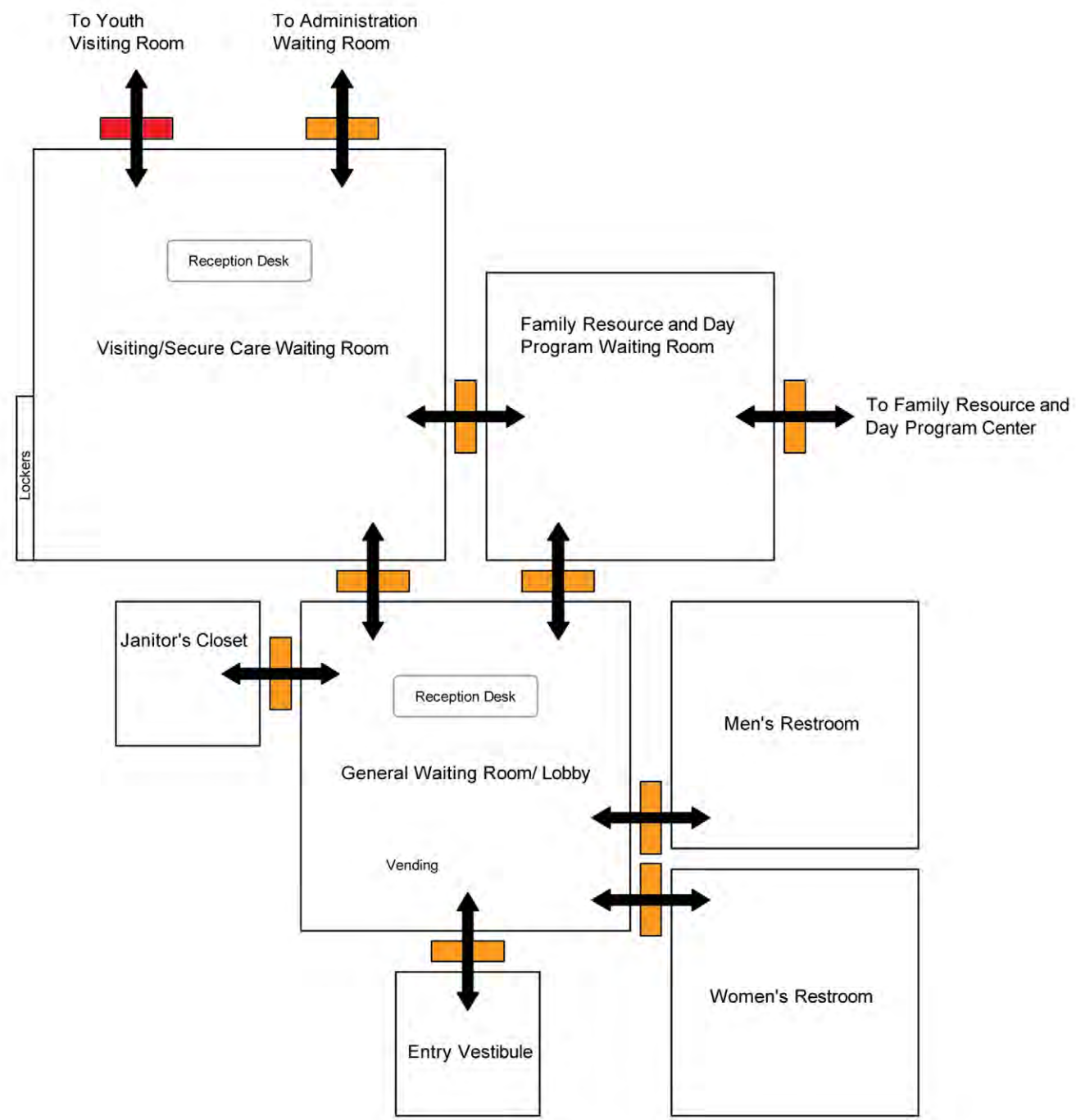
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# Overall Facility

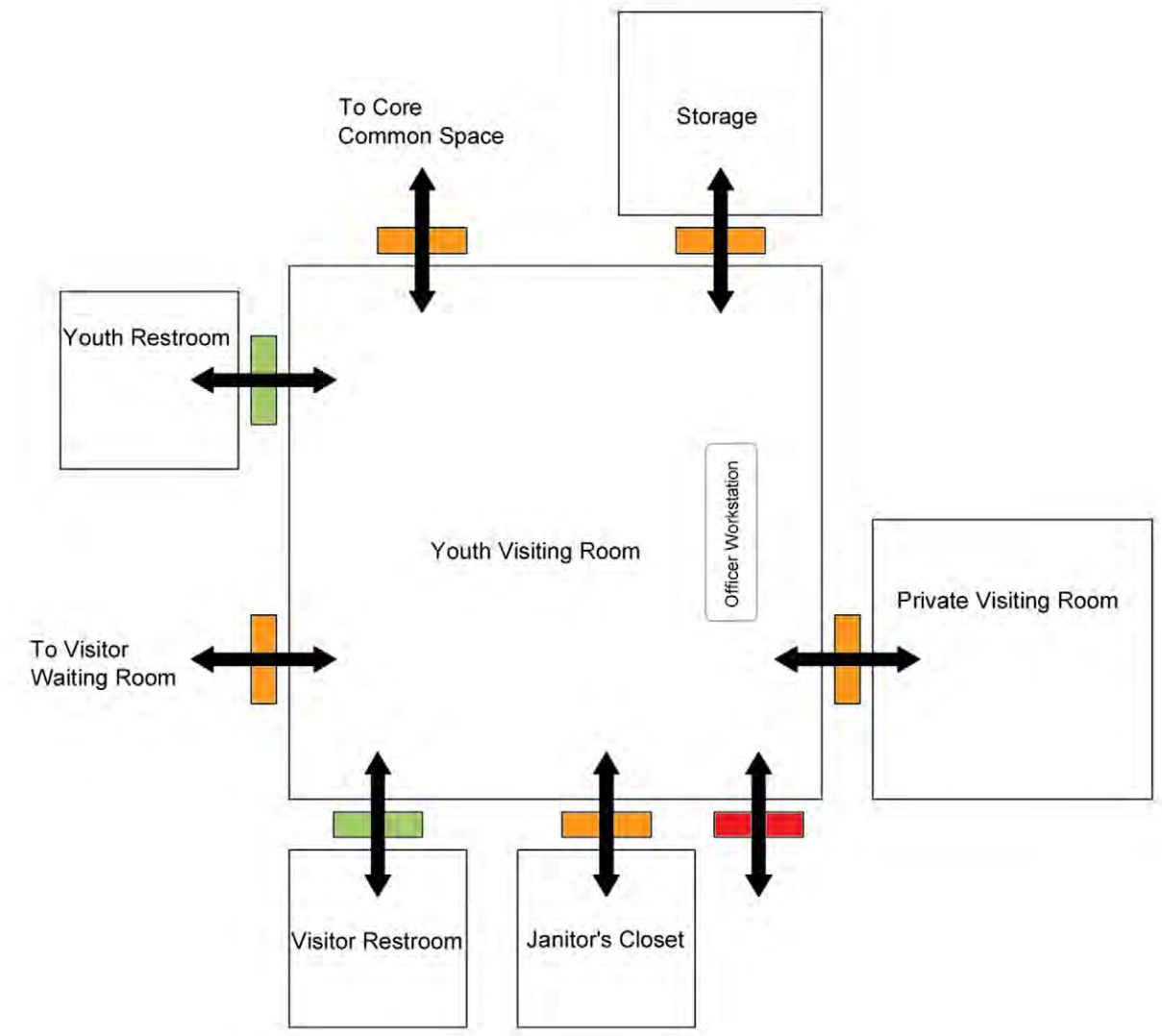




# Lobby



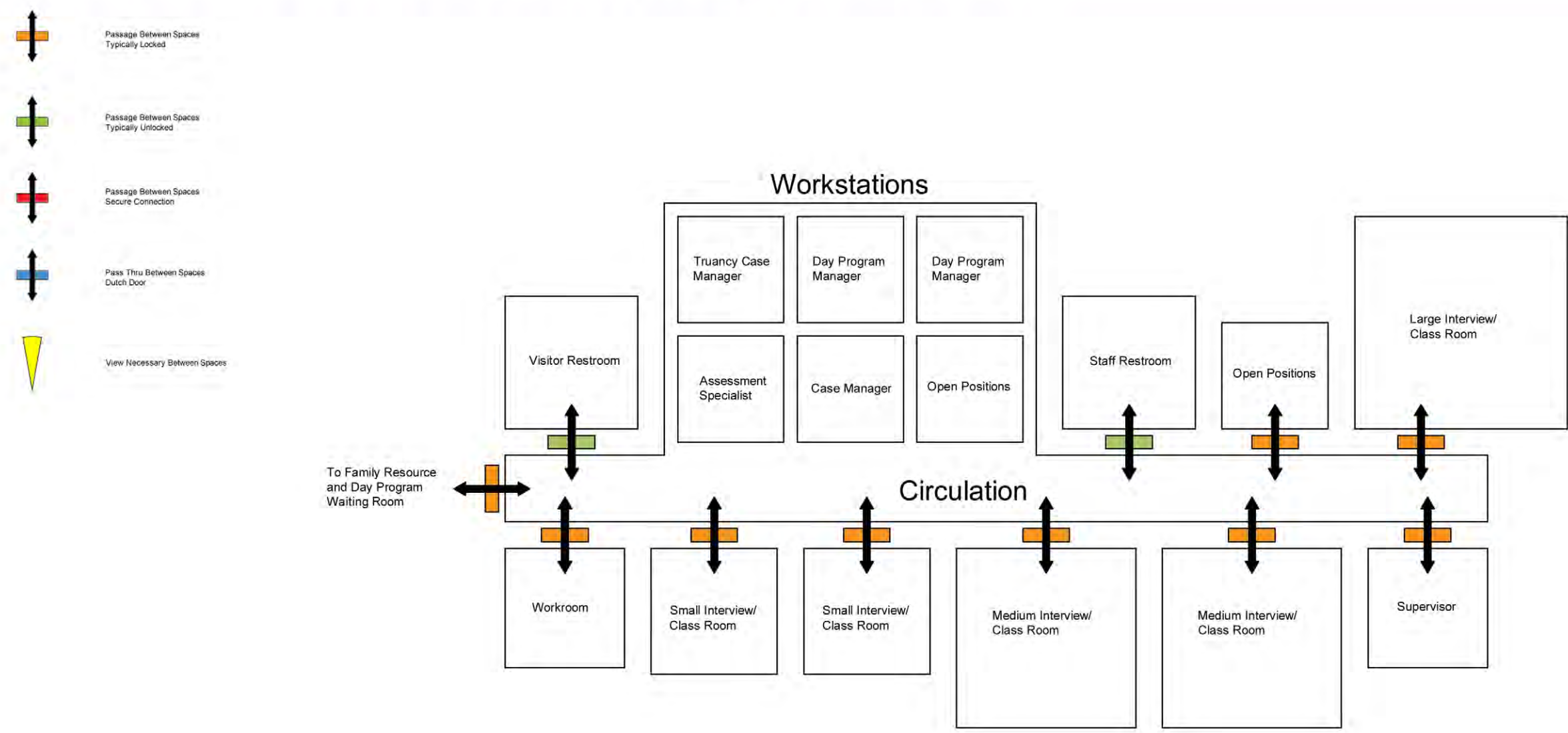
# Secure Care Center - Visiting



The Lobby, the main public access space, has the less amount of security.

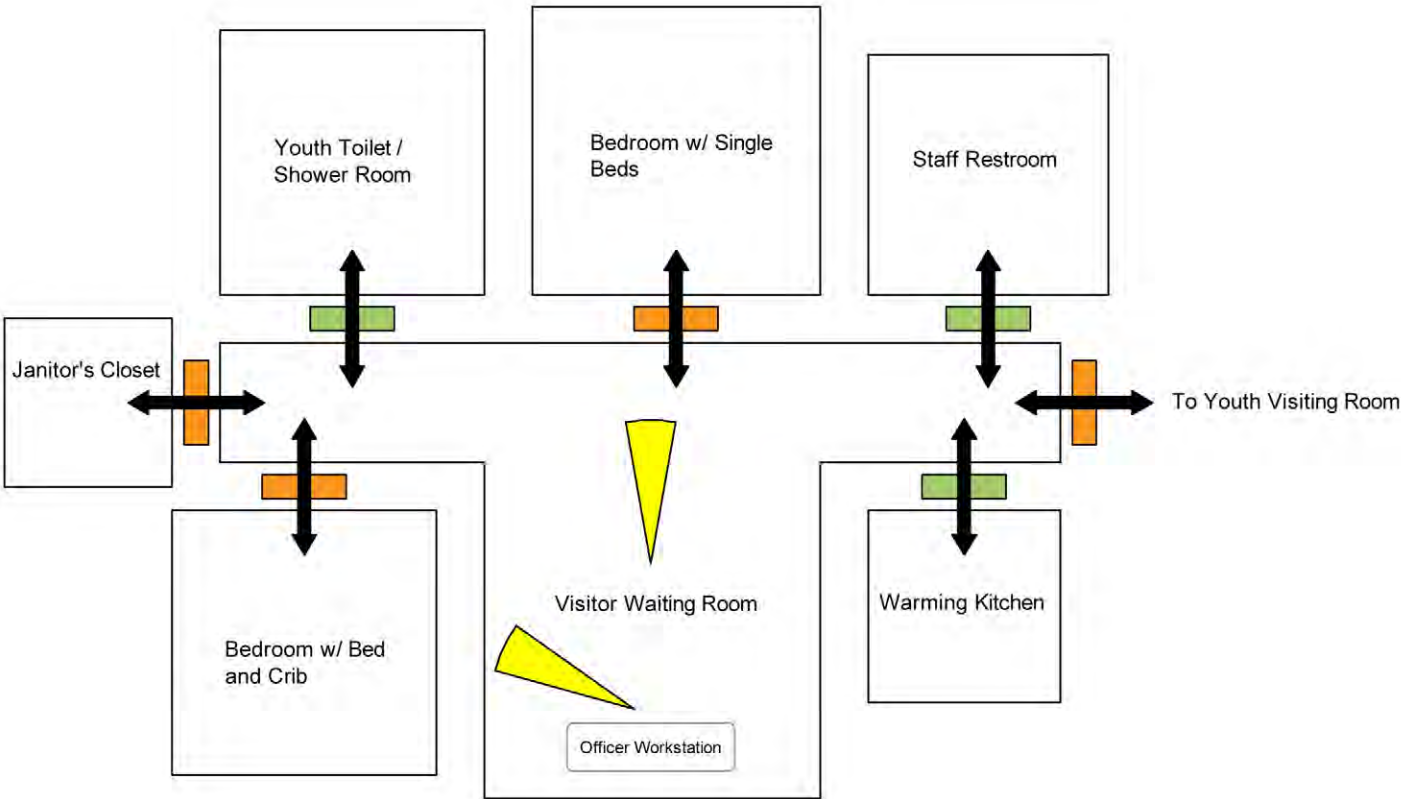
This space is a place where the youth get to meet their family. Having family involvement help increases the chance of rehabilitation greatly.

# Family Resource and Day Program Center

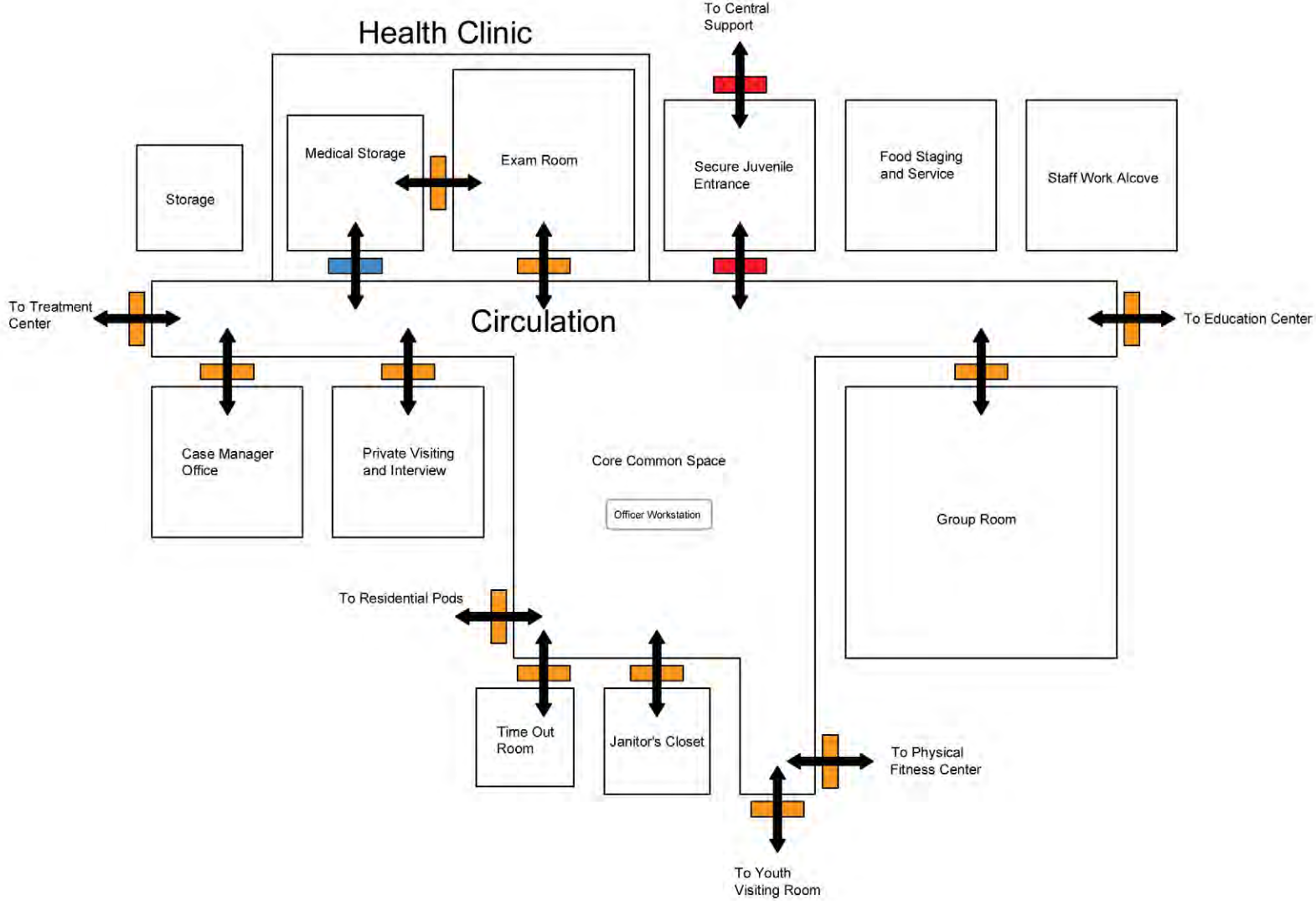




SCC - Teen Mother Visiting

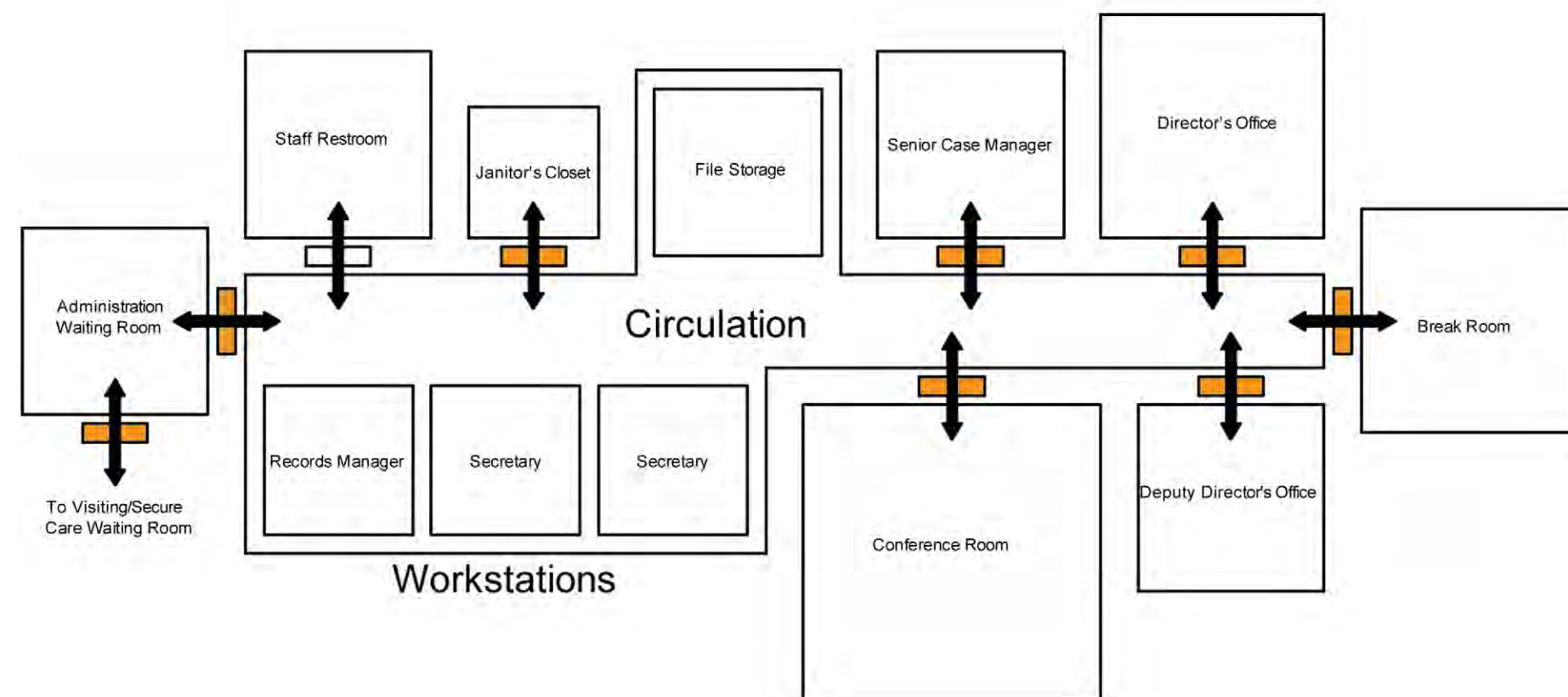
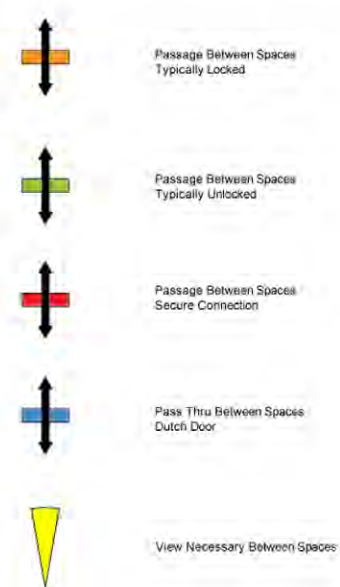


Secure Care Center - Core



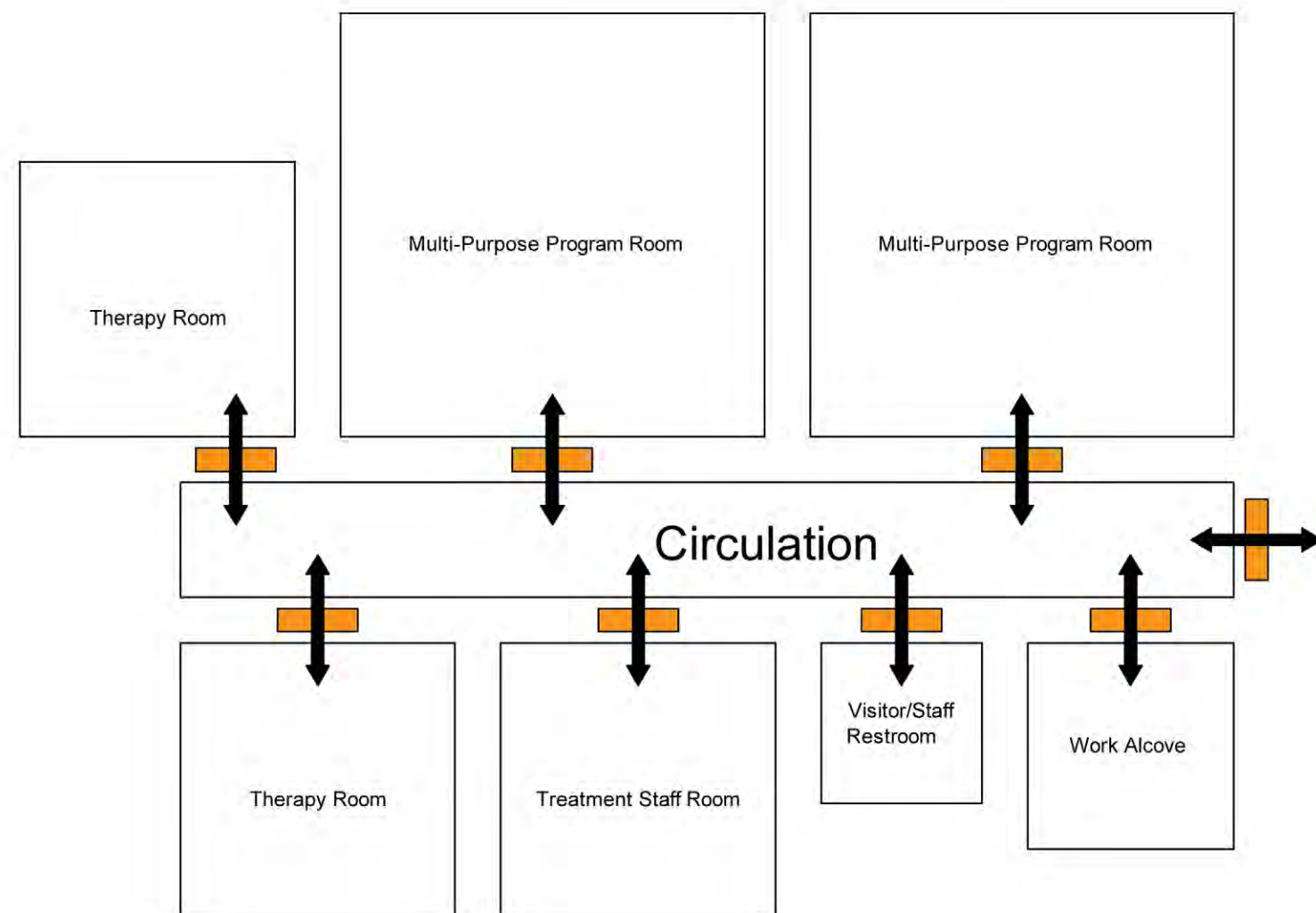
The hub of the facility, this space connects other major programs together.

# Administration

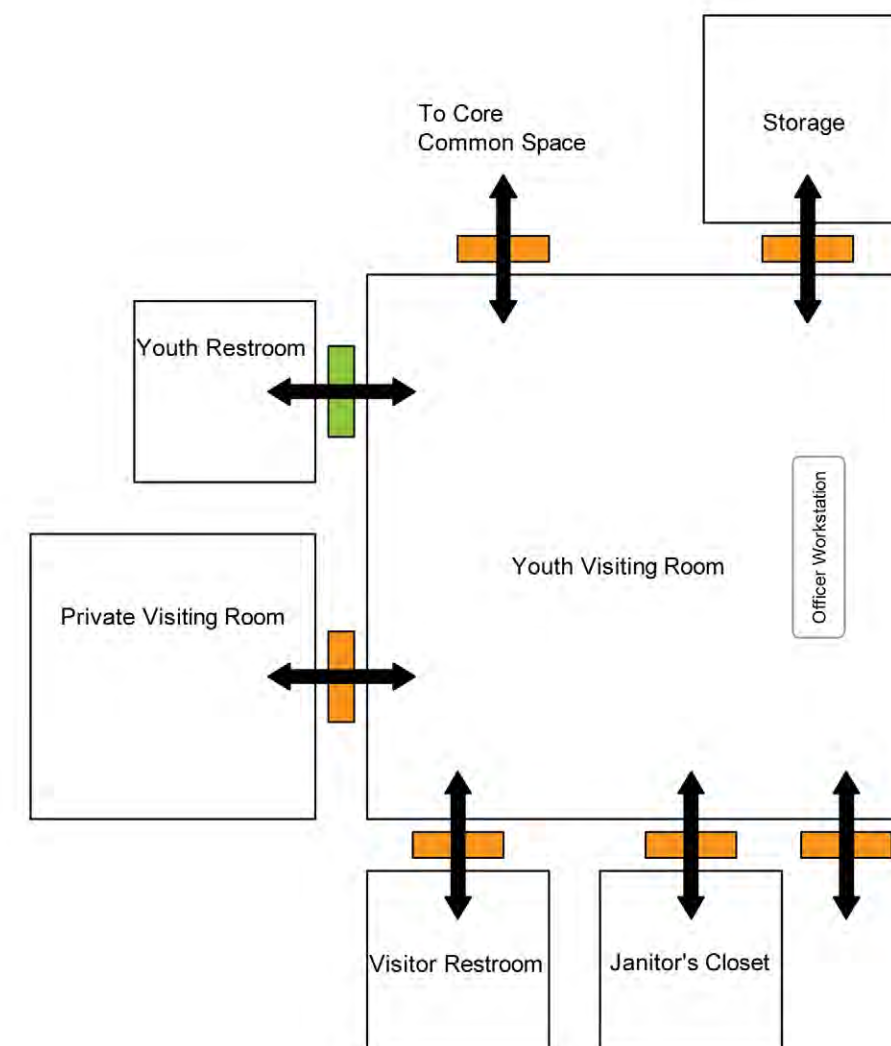




# Treatment Center



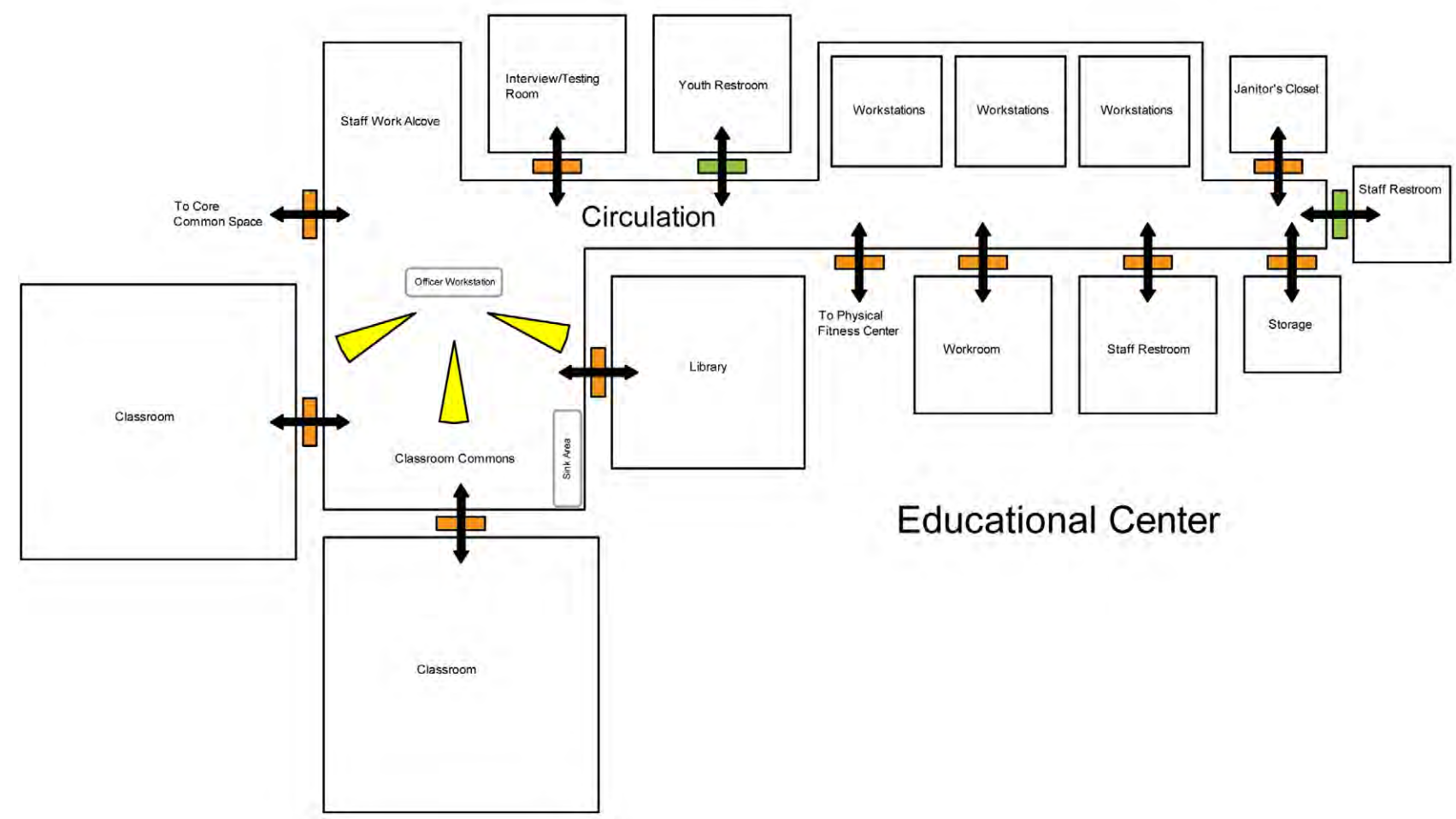
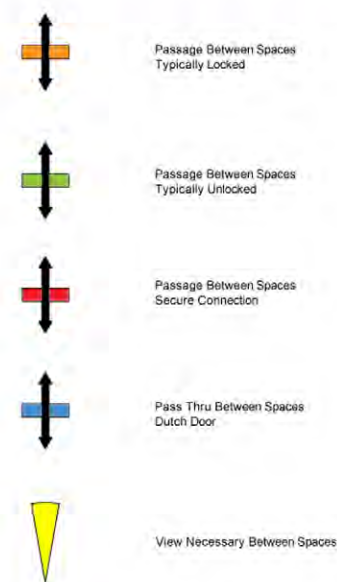
# Physical Fitness Center



Most of the youth that arrives here have a lot of issues that they need help with. Providing these type of treatment is very important in their road to recovery.

Having a space for recreational activities help these youth vent their stress and energy, keeping them calm.

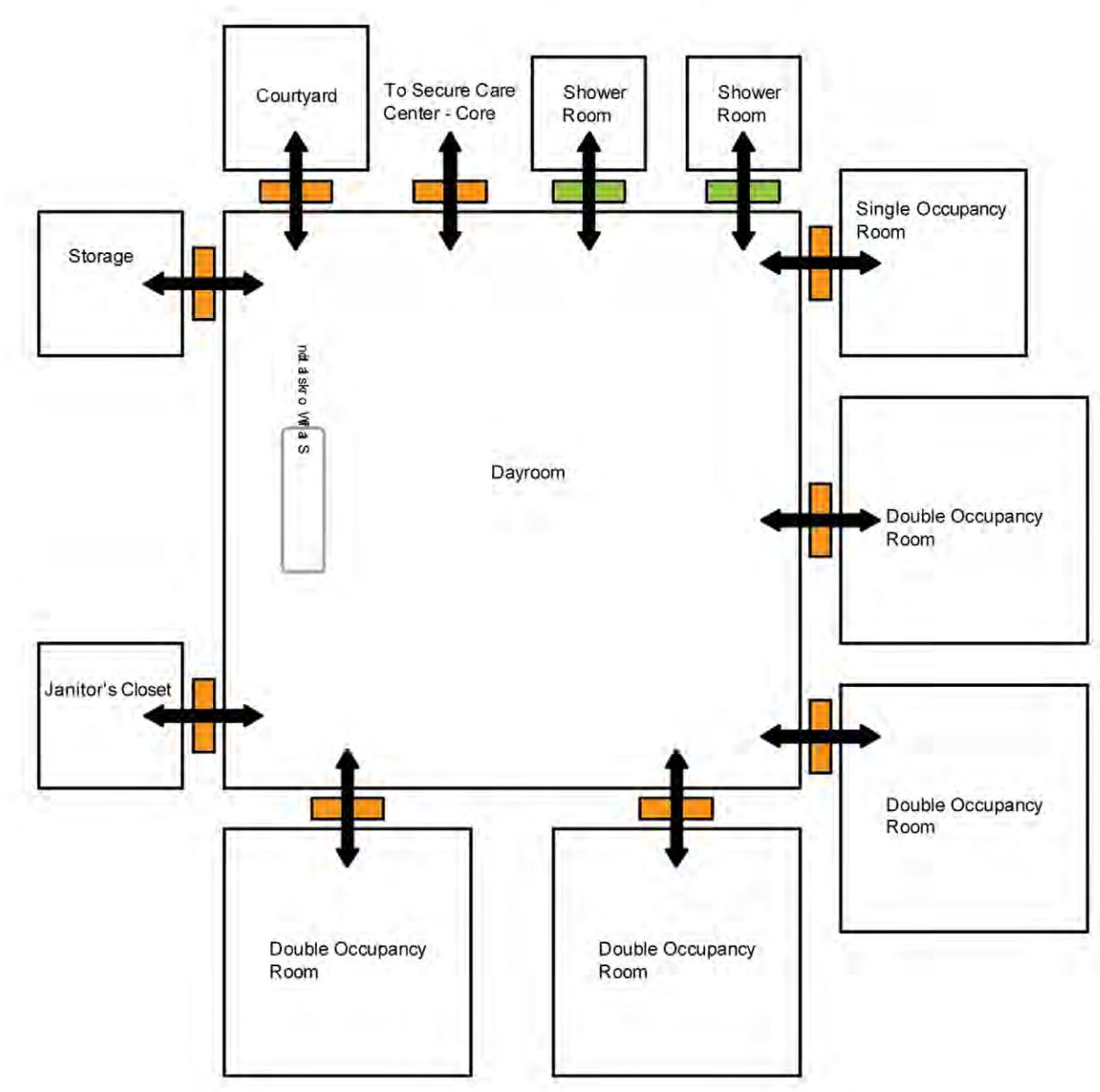
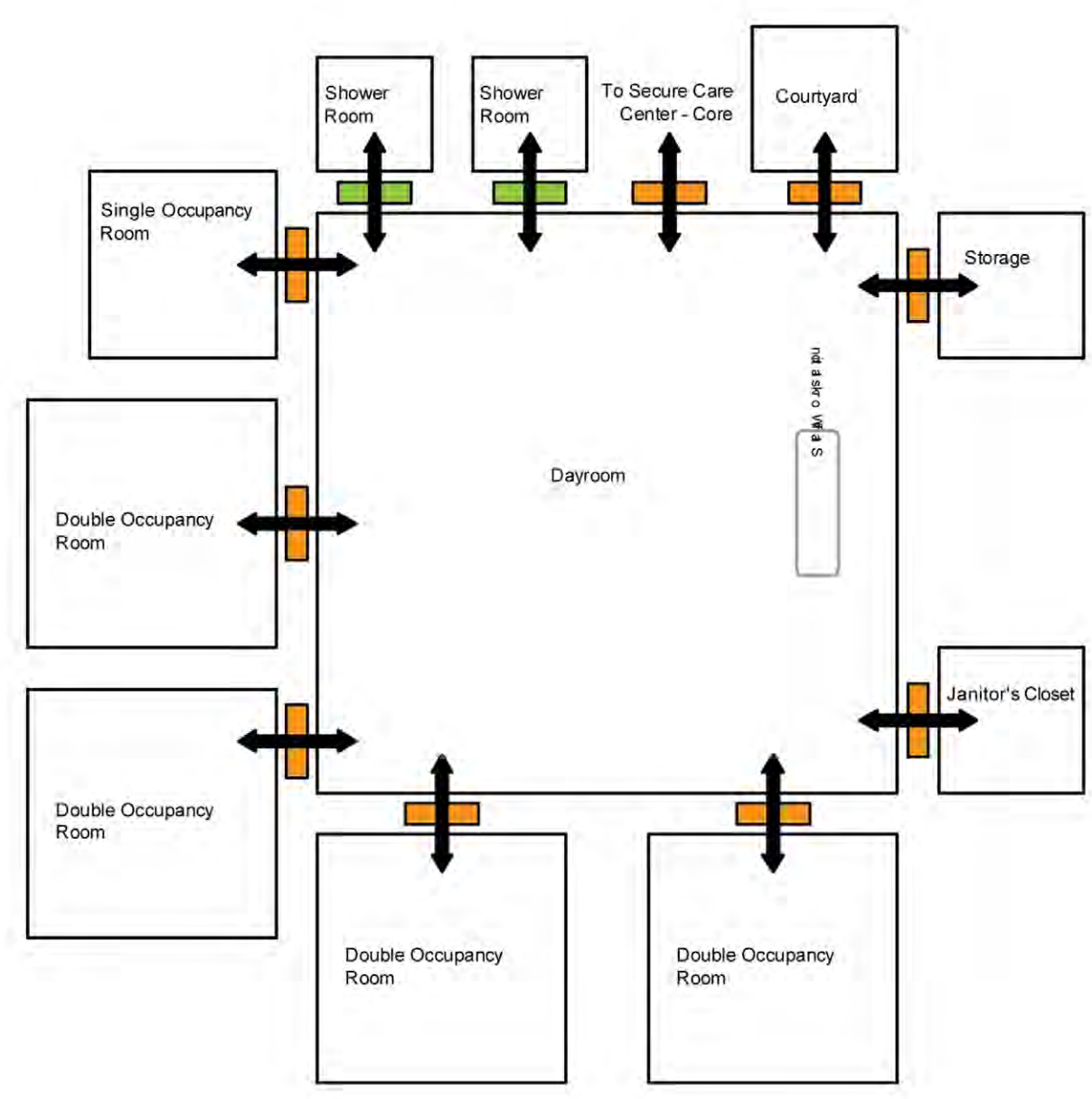
# Educational Center



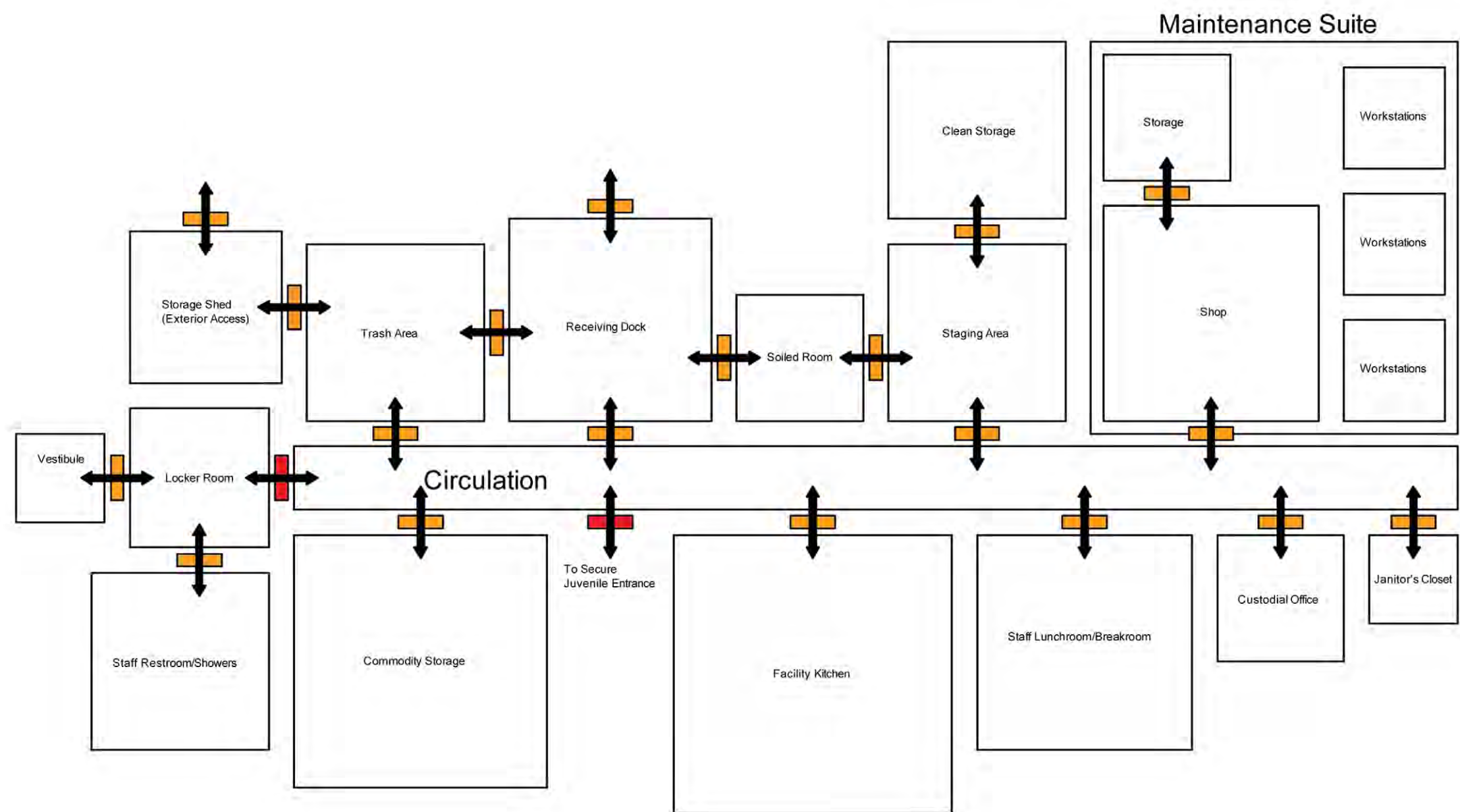
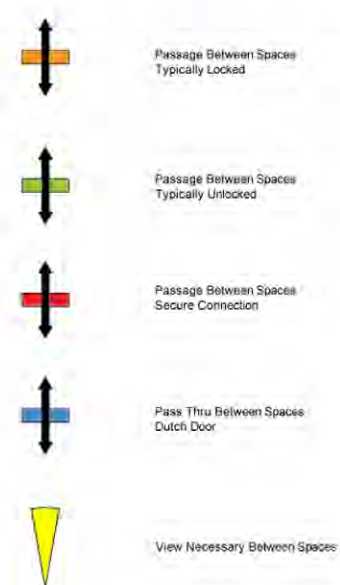
While these kids are detain in this facility, they are unable to a attend normal school so providing a place to educate them is very important. Especially, for these youth that is misguided.



# Residential Pods



# Central Support







Lara **Murray**



# Discussion of Reading

## Reading #1

Walls come in many types. They force us to feel a certain way. Walls can be used to either keep something or someone outside, or keep something or someone inside. Walls can be used as protection and/or for privacy. Boundaries define areas. The article 'Walls of Fear and Walls of Support' states, "All walls are boundaries, but not all boundaries are walls," (page 101). In architectural design, designers contain the power to create walls to provide specific desires.

Cities have a way of forming their own type of boundaries. Although there is nothing that states only certain people with certain types of income can live in an area, the types of real estate and property costs limit the types of families that reside. This invisible barrier that is created sometimes forms racial divisions.

In prisons, walls determine confinement. These walls of stucco topped with barbed wire, are unwanted by the people who live within them, yet provides a feeling of protection to those outside from those people residing inside.

History has proven that by simply putting a wall up, protection may not be reached, such as in The Great Wall of China, as mentioned in the article 'Walls of Fear and Walls of Support', (page 105). In designing a Juvenile Detention Center, a strong consideration in wall placement should be made. Locations should be analyzed within the prison to justify the type of enclosure required. A realization should be identified and noted that the placement of a wall doesn't provide protection in every sense.

The hardest idea of locating these walls will be trying to form areas of confinement without destroying the topic of too much isolation for rehabilitation. Isolation can hinder the ability to resurface the inhabitant to enhance their future in changing their lifestyle. The benefit of designing a Juvenile Detention Center, is having the opportunity in giving this youth a second chance in life.

## Reading #2: A Glance into the Reasons behind Suicide in Prison

Suicide attempts in prisons are not only common, but also seem to be increasing at an alarming rate. Although it may seem impossible to pinpoint the reason a person commits suicide no matter where the location, the benefit of having survivors in these cases help solve the question in what causes these prisoners to take their life, and how can we prevent others from doing the same.

First order of solving the issue of suicide, is to determine the cause for wanting to complete this action. According to the article, 85% of the suicides studied occurred in prison cells. 25% occurred during the first week of imprisonment. (1) While some of the suicides seemed to be a continuation of a previous issue, some of them seem to directly appear due to prison related issues. Some of these issues included sentence length, remand status, lack of constructive activity, and bullying inside of the prison. (1) The report states that it is believed that enough protective factors may be able to offset the risk factors and even prisoners with previous mental issues can return to a state of good health. (1)

The article goes on to give suggestions on ways they believe can benefit in changing the possible outcome of some prisoners committing suicide. Some of the suggestions included the following (1):

- Increased support by prisoner peer support teams.
- Increased recreation and schooling.
- Anti-bullying policy.
- A prisoner grievance process.
- Supportive relationships between staff and prisoners.
- Expanded prisoner interaction with the outside world.
- Opportunity to constructive activities such as employment and education.
- Suicide prevention classes should be undertaken.

Before blaming the suicides on any of the above topics, I feel like it is only fair to investigate the everyday reasons people choose to take their lives outside of the prison cell. I have the benefit of being extremely knowledgeable in this topic because I myself am certified to train others warning signs for suicidal behavior. Some reasons that people choose to take their lives include

the following:

- Recently committing criminal acts of public disgrace.
- Feeling of being unwanted and unloved.
- Depression from a chemical imbalance in the brain.
- Embarrassment

The one area I would like to focus on is the feeling of being unwanted and unloved. The idea of feeling unwanted and unloved can easily be stemmed from isolation and confinement. Think about it for a minute. One minute this prisoner could be out on the street with a group of "friends" (never mind the bad influence they may or may not be), spending time with them. They feel like they are part of a group. They have a feeling of belonging. When someone feels like they belong, feeling unloved is closely connected. Now, unexpectedly, this person is swept up off the street and put into a tiny cell. This person is isolated. They are in a new environment knowing little to no one. They are cut off from the rest of the world, and they are told to 'turn their act around, change their lives for the better, and get in with the right crowd'. When this is their new found life, suicide may seem like the easiest option to get out quick.

Looking back on the topics of walls and boundaries, maybe some consideration needs to be made to prevent these thoughts. Maybe the old theory of only isolation for these prisoners is not the most productive way in rehabilitating these children into changing their lives for the better. Although I think that some cases isolation is the only option, I think that in minor cases, rehabilitating should be the main focus by avoiding complete isolation.

Cite

1. "Suicide in Prison," Suicide Taskforce Report WA Department of Justice (2002): accessed June 10, 2013, URL: [https://www.correctiveservices.wa.gov.au/\\_files/about-us/statistics-publications/students-researchers/suicide-in-prison.pdf](https://www.correctiveservices.wa.gov.au/_files/about-us/statistics-publications/students-researchers/suicide-in-prison.pdf)



### Reading #3: From Child to Captive: Constructing Captivity in a Juvenile Institution

"My time in juvenile hasn't prepared me for the outside, it's only prepared me for the pen."

This quote is taken from the article From Child to Captive: Constructing Captivity in a Juvenile Institution from a boy named Angel who expresses how much he feels like juvenile has 'helped' him for his future. (1) This article shockingly describes the training guards receive going into their job in a Juvenile institution. These guards often refer to these children as "troubled; at risk; baby con-artist; criminal; and assholes," (1) and they are told to go to the guards for help and guidance. Not much of a helping hand using terms like that.

This article, for lack of a better term, is disturbing. It seems that the juvenile system is being wrongly misused. These children are going into this system needing help in one way or another to change their lives for the better. They are looking for a bright future. Look all they want, but all they seem to be finding is a building full of people bullying them. To some surprise, the main people bullying seem to be the people put into there to help change and guide them to a better life, the guards.

It's true that the last thing these kids need is vacation spot to get away from the world, and in ways reward them for bad behavior, but the opposite extreme does not seem to be the working answer either. These guards are put into work as a parental figure. They are supposed to be guiding the children to a smoother path. Parents are supposed to be someone their children can turn to, a shoulder to cry on, and a support to lean on. They are not supposed to be bullies applying for the same roll in continuing these children on the path to the pen.

Cite

1. Christopher Bickel, "From Child to Captive: Constructing Captivity in a Juvenile Institution," Western Criminology Review 11(1): 37-49.

### Reading #4: A History of Prison Inmate- Animal Interaction Programs

Some of the largest problems that many of the children in Juvenile have, is a lack of self-worth, a lack of respect for others, and the inability to establish normal life skills to let them function on a day to day basis. The article A History of Prison Inmate- Animal Interaction Programs has discovered a possible solution to these issues. Their answer: dogs, horses, and other animals.

How, you might ask, do these animals have such a strong impact on these inmates? The animal interaction program offers a unique ability to fill in some of the gaps that the current guards and staff don't seem to be able to offer to the prisoners. This program is set up to allow inmates to train and care for these animals that would otherwise be disposed of, thus giving the inmates a feeling of self-worth, respect for others, and normal life skills to help them function on a day to day basis including taking care of another living being. After the animals are trained, they are used to help other people in need change their lives such as people with visual deficits, mobility problems, hearing, neurological, and emotional problems. Children between the ages of 14-17 who were involved with an animal program within juvenile, report receiving "unconditional love, something that was missing from their home life." (1)

This article releases the amazing results that this program has had thus far as for the rehabilitation of the inmates. After conducting this program on 68 inmates since 1997 who have been released, not one inmate has reoffended and returned to prison. (1) The Inmate-animal interaction program seems to be a winning solution. It seems to help the inmates, the animals, the future animal owners, as well as the guards' relationship with the inmates has also improved.

Children of the juvenile corrections program will be benefiting from the animals by gaining skills that could potentially get them a job once released from the program. Some of the jobs that the inmates in this program have been able to accomplish once released has been dog trainers, veterinary assistants, and counselors. Some have even went on to "attend a 2-year vocational school and earn a certificate as a veterinary technician," (1).

The first program that studied the effects of dogs on incarcerated youth was called Project Pooch. Project Pooch reported that adjudicated, incarcerated, violent males concerning recidivism, reformation, and behavioral changes using human-animal interactions and emphasizing responsibility, patience, and compassion for all living things. Later the parents of these children reported that there was significant behavior improvement in respect for authority, social interaction, and leadership. Also, change and growth was reported in honesty, empathy, nurturing, social growth, understanding, confidence level and pride of accomplishment. (1)

Designing a facility around a program like this could be rewarding. Letting the community chip in by donating animal food and other items saves on costs for this program. Rescuing animals from pet ports that would otherwise be destroyed and using them to enhance the life of a child is something I believe the community would like to be a part of. This program would encourage the guards to see past the child's past and look to what they can accomplish when given the opportunity, which in turn would create a stronger, healthier relationship between the child and the guard. The children would be less likely to 'act up' and would recover more quickly.

Cite

1. Earl O. Strimple, "A History of Prison Inmate-Animal Interaction Programs," American Behavioral Scientist 47, no. 1 (2003): 70-78.



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**Southern Illinois Low Security Girls Juvenile Holding Facility**

I.

**Architectural Program-** Develop a design for a new facility.  
**Introduction and Overview:**

The Southern Illinois Low Security Girls Juvenile Holding Facility is to be located at Touch of Nature in Carbondale, IL. This project will allow for roughly 30,000 square feet of space.

This project targets the issue of mental issues targeting suicidal youth. It focuses on using rehabilitation not isolation. This project focuses on giving youth a second chance by keeping education and communication to the top of the list in priorities. This design will include admission, housing, sleeping quarters, education, and treatment areas. It will incorporate flexible spaces to enhance the rehabilitation process by allowing multiple types of treatment. The design will work with staff observation to create functional areas for assessments.

The following list indicates the benefits that the Southern Illinois Low Security Girls Juvenile Holding Facility will incorporate compared to existing facilities of the same nature:

- o Provide more humane and appropriate spaces for holding/ sleeping.
- o Improve sightlines and visual observation of all areas of the facility by corrections staff.
- o Provide a safer overall facility by a combination of adjacencies and separations that allow for a greater level of direct and indirect control.
- o Strive to provide the first step to improving the overall justice system.

It should be noted that this Architectural Program is viewed as an evolutionary text, something that documents a point in time and a current mode of thinking. It provides a basis from which to begin design studies to be tested and refined. This Program notes, in various sections, some of the germane American Correctional Association (ACA) requirements that may or may not be pertinent to this particular Facility. The specific applicability of any standards likely hinges upon individual interpretations and definitions.

**Architectural Program Descriptions:**  
This program describes the process including all of the construction expected to be included in the design.

**Juvenile Housing**  
The quality of this space should be an inviting, and homelike area. This area of design will include a sleeping space and dayroom designed to be flexible for many activities.

**Sleeping Rooms:**  
The new facility will have five double sleeping rooms and eight single rooms total. These rooms will be all females, arranged around the staff station in such a manner as to facilitate the best sightlines and visual access at all times. The sleeping rooms will include a bed, a desk and a chair or stool per juvenile, a toilet and sink to share, possibly a stacked washer and dryer, and access to natural light. The Single rooms may be equipped with an extra child size bed if the juvenile has a child that she decides to move in to stay with her. The single rooms will be based on a system of earning "money" and working your way up to a more private space. Some of the rooms will include kitchenettes in a small apartment style living.

Note that ACA Standards for Juvenile Detention Facilities (JDF) states in section 3-JDF 2C-02: Single cells/rooms and multiple-occupancy cells/rooms may be used for housing juveniles in medium/minimum custody when the classifications systems, cell/room size, and level of supervision meet the following requirements:

- 1 occupant= 34 square feet of unencumbered space
- 2-50 occupants= 24 square feet of unencumbered space per occupant.
- "Unencumbered space" is usable space that is not encumbered by furnishings or fixtures. At least one dimension of the unencumbered space is no less than seven feet... All fixtures and equipment must be in their operation position and must provide the following minimums per person; bed, plumbing fixtures (if inside the cell/room), desk, locker, and chair or stool.

Also note that ACA Standards for JDF states in section 3-JDF 2C-03: Each sleeping room has, at minimum, the following facilities and conditions:

- Sanitation facilities, including access to toilet facilities that are available for use without staff assistance 24-hours a day
- A washbasin with hot and cold running water
- A bed, and adequate space for storage
- A desk and chair or stool in facilities that do not have scheduled program



activities outside youth sleeping rooms for eight hours or more per day

- Natural light
- Temperatures that are appropriate to the summer and winter comfort zones

Also note that BIA Standards for JDF states in section JDF-22-5 5: Each multiple occupancy sleeping room has, at a minimum, the following facilities and conditions:

- Continuous observation by staff.
- A minimum of 50 square feet of floor space per occupant in the sleeping area and a clear floor-to-ceiling height of not less than 8 feet
- Natural light
- A toilet with some degree of privacy
- An operable wash basin with hot and cold running water
- Access to showers
- Beds above floor level and a locker or container for each occupant's belongings

**Dayrooms:**

Dayrooms should be planned as high use areas serving various indoor activities such as reading, certain forms of recreation, games, television viewing, as well as dining. ACA standards also require juvenile access to public telephones in order to make and receive personal phone calls. This room should also be equipped with lockable cabinets, top and bottom, an under-counter refrigerator, microwave/stove, and a sink to be used as a reward system to work on independence in cooking.

Note that ACA Standards for JDF states in section 3-JDF 2C-04: Dayrooms with space for varied juvenile activities are situated immediately adjacent to the juvenile sleeping areas. Dayrooms provide a minimum of 35 square feet of space per juvenile (exclusive of lavatories, showers, and toilets) for the maximum number of juveniles who use the dayroom at one time, and no dayroom encompasses less than 100 square footage is calculated for the maximum number of users at one time rather than the total number of juveniles served.

Also note that ACA Standards for JDF states in section 3-JDF 2C-05: Dayrooms provide sufficient seating and writing surfaces. Dayroom furnishings are consistent with the custody level of the juvenile assigned.

ACA Standards, section 3-JDF 5G-11, states that practices must be in place that “provide for juvenile access to public telephones.” This accommodation is typically handled in Dayroom spaces.

**Office:**

**This space is intended to accommodate an education professional or other staff for the purposes of implementing activities and programs for in-custody juveniles. At a minimum it should contain enough workspace for a desk, a computer, a phone, and some lockable storage.**

**Showers:**

**Two showers will be accommodated with direct access from the dayroom for the single rooms. The apartment style rooms will include their own shower. Showers and restrooms shall be ADA accessible spaces.**

Note that ACA Standards for JDF states in section 3JDF 2C-08: Juveniles shall have access to operable showers with temperature- controlled hot and cold running water, at a minimum ratio of one shower for every eight juveniles, unless national or state building or health codes specify a different ratio.

**II. Staff, Admissions and Booking Area**

**In many ways, this staff controlled area will function as the hub of the new Holding Facility. It is envisioned to be configured such that the staff station is centrally located, having direct and immediate visual and physical access to all areas of the facility. In an ideal layout, staff would be able to view housing areas, police entry, search and shower area, visitation and a pedestrian sally port used as a public entry simultaneously. This ideal layout should also aid in making the space and the facility as staff efficient as possible.**

**Staff Desk/ Staff Workstation:**

**This staff work area should accommodate a computer terminal, Space to store and fill out necessary forms or paperwork, a telephone, and storage capabilities. This work area and counter should be low enough so that staff are able to have direct visual access to all areas of the facility, including both**

**are able to have direct visual access to all areas of the facility, including both Dayrooms, but high enough so that youth are not able to view the staff activities. This area will also contain a small, under-counter refrigerator primarily for the storage of emergency medications needed by in-custody juveniles.**

**Search Room and Shower:**

Once the juvenile corrections staff has taken responsibility of a juvenile offender from the Police Department, juveniles will be searched and showered, and given a uniform to wear until their clothing can be earned as part of a reward program. Gaining their own clothing or receiving everyday clothing can work as an initiative to work hard and form a sense of individualism. The functional spaces for search and shower/ toilet/ sink would be positioned sequentially with staff and juveniles first entering the search area followed by a private space containing a shower, toilet and sink.

**III. Public Access Areas**

If at all possible, any member of the general public, including parents, clergy, counselors, etc., entering the Juvenile Holding Facility should be limited in their ability to directly access secure and sensitive areas of the facility.

**Public Entry/ Pedestrian Sally port:**

The incorporation of a pedestrian sally port for any non-corrections personnel or non-juvenile offenders entering the facility will significantly improve the ability of staff to maintain a safe and secure environment. It is envisioned that staff would have direct visual access into this pedestrian sally port.

**Waiting Area:**

The space will need the ability to communicate directly with control staff and will need designated areas seating, cueing, and access to Public Restrooms.

**Visitation/Multi-purpose Space:**

The Visitation/Multi-purpose space is primarily an area for interaction between the public and staff and/ or in-custody juveniles. It is also



helping to maintain a distinct separation between secure and non-secure areas. Ideally this space would be located between the pedestrian sally port and the secure Admissions and Booking Area, with members of the public entering and exiting through one door and corrections staff and in-custody juvenile entering and exiting through a different door.

This space will also need to serve as a flexible, Multi-purpose space based on the limited size of the overall facility. This space will likely need to multi-task for various types of interviews and counseling sessions, sessions with parents or guardians, any type of religious function or educational activity, and it can also serve as a space for staff interactions when not in use for another activity.

Note that the facility shall provide secure space outside the security perimeter for the storage of visitors' personal items.

**Public Restrooms:**

The facility shall provide public restrooms and a public lobby with an adequate number of seats outside the secure perimeter.

**IV. Support Services**

This category of spaces encompasses the more utilitarian spaces necessary for proper facility operation, including an electrical service space.

**Galley Prep Area:**

This space is intended as a preparation/staging area and not a kitchen per se. It should be equipped with lockable cabinets, top and bottom, an under-counter refrigerator, and a sink.

**Building Storage/ Janitor's Closet:**

This secure space will need to accommodate staff supplies, juvenile personal hygiene items, bed linens, juvenile uniforms, various games, pencils and paper, etc., in addition to a mop sink and necessary storage of mop, bucket, and various cleaning products and supplies. This is a staff only access space.

Note that a secure well-ventilated janitor closet, which includes sink and adequate space for storage of cleaning implements and supplies should be incorporated. Secure storage, located outside the secure area, for flammable, toxic, and caustic items, as well as storage for juvenile clothing, bedding, mattresses, personal hygiene items, and facility supplies should also be included.

**Staff Restrooms:**

Two unisex restrooms dedicated to staff-only use, preferably away from juvenile and public areas.

**Electrical Room:**

This Electrical Room is to be placed approximately in the center of the facility.

**V. Additional Space Requirements**

This category includes more spaces that should also be incorporated into the design.

**Exercise and Recreation Areas:**

Outdoor exercise areas shall be a minimum of 1,500 square feet of unencumbered space. The single Outdoor Recreation space would need to be positioned between the two housing pods with activities coordinated and scheduled for each group in order to keep the in-custody juveniles appropriately separated.

Note that the facility shall provide secure outdoor, covered, or enclosed exercise areas, that outdoor exercise areas are to be a minimum of 1,500sf of unencumbered space, and adequate in size to provide each juvenile with a minimum of one hour daily access.

**Multi-purpose and Interview Rooms:**

The facility shall provide a minimum of one accessible multi-purpose room and one accessible interview room.

**Program Area Toilets:**

The facility shall provide toilets and wash basins, which are accessible to juveniles in or adjacent to activity areas.

**Medical Examination Room:**

The facility shall provide a space in which private medical examinations of juveniles can occur. The space shall provide for private examination of patients, hand washing, storage or equipment used, and a work surface for health care personnel.

**Staff Toilets:**

The facility shall provide staff toilets inside the secure area of the facility that juveniles cannot use.

**Staff Areas:**

The facility shall provide adequate space for staff assigned to work in the facility. These spaces shall include an area in which they can store personal property, change clothes and shower, and an area in which training, meetings, briefings, and breaks can occur.



Southern Illinois Secure Care and Family Resource Center Program

1. Lobby

A. Entry Vestibule	49
B. General Waiting Room / Lobby	256
1. Reception Desk	
2. Vending	
C. Visiting/Secure Care Waiting Room	400
1. Reception Desk	
2. Lockers	
3. Visiting Sallyport	
D. Family Resource and Day Program Waiting Room	196
E. Men's Restroom	144
F. Women's Restroom	144
G. Janitor's Closet	49
<b>Total Lobby NSF</b>	<b>1238</b>

2. Family Resource and Day Program Center

A. Workstations	
1. Assessment Specialist	64
2. Case Manager	64
3. Truancy Case Manager	64
4. Day Program Manager - (2) at 64 sf	128
5. Open Positions - (2) at 64 sf	128
6. Supervisor	81
B. Small Interview/Class Room - (2) at 90 sf	180
C. Medium Interview/Class Room - (2) at 182 sf	364
D. Large Interview/Class Room	256
E. Workroom	81
F. Visitor Restroom	100
G. Staff Restroom	100
H. Courtyard	100
<b>Total Family Resource and Day Program Center NSF</b>	<b>1710</b>

3. Administration

A. Workstations	
1. Secretary - (2) at 64 sf	128
2. Records Manager	64
B. Senior Case Manager	100
C. File Storage	81
D. Director's Office	144
E. Deputy Director's Office	100
F. Conference Room	256
G. Staff Restroom	100
H. Breakroom	144

I. Janitor's Closet	49
J. Courtyard	100
<b>Total Administration NSF</b>	<b>1266</b>

4. Secure Care Center - Core

A. Core Common Space	400
1. Officer Workstation	
B. Time Out Room	42
C. Secure Juvenile Entrance	100
D. Case Manager Office	100
E. Staff Work Alcove	196
F. Health Clinic	
1. Exam Room	144
2. Medication Storage	81
G. Group Room	324
H. Food Staging and Service	100
I. Storage	49
J. Private Visiting and Interview	100
K. Janitor's Closet	49
L. Courtyard	100
<b>Total Secure Care Center Core NSF</b>	<b>1785</b>

5. Secure Care Center - Visiting

A. Youth Visiting Room	441
1. Officer Workstation	
B. Private Visiting Room	121
C. Storage	60
D. Youth Restroom	49
E. Visitor Restroom	49
F. Closet	50
G. Courtyard	200
<b>Total Secure Care Center Visiting NSF</b>	<b>970</b>

6. Secure Care Center - Residential Pod

A. Dayroom (2)	1568
1. Staff Workstation	
B. Double Occupancy Room - (5) at 200 sf	1000
C. Single Occupancy Room - (8) at 130	1040
D. Storage- (2)	98
E. Janitor's Closet- (2)	98
F. Shower Room - (2) at 30 sf	60
G. Courtyard	100
<b>Total Residential Pod NSF</b>	<b>3964</b>

7. Treatment Center

A. Multi-Purpose Program Room	342
B. Therapy Room - (2) at 144 sf	288
C. Treatment Staff Room	144
D. Work Alcove	81
E. Visitor/Staff Restroom	49
F. Courtyard	100
<b>Total Treatment Center NSF</b>	<b>1004</b>

8. Educational Center

A. Classroom Commons	361
1. Officer Workstation	
2. Sink Area	
B. Staff Work Alcove	100
C. Classroom - (2) at 400 sf	800
D. Library	196
E. Youth Restroom	100
F. Staff Restroom	50
G. Educational Staff Suite	
1. Interview/Testing Room	100
2. Workstations - (3) at 64 sf	192
3. Workroom	100
4. Storage	49
5. Janitor's Closet	49
6. Staff Restrooms	100
H. Courtyard	100
<b>Total Educational Center NSF</b>	<b>2297</b>

9. Physical Fitness Center

A. Physical Fitness Room	484
B. Storage	144
C. Janitor's Closet	49
D. Outdoor Recreation Courtyard	1980
<b>Total Physical Fitness Center NSF</b>	<b>2657</b>

10. Central Support Diagram

A. Commodity Storage	400
B. Maintenance Suite	
1. Shop	289
2. Workstations - (3) at 64 sf	196
3. Storage	100
C. Secure Staff Entry	
1. Vestibule	49
2. Locker Room	121
3. Staff Restroom/Shower	196



# Program

D. Staff Lunchroom/Break room	289
E. Facility Kitchen	484
F. Laundry	
1. Soiled Room	100
2. Staging Area	196
3. Clean Storage	196
G. Custodial Office	100
H. Receiving Dock	256
I. Trash Area	196
J. Storage Shed (Exterior Access)	144
K. Janitor's Closet	49
<b>Total Central Support Diagram NSF</b>	<b>3361</b>
<b>Total Project Net Square Feet =</b>	<b>20252</b>
<b>Grossing Factor = 1.45</b>	
<b>Total Gross Square Feet =</b>	<b>29365</b>

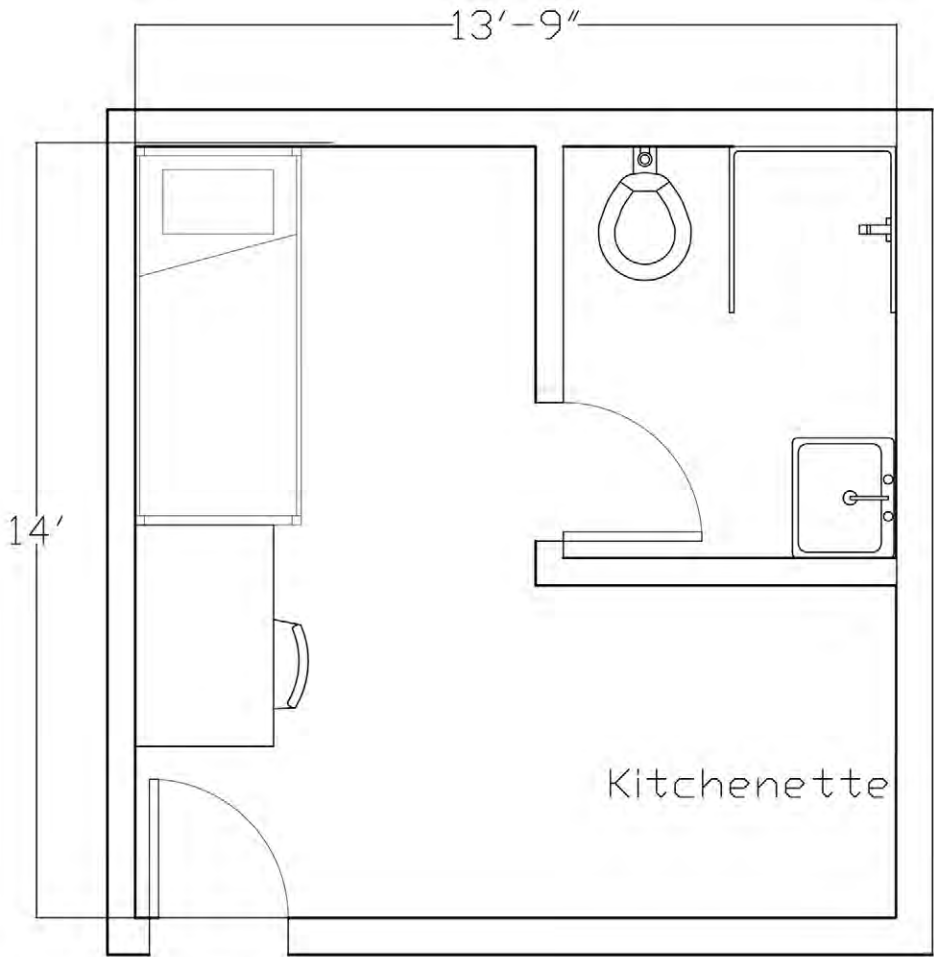
11. Site Components

- A. Parking - 30 spaces required + 2 ADA spaces
- B. Public drop-off zone required

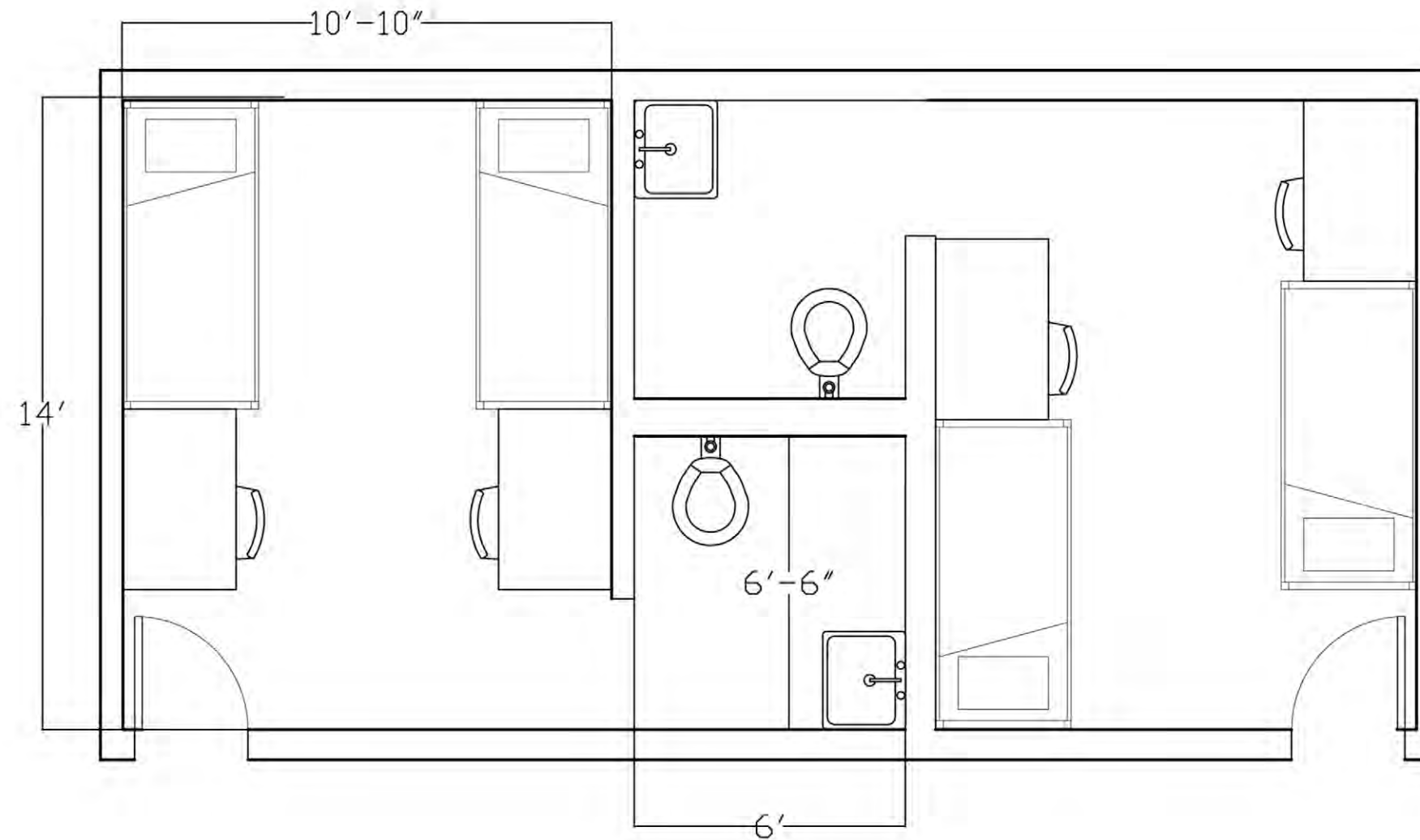
12. Notes

- A. Need to calculate restroom needs using 2003 IBC
- B. The entire facility must be ADA compliant

# Possible Single Bedroom



## Possible Double Room







Tim **Shotts**



## Peter Marcuse - Walls of Fear and Walls of Support

Walls and boundaries can have different meanings to different people. To those who put them up, they are for protection against those who they believe would harm them. In a juvenile detention facility, it is to keep the outside safe from those within. "Walls represent power, but also isolation; security but also fear" (104). If society is to rehabilitate its youth, we probably should not isolate them from what we consider a normal society. Likewise, fearing youth is not helpful for creating a place for them to feel equal to others. If physical barriers represent isolation and fear, what do geographical barriers represent? Marcuse writes that it still implies division where people stop focusing their efforts. St. Louis has many examples; The Mississippi river divides St. Louis from East St. Louis and its jobs, government programs, resources and wealth. North of Delmar boulevard is another example, similar to the Jews just outside a mediaeval city wall. The rejected working class are needed, but they return to the ghetto to live. Carbondale is remote enough that it is self-sustaining, but that may be due to the large and diverse student population that demands multiple grocery stores, libraries, restaurants, and places for entertainment. For a juvenile detention facility, I believe that treating it similar to a boarding school instead of a place of confinement would be beneficial because there would be no prejudice or stigma attached to it. Marcuse writes that he would not consider the residents of "voluntary ghettos" captives, because they have a choice to live there. "Choice" is the key. I believe the problem with the "Towers" on SIUC's campus is one of choice. Freshmen are made to live there. In a way, the school is making part of its student population captive. I believe that if we gave children the choice between confinement in a detention facility or an education, good food, goals, supportive role-models, and a sense of responsibility and hope for the future, they'll choose the one that will make them a productive member of society.

## Life in an Isolated and Confined Environment : A Qualitative Study of the Role of the Designed Environment - Sybil Carrere and Gary W. Evans

This article is about the isolated confined environment (ICE) of the Palmer Station in Antarctica. The people that live and work there choose to go, cutting themselves off from their social networks and the outside world (Carrere and Evans 708). Antarctica is a hostile environment with a harsh winter restricting its residents indoors, with little physical activity or natural light, but also in a place where they do not have to choice of their co-habitants. This description of the Palmer Station does not sound unlike that of a detention facility. Studies have linked an over-winter stay at Palmer with reductions in paranoia and schizophrenia, but also increases in self-actualization – the need to be good, and self-acceptance (Carrere and Evans 708). It's really exciting to read that even in a confined environment, with people that may not be like them, the tough conditions bring people together for a common good. The article goes on to discuss privacy, both in the Palmer Station and also in submarines. Researchers found that privacy was important, especially for those least likely to get along with others (Carrere and Evans 710). During the Skylab missions (1972-79), astronauts reported irritability when forced to listen to other crew member's music selections (Carrere and Evans 711). Diary journals indicate that the lack of privacy was a source of stress at the Palmer station and that a place to be alone and avoid conflict was necessary (Carrere and Evans 711). Further, the residents of Palmer Station reported insomnia, waking up frequently, a decrease in ability to concentrate, memory lapses and decreasing motivation, in which had been attributed to exposure to the same people, objects, and lack of new stimuli (Carrere and Evans 712). This is all very fascinating that so much research is being done on the psychology of confinement. A detention facility has similar traits to the remote science labs in the Antarctic and in orbit. Using the research that has been done in this area will lead me to avoid the mistakes architects have made in the past when designing these facilities.

The severe winter conditions cut Antarctica residents off from the outside world, thereby separating individuals from their social networks, creating psychological isolation (Carrere and Evans 708). These barriers are not physical, per se, but give the residents incredible shelter and safety from the conditions outside. Residents also report have the need for privacy, flexibility, novelty, and the freedom to personalize the setting (Carrere and Evans 709). Besides the walls keeping them safe from the outside, small personalization make the small space pleasant for them to live in, perhaps with photos of family. The importance of personalization in an isolated confined environment (ICE) serves to mark ones territory, identify separation from other people, and perhaps reflect psychological investment in a place (Carrere and Evans 708). Similar to the voluntary ghettos of ethnic groups in cities, decorating an area with memorabilia, photos, and trinkets, can show who someone is and that it is their space, although visitors may be welcome (Carrere and Evans 713). Perhaps the personalization of a space also leads to bonding between people with similar interests or histories while in the ICE.



“From Child to Captive: Constructing Captivity in a Juvenile Institution” by Christopher Bickel tells an interesting story of how juvenile detention centers have changed their method of handling youth. Despite the wishes of the guards to rehabilitate, they are undermined by the protocol of the institution and their fellow guards. First, the children do not want to be there in the first place and resist any authority telling them where to go, when to be in their cell, and how they can interact with their family during visits. Second, guards have different ways to deal with kids, and some follow protocol and some are more lax. The children listen to the guards that allow them to have more freedom, but when another guard does not agree with that freedom, the friendly guard’s authority is undermined and that guard must then discipline the child, losing the rapport that has been built between them. Third, the experienced guards do not respect the rookie guards and argue in front of the children, sometimes challenging them to fights in the parking lot (Bickel 46). The training that the guards receive is based on the idea that the children have some deficiency of morals, that they will attack, steal from, and take advantage of the guards if they turn their back on the children. This training teaches the guards to be afraid of the youth, which leads them to be locked up more frequently and for longer periods of time than should be necessary (Bickel 42). The most interesting point made was that the juvenile institutions could not be looking out for the best interest of the children incarcerated because there is no way the law would allow a family to lock up their child in a closet for months at a time. The implication this has for our project is that a higher ratio of guards/Juvenile Rehabilitation Officers to detainees is needed so that each child has someone that can spend time with them without having to be distracted by the task of controlling the other juveniles.

“Keeping Kids in Schools: Restorative Justice, Punitive Discipline, and the School to Prison Pipeline” by Thalia Gonzalez discusses the negative impacts of zero-tolerance policies on misbehavior in schools, and the increased number of students arrested on campus. Instead of automatically sending students to juvenile detention facilities, the incidents and consequences are discussed using a peer jury at school (Gonzalez 309). The result is that the student knows what they did wrong, the consequences of their action, and how to avoid doing it again. An interesting point is that in a school where students see each other on a daily basis, small problems can turn into large problems quickly. This has an important impact for our design of a juvenile rehabilitation center because immediate punitive actions for misbehavior may be detrimental to the goals of the facility. Even though the residents of the facility have been taken out of the public schools, having a similar peer council discuss the behavior together may be beneficial. In the public schools, being able to resolve the problems locally reduces the number of days students spend outside the classroom for detention and expulsion. This increases the number of days they are in class learning. Similarly, resolving conflicts without having to resort to isolated confinement inside the juvenile facility should increase the time the children and Juvenile Rehabilitation Officers have to work towards rehabilitation. Gonzalez states that “students feel safer and more connected to schools when they perceive their teachers to have high expectations for positive behavior, demonstrate that they care, and implement discipline fairly and tolerantly” (Gonzalez 298). I have no reason to think that the same feelings would apply to at juvenile detention facility. I feel that the restorative justice actions taken by schools to keep juveniles out of detention facilities are the same ones that would benefit juveniles that find themselves there.

The guards at the juvenile detention facility in the article “From Child to Captive: Constructing Captivity in a Juvenile Institution” by Christopher Bickel seem like they really do want to care about the children that they watch over. Similarly, teachers typically have the students’ best interests in mind also. Where the similarities stop is how each is taught to deal with misbehavior. Teachers in the past used to pass the delinquents off to the police officers at the school for even minor offences. That is where the students become prisoners of the juvenile justice system and with zero-tolerance, became over-crowded and rehabilitation became a secondary concern to the safety of the juveniles and the guards. To remedy this, schools are now taking on more responsibility of mediating the actions of students before they need to be expelled from the school. I see this as leading toward a lower detainee/guard ratio and allowing detention facilities to act as rehabilitation facilities again. There may still be a need to isolate a child from the rest of the residents, but perhaps by using techniques developed such as “talking circles” and “peer juries”, we can treat the residents of juvenile detention facilities like people with rights than animals that need to be caged.



The goal of the Southern Illinois Residence for Girls (SIRG) is to provide them with a support structure that emulates a well functioning household as closely as possible while maintaining a minimum level of security as well as a minimum of distractions. The facility attempts to rehabilitate the youth by increasing normalcy, allowing the youth to have control over some aspects of their residence, and by allowing them personal expression. The facility is set up as a campus to increase the natural outdoor areas and avoid a feeling of confinement and the residential pods contain a kitchen and laundry to increase the level of normalcy felt by the residents. Also, something as simple as allowing the youth to control the lights in their bedrooms can reduce their perceived level of confinement. The residential pods may also be fully or semi-detached from the group areas (Education, Therapy, Physical Fitness) by open-air, walled sidewalks, or subterranean tunnels for staff use, or completely insecure. The Lobby, Administration, Family Resource Day Program Center, and Core Support areas should be more strongly linked to each other due to the high level of interaction between those parts of the facility.

**General Waiting Room / Lobby**

The General Waiting Room / Lobby serves the general public, parents, clergy, counselors, etc. that enter the Southern Illinois Juvenile Girls Holding Facility (SIJGHF). The space needs a seating, lockers, restrooms, and vending areas as well as a reception desk. The lobby is accessed by the parking lot and has access to Secure Care Waiting/Visiting Room, Administration, and the Family Resource and Day Program Waiting Room.

**Secure Care Center-Core**

The Secure Care Center-Core (SCC-C) is an area central area that the youth access Educational Services, Physical Fitness Center, Treatment Center, and Secure Care Visiting. There should be a sally port where youth are brought into the facility. The Staff access the SCC-C by a sally port through Administration, Central Support, And Secure Care Visiting.

**Secure Care Center-Visiting**

The Secure Care Center-Visiting (SCC-V) has access from both the SCC-C and the Lobby. This area serves as the only area in which both visitors and detained youth have access. There should be a sally port on both access points to prevent unauthorized access.

**Central Support**

Central Support primarily serves as an area for staff to enter the facility with lockers and restrooms, but also contains mechanical equipment, laundry, kitchen, storage, trash/recycling area, shop area, and staff breakroom.

**Secure Care Center-Residential Pod**

There should be at least two, but possibly three Secure Care Center-Residential Pods (SCC-RP) that house the youth. Each pod would contain four double bedrooms and a single ADA accessible single bedroom. A third pod would allow a lower resident to staff ratio, a place to quarantine a youth if she were to have a contagious illness, or the possible future expansion. Each area in the SCC-RP should have natural light or borrowed natural light. Each SCC-RP should have it's own lounge, kitchen, laundry, and shower areas to increase normalcy.

**Educational Services**

The Educational Services (ES) is accessed by the youth through the SCC-C on a daily basis for schooling. It should be made up of two classrooms, one library, testing area, a youth restroom, and a common area. It should also contain workstations for teachers to use, and a staff restroom. The ES has access to the indoor and outdoor physical fitness areas.

**Physical Fitness Center**

The Physical Fitness Center (PFC) contains indoor and outdoor areas. The Indoor area should be at least 50'x50' (half-court basketball size). The outdoor area should be as large as necessary to achieve a normal level of freedom during exercise. The PFC should have it's own semi-private showers.

**Treatment Center**

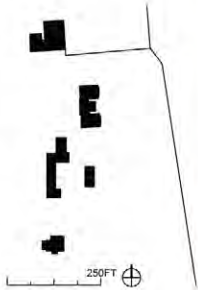
The Treatment Center (TC) is a place for the youth to have group and individual counseling. It is made up primarily of a single large room. It should have access via sally port to the SCC-V for family to enter for family counseling. Off of the main room, should be at least two private therapy rooms. There should be youth restrooms that are monitored by staff and visitor restrooms. There should be an area in which staff can monitor the public and private therapy rooms and youth restroom.

**Family Resource and Day Program Center**

The Family Resource and Day Program Center (FR-DPC) is a non-secure place for youth and family members to be interviewed, have outpatient therapy sessions, and have meetings with their caseworkers. There should be a breakroom, visitor and staff restrooms, and a courtyard to serve this area.

**Administration**

The Administration area contains offices of the Director, Deputy Director, Senior Case Manager, Records Manager, one conference room, staff restrooms, and a courtyard to serve this area. The conference room should be adjacent to the lobby due to it's public function. There may be a sally port directly into the SCC-C, but it is not necessary.



PERE MARQUETTE IYC  
GRAYSON, THOMS, FOWLER

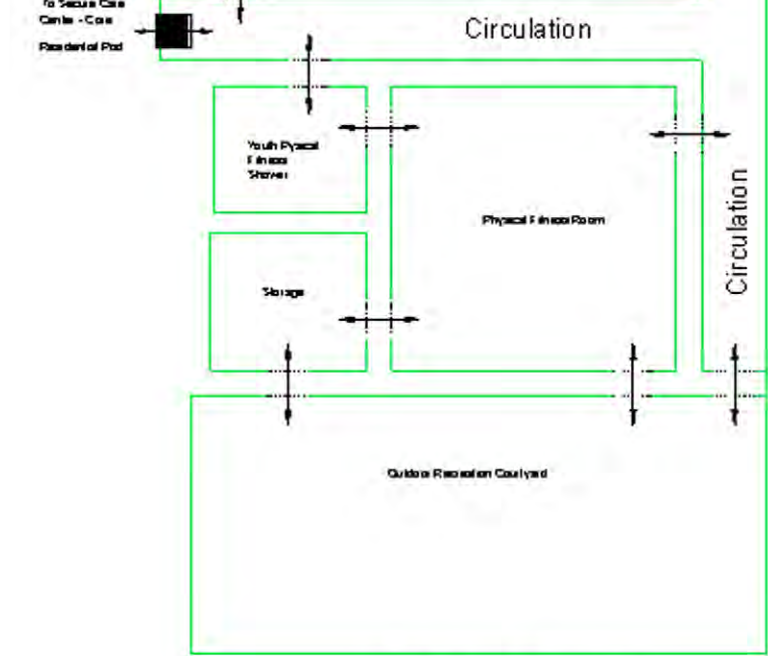
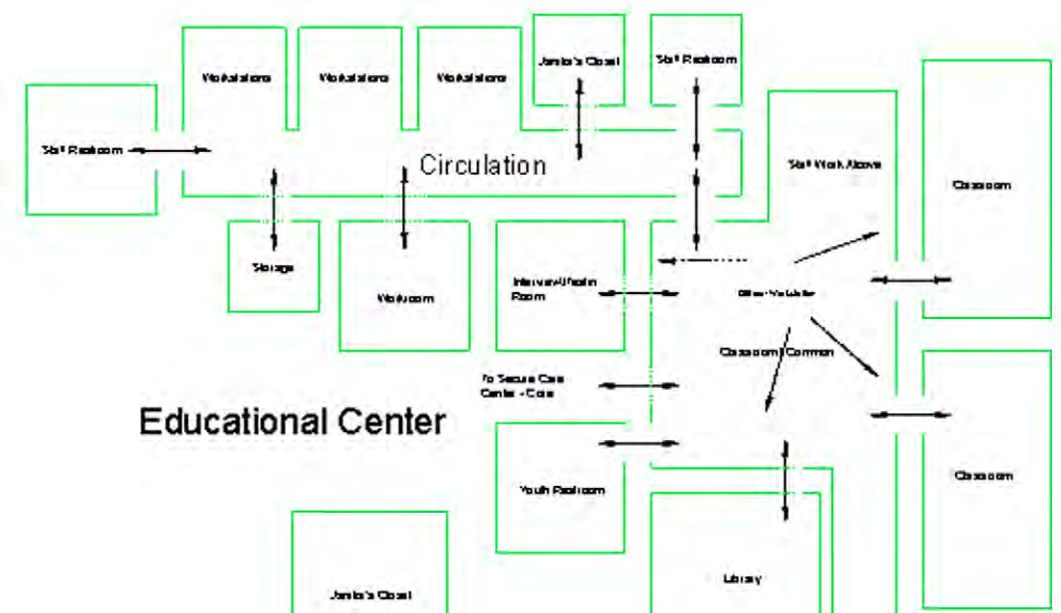
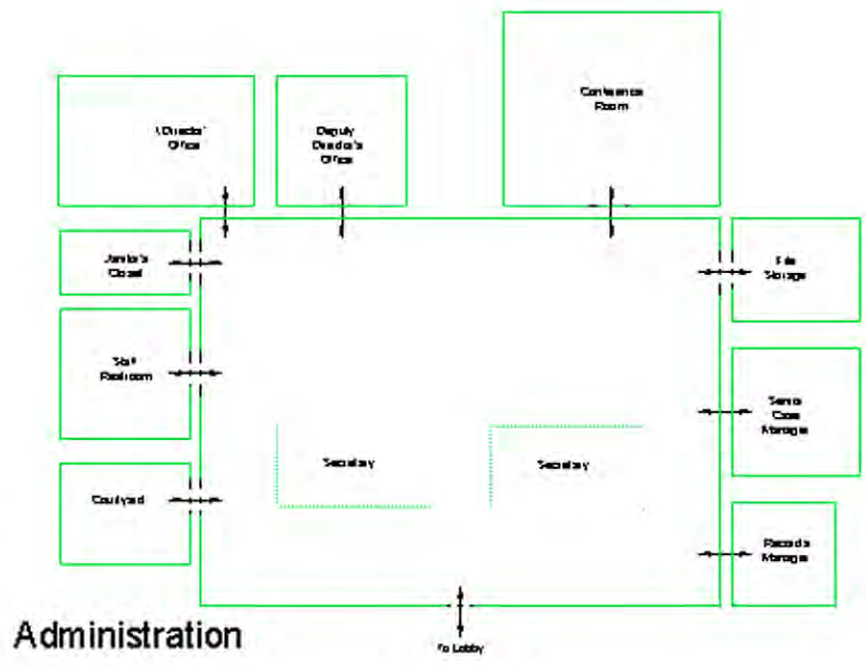
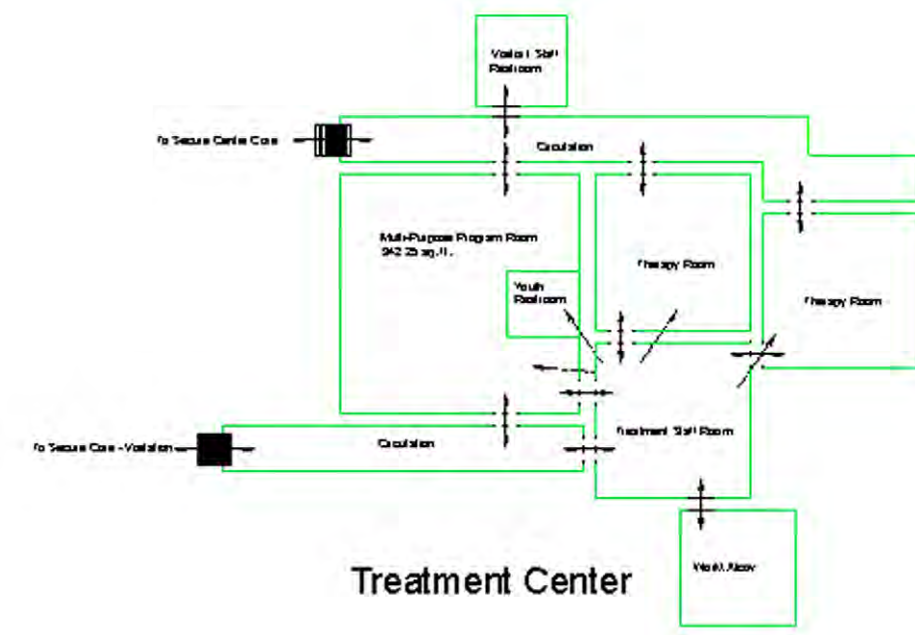
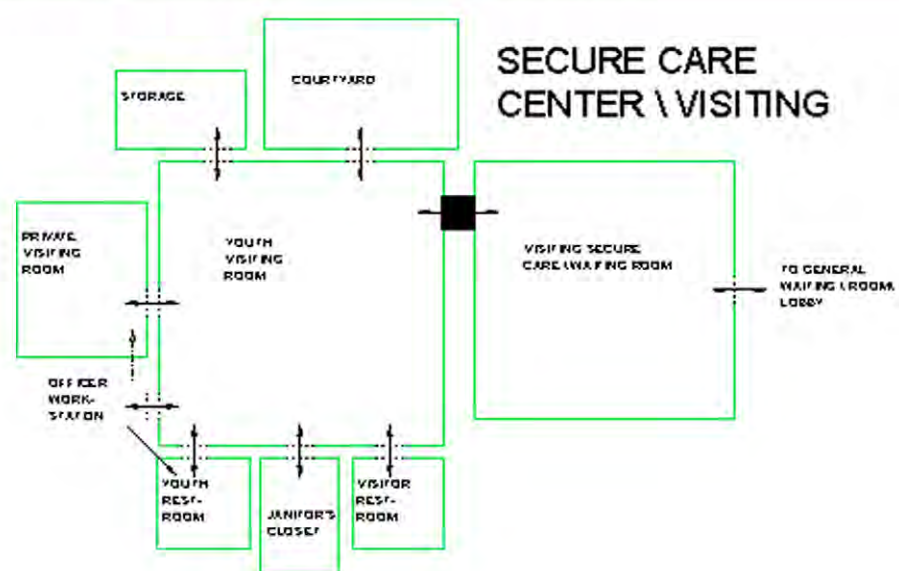




<b>1 Lobby</b>		<b>3 Administration</b>		<b>6 Secure Care Center - Residential Pod - (2) Pods</b>		<b>9 Physical Fitness Center</b>	
Entry Vestibule	50	Workstations		Dayroom	800	Physical Fitness Room	1000
General Waiting Room / Lobby	250	Secretary - (2) at 64 sf	128	Staff Workstation		Shower Room	120
Reception Desk		Records Manager	64	Kitchen		Storage	150
Vending		Senior Case Manager	100	Laundry		Janitor's Closet	50
Visiting/Secure Care Waiting Room	400	File Storage	80	Double Occupancy Room - (4) at 140 sf	560	Outdoor Recreation Courtyard	2500
Reception Desk		Director's Office	150	Single Occupancy Room	80	<b>Total Physical Fitness Center NSF</b>	<b>3820</b>
Lockers		Deputy Director's Office	100	Storage	50		
Visiting Sallyport		Conference Room	250	Janitor's Closet	40		
Family Resource and Day Program Waiting Room	200	Staff Restroom	100	Shower Room - (2) at 60 sf	120	<b>10 Central Support Diagram</b>	
Men's Restroom	150	Breakroom	150	Courtyard	225	Commodity Storage	400
Women's Restroom	150	Janitor's Closet	50	<b>Total Residential Pod NSF</b>	<b>1875</b>	Maintenance Suite	
Janitor's Closet	50	Courtyard		<b>Times (2) Pods</b>	<b>3750</b>	Shop	300
<b>Total Lobby NSF</b>	<b>1250</b>	<b>Total Administration NSF</b>	<b>1172</b>			Workstations - (3) at 64 sf	196
						Storage	100
<b>2 Family Resource and Day Program Center</b>		<b>4 Secure Care Center - Core</b>		<b>7 Treatment Center</b>		Secure Staff Entry	
Workstations		Core Common Space	400	Multi-Purpose Program Room	350	Vestibule	50
Assessment Specialist	64	Officer Workstation		Therapy Room - (2) at 150 sf	300	Locker Room	120
Case Manager	64	Time Out Room	40	Treatment Staff Room	150	Staff Restroom/Shower	200
Truancy Case Manager	64	Secure Juvenile Entrance	100	Work Alcove	80	Staff Lunchroom/Breakroom	300
Day Program Manager - (2) at 64 sf	128	Case Manager Office	100	Youth Restroom	50	Facility Kitchen	500
Open Positions - (2) at 64 sf	128	Staff Work Alcove	200	Visitor/Staff Restroom	50	Laundry	
Supervisor	80	Health Clinic		<b>Total Treatment Center NSF</b>	<b>980</b>	Soiled Room	100
Small Interview/Class Room - (2) at 90 sf	180	Exam Room	140			Staging Area	200
Medium Interview/Class Room - (2) at 180 sf	360	Medication Storage	80	<b>8 Educational Center</b>		Clean Storage	200
Large Interview/Class Room	250	Group Room	320	Classroom Commons	350	Custodial Office	100
Workroom	80	Food Staging and Service	100	Officer Workstation		Receiving Dock	250
Visitor Restroom	100	Storage 50		Sink Area		Trash Area	200
Staff Restroom	100	Private Visiting and Interview	100	Staff Work Alcove	100	Storage Shed (Exterior Access)	150
Courtyard		Janitor's Closet	50	Classroom - (2) at 400 sf	800	Janitor's Closet	50
<b>Total Family Resource and Day Program Center NSF</b>	<b>1598</b>	Courtyard		Library	200	<b>Total Central Support Diagram NSF</b>	<b>3416</b>
		<b>Total Secure Care Center Core NSF</b>	<b>1680</b>	Youth Restroom	100		
				Staff Restroom	50	<b>Total Project Net Square Feet =</b>	<b>20638</b>
		<b>5 Secure Care Center - Visiting</b>		Educational Staff Suite		<b>Grossing Factor =</b>	<b>1.45</b>
		Youth Visiting Room	450	Interview/Testing Room	100	<b>Total Gross Square Feet =</b>	<b>29925</b>
		Officer Workstation		Workstations - (3) at 64 sf	192		
		Private Visiting Room	120	Workroom	100	<b>11 Site Components</b>	
		Storage	60	Storage	50	Parking - 30 spaces required + 2 ADA spaces	
		Youth Restroom	50	Janitor's Closet	50	Public dropoff zone required	
		Visitor Restroom	50	Staff Restrooms	100		
		Janitor's Closet	50	<b>Total Educational Center NSF</b>	<b>2192</b>		
		Courtyard					
		<b>Total Secure Care Center Visiting NSF</b>	<b>780</b>				



# Program Diagram



**Physical Fitness Center**





Figure 1: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011

Figure 2: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011

Figure 3: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011

Figure 4: Illinois Juvenile Justice Commission Youth Reentry Improvement Report. Nov. 2011

Figure 5: Image:<http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/Resources/JDAI/2011/Summer%202011/Feature%20Image/FeatureImage.jpg>

Figure 6: The Missouri Model - The Annie E. Casey Foundation

### Figures 7: The Annie E. Casey Foundation

Figure 8: The Annie E. Casey Foundation

Figures 9: Hayes, Lindsay M. Juvenile suicide in confinement: A national survey. DIANE Publishing, 2009

Figures 10: Hayes, Lindsay M. Juvenile suicide in confinement: A national survey. DIANE Publishing, 2009

Figures 11: Hayes, Lindsay M. Juvenile suicide in confinement: A national survey. DIANE Publishing, 2009

Figures 12: Autodesk Green Building Studio

Figures 13: Autodesk Green Building Studio

Image 1: <http://zpolitics.com/state-overthrow-juvenile-justice-system/>

Image 2: <http://www.cecintl.com/images/facilities/marquette.jpg>

Image 3: Google Earth

Image 4: Dilip Vishwanat for The New York Times

Image 5: <http://kirksvillechamber.com/businesses/business-photos/1891.jpg>

Image 6: <http://latimesblogs.latimes.com/photos/uncategorized/2009/01/30/jail.jpg>

Image 7: Bing Map

Image 8: Bing Map

Image 9: Bing Map

Image 10: Google Earth

# Citation

Juvenile Justice Analysis

The juvenile justice analysis we performed specifically pertained to the states of Illinois and Missouri, although very close geographically, the states could not be farther in their view of how to handle juveniles. Illinois uses old techniques, has little educational benefits, and scarce, minimal treatment for their youths. Whereas Missouri is on the cutting edge, pushing new techniques and programs, focuses on education and treatment and, therefore, is the leading example of juvenile facilities within the United States. The recidivism rates of these two states (Illinois nearing 50%, Missouri below 25%) shows just how poor the old ways of juvenile detention work and how well new methods are working.

Taking a look into how most of the juvenile justice systems work showed just how poorly the youths are treated and how the barbaric techniques that have been used for detention for decades, with little positive result. The mistreatment of youths start before they ever get to the detention center. The juvenile justice system itself disregards rights of the youths. There are nearly no youths that are informed of their right to an attorney, get an attorney, are made aware of the charges made against them or their right to present evidence to defend themselves. Once their sentencing is over, very few youths are asked if they understand the terms of the ruling and even fewer juvenile court cases actually have the decision documented.

Once the juveniles reach the juvenile detention centers, they are often run in a very militaristic manner, much of the time youths, rather than be dealt with by the staff when they became unruly, would just be thrown into an isolation room, where they would no longer cause problems to others, however, with the majority of juveniles having mental disorders, this can cause many more problems in the future. The cutting edge techniques encourage the youths to comfort one another and have a helpful staff that try to mitigate the issue face to face with the youth by talking to them to get to the issue and try to resolve it. These programs truly try to rehabilitate the youth, rather than punish the youth in a facility where they just “do their time”. Although the programming and physical structure or appearance of the facility is important, the staff can make or break a facility as well. Staff must be understanding, patient, and supportive. Stern, militaristic methods get nowhere to solve the issues these youths are suffering from, which often results in why they lash out, landing them in such a facility. Staff must conduct themselves in a manner in which they are viewed as trustworthy role models by the youths, someone they can go to to confide in.

Girls are often treated the worst within the juvenile detention centers. They are often there after committing a lesser crime than boys and when they are punished, they are done so in harsher manner, both in the courts and in the juvenile detention facility. This is often due to the “Boys will be boys” stigma, while girls must always conduct themselves. Girls often get the “hand-me-down” facilities after the boys get moved to a new facility.

Mental disorders run rampant amongst youths that are in detention centers, most boys, and nearly all girls have mental disorders, and most have gone as far as attempting or contemplating suicide. Treating these mental disorders and teaching the youths how to deal with their emotions in a healthy way is instrumental in the success of the juvenile detention system. Normalcy for these youths is also paramount. Youths should not lose their childhood due to being “locked up”. They must understand the consequences of their actions, however, punishment that resembles adult prisons in any matter are not effective and detrimental to the youth in a number of ways, as well as the possibility of developing more issues.

After conducting our research our facilities will focus on rehabilitation of the youths and maintaining a sense of normalcy, not punishment.

Program Analysis

Analysis of spatial connections is critical to this project. There are a number of types of spaces must be taken into account. Secure spaces vs. non-secure spaces, spaces primarily used by the public, staff, and youths, and the necessary connections between specific spaces. There is a great complexity to designing spaces within a juvenile detention facility. One must balance security with not putting up ten foot tall chain link fences. One must feel like they have privacy, but be watched constantly. How one sets up spaces and the connections between will lead to the success or failure of the facility itself. It was agreed upon within our group, as well as the others, based on their presentations, that a number of connections are key and two areas act as a sort of hub, in which most areas branch off from. The lobby is the first hub and is essential to connecting the non-secure spaces. The lobby connects to the waiting rooms for the Family Resource and Day Program Center and Secure Care Visiting Area as well as to the administrative offices. The Secure Care Core is the second hub, this time on the secure side of the facility. Nearly all spaces to be used by the youths will be connected to this area, as well as some areas that are used by staff.

Site Analysis

The Touch of Nature site allows for much opportunity, however, many aspects of the project must be handled carefully as to not make the youths feel they are being cast from society, but the facility must not be so intrusive as to take away from those that currently use the site. The site is heavily wooded and within the Shawnee National Forest, which may provide additional obstacles when it comes to construction, tree clearing, and set back restrictions. Harmful insects, such as ticks, mosquitos, and chiggers, are plentiful and their presence may be taken into consideration when designing exterior spaces.

The history of the site and lake supports the idea of helping and rehabilitating youths. The local Boy and Girl Scout troops, church youth groups, and the Touch of Nature programs all use the area and lake, so the idea of a juvenile detention center that focuses on the rehabilitation of wayward youths isn’t far-fetched, although the negative stigma of detention centers may concerns from the public and those that currently use Touch of Nature.

There are a number of spaces that could serve as a potential site to the new juvenile detention facility for girls. The first of which located on Oikos Road, about seven-tenths of a mile south of Camp 2 at Touch of Nature. This site was formally a stable house that served Touch of Nature, with a gravel service road and small field on the other side of the service road. The other site is just north of the stable house, it is flat and not as densely wooded as much of the other areas of Touch of Nature. It is also nearer to the shoreline of Little Grassy Lake, which would provide for many more activities and a possible beach for the facility.