

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT**

Name and Location of Facility:	Central Oklahoma Juvenile Center Tecumseh, Oklahoma
Dates of Visit:	October 8 and 9, 2007; January 9 and 10, 2008
Oversight Reviewers:	Ellen Harwell and April Simmons Oversight Specialists, Janice Hendryx, Director
Focus of Visit:	Unannounced Routine Visit
Date:	January 31, 2008

Introduction

The Office of Juvenile System Oversight (OJSO) conducted a routine, unannounced visit on October 8 and 9, 2007, of Central Oklahoma Juvenile Center (COJC) located in Tecumseh, Oklahoma. On January 9 and 10, 2008, a follow up visit was conducted to gather additional information regarding the use of group consequences. The facility is a medium-secure rehabilitation program for juveniles adjudicated Delinquent or Youthful Offender who are in the custody of the Office of Juvenile Affairs (OJA). The focus of the visit was to assess the female residents' perceptions of safety, program services, rights of residents, discipline practices, and other residential issues. The facility is licensed for 119 residents. The census the day the oversight visit began was 112.

Interviews Conducted

- Entry conference with the Accreditation Manager
- Exit conference with the deputy superintendent and administrative staff
- Twenty-five female residents
- Twelve staff members
- Nursing Manager

Documents Reviewed

- Eleven personnel records
- Nine resident records
- Training records for 21 employees
- Grievance logs for July, August, and September 2007
- The most recent Office of the State Fire Marshal inspection report, and the Oklahoma State Department of Health Food inspection report.

Findings

JUVENILE INTERVIEWS

Forty of the 116 beds are designated for females. During the previous oversight visit in May 2007 the OJSO focused on male population. For the current visit, the focus was on the female population. The OJSO interviewed 25 female residents. All of the residents interviewed were 14 years of age or older. The average age of residents was 16.4. Seventy-two percent (18 of 25) were 16 years of age or older. Twenty-four percent (6 of 25) were eighteen years of age or older. Fifty-two percent (13 of 25) reported their county of residence was Oklahoma County, the most heavily represented county. Tulsa County was the second highest reported county at twenty percent (5 of 25). Reported lengths of stays at the facility ranged from two months to three years. The OJSO noted:

- Ninety-six percent (24 of 25) reported they received a copy of resident rights upon admission. The same percentage reported receiving written notification of policies regarding visitation, mail, phone calls, gifts, discipline, etc.
- Sixty-four percent (16 of 25) reported the information received upon admission was also explained to them.
- Eighty-eight percent (22 of 25) reported having been in other facilities. The most common reports were detention (18 of 25), county jails (6 of 25), level E group homes (6 of 25), and psychiatric hospitalizations (5 of 25).
- Ninety-six percent (24 of 25) reported they receive enough food.
- Seventy-six percent (19 of 25) reported additional helpings of food are allowed if residents desired them.
- Residents were asked to rate the quality of food on a scale of one to five, with one being the worst and five being the best. Residents' reports were as follows: 1 – 4%, 2 – 32%, 2.5 – 4%, 3 – 52%, 4 – 4%, 5 – 4%.
- Forty-eight percent (12 of 25) reported having been physically restrained within the last six months.
- Eighty percent (20 of 25) reported the use of group sanctions or consequences within the last six months. The OJSO returned to the facility in January to address this concern. Point cards for both living units and the logs of minor rule violations for September 2007 were reviewed by the OJSO. The OJSO could not verify residents' reports.
- Seventy-six percent (19 of 25) reported having been sent to the crisis counseling center (CCC) or the crisis management center (CMC).
- Ninety-six percent (24 of 25) reported having an individualized treatment plan.
- Thirty-two percent (8 of 25) reported they participated in the development of the treatment plan.
- Twenty-four percent (6 of 25) could not identify their treatment issues to the OJSO.
- Sixty-four percent (16 of 25) reported receiving individual counseling.
- Forty-eight percent (12 of 25) reported receiving family counseling.
- Ninety-six percent (24 of 25) reported receiving substance abuse treatment.

- Eight percent (2 of 25) reported being required to complete sex offender treatment and stated they are receiving services.
- Residents were asked how many times a week group is held. Eighty-eight percent (22 of 25) reported group is held one to three times per week. One resident reported group is held four to six times per week. One resident reported group is held seven or more times per week. One resident did not answer.
- Eighty-four percent (21 of 25) reported that everyone is encouraged to talk in group.
- Fifty-six percent (14 of 25) reported being taught skills to help them live on their own. Of those that reported being taught independent living skills, six of the residents identified the Family and Consumer Sciences class at school, the Girls Scouts program, their assigned Juvenile Justice Specialist, and/or the beauty shop as the mechanism in which the skills are presented.
- Ninety-two percent (23 of 25) stated a career goal. Of these residents, eighty-three percent (19 of 23) reported they had shared their career goals with staff members. Three residents reported that staff members did not respond to them, did not seem to care, or laughed at them. Positive comments from residents included being assisted in obtaining information, feeling supported, and being told anything is possible.
- Ninety-two percent (23 of 25) reported having filed a grievance.
- None of the residents interviewed by the OJSO reported the grievance process does work. Fifty-two percent (13 of 25) reported that the grievance process does not work. Thirty-six percent (9 of 25) reported the grievance process sometimes works. Eight percent (2 of 25) did not give an answer that could be categorized. One resident did not answer.
- Ninety-two percent (23 of 25) reported staff members have used curse words when addressing them. The same percentage reported witnessing staff members curse at other residents.

Supervision

Residents were asked to respond, using a Likert scale, how often direct care staff members check on them while in the dorm area. The options given were Frequently (every 15 to 20 minutes), Occasionally (every 1 to 2 hours), Rarely (every 3 to 4 hours), Very Rarely (every 5 to 6 hours), and Never. Seventy-six percent (19 of 25) of the residents reported that staff members check on them frequently. Twenty percent (5 of 25) of the residents reported that staff members check on them occasionally. One resident reported staff members very rarely check on residents while in the dorm area.

Residents were also asked how often security officers check the living units. A Likert scale again was used. The options given were Frequently (every 1 to 2 hours), Occasionally (every 3 to 4 hours), Rarely (every 5 to 6 hours), and Never. Sixty-four percent (16 of 25) reported that security officers frequently check the living units. Twenty-four percent (4 of 25) reported that security officers occasionally check on the living units. One resident reported security officers very rarely check the living units, and one reported security officers never check the living units. One resident reported not knowing how often the units are checked.

Safety

Residents were asked about physical and sexual assaults and the presence of dangerous contraband at the facility. The OJSO noted:

- Thirty-two percent (8 of 25) reported seeing residents in possession of dangerous contraband. Items included cigarettes, tobacco for dipping, lighters, money, and pills. Residents were asked if they wanted the OJSO to report specific allegations regarding assaults or contraband. Five residents stated yes and the information was provided at the conclusion of the exit conference with the deputy superintendent and the chief of security. The OJSO also confirmed with the grievance coordinator that the staff member named by the residents as behaving inappropriately had already been reported to the Department of Human Services Office of Client Advocacy.
- Fifty-two percent (13 of 25) reported being physically assaulted by other residents.
- Thirty-six percent (9 of 25) reported being physically assaulted by staff members.
- Eight percent (2 of 25) reported being sexually assaulted by other residents.
- One resident reported being sexually assaulted by a staff member. This incident has been reported to the Department of Human Services Office of Client Advocacy and the Tecumseh Police Department. Both entities investigated. The staff member was prosecuted by the District Attorney's office.

Residents were asked how often they felt safe at the facility using a Likert scale (Very Frequently, Frequently, Occasionally, Rarely, Very Rarely, and Never). The responses were as follows: Very Frequently 16% (4 of 25), Frequently 32% (8 of 25), Occasionally 32% (8 of 25), Rarely 12% (3 of 25), Vary Rarely 4% (1 of 25), and Never 4% (1 of 25). Residents were asked what contributed to their feeling of safety. The options were staff, facility police officers, peers, or their ability to keep themselves safe (self). Residents could choose more than one and reported the following: Staff 12% (3 of 25), Police Officers 8% (2 of 25), Peers 20% (5 of 25), and Self 52% (13 of 25). Twelve percent (3 of 25) stated they were not sure what contributed to their sense of safety. One resident reported feeling safe due to people always being around. One resident identified the fence surrounding the facility contributed to feeling safe. Twelve percent (3 of 25) did not give any response to the question.

Residents were also asked what contributed to feeling unsafe. Options were Staff, facility Police Officers, and Peers. Residents could choose more than one and reported the following: Staff 60% (15 of 25), Police Officers 8% (2 of 25), and Peers 32% (8 of 25). Sixteen percent (4 of 25) did not give any response to the question. One resident reported that no one at the facility makes her feel unsafe.

Due to allegations investigated by the Department of Human Services Office of Client Advocacy and the Tecumseh Police Department, the OJSO added supplemental questions in order to better assess issues pertaining to inappropriate sexual activity.

Twenty-four of the twenty-five residents interviewed responded to the supplemental questions. One resident chose to terminate her interview. The OJSO noted:

- Twenty-nine percent (7 of 24) reported that others had made comments about their bodies or had discussed sex with them in a manner that made them feel uncomfortable. Two reported comments came from direct care staff members, two reported comments came from police officers, four reported comments came from female peers, and two reported comments came from male peers.
- Twenty-one percent (5 of 24) reported having been asked to engage in sexual activity. Three reported male peers had asked them to engage in sex acts, and four reported female peers had asked them to engage in sex acts.
- When asked if they had been touched in a sexual manner with or without their consent, twenty-nine percent (7 of 24) stated yes. Residents were asked who perpetrated the act. Reports were of one direct care staff member, one facility police officer, four female peers, and three male peers. The resident that stated an act had taken place with a direct care staff member would not provide any reportable information. The resident that reported a facility police officer had committed the act stated the incident had already been reported and investigated by the Department of Human Services Office of Client Advocacy.
- When the residents were asked if they were aware of any peers that were engaging in sexual behavior with other peers or staff, 13% (3 of 24) stated yes. One resident reported being aware of two female peers having had a relationship. One reported the facility police officer that had been previously investigated. One resident would not provide the OJSO with any additional information.

STAFF INTERVIEWS

The OJSO interviewed 12 staff members. The interview questions pertained to the staff members' perceptions of the rights of residents, discipline policies, and other residential issues. Employment dates ranged from three weeks to five years. The OJSO noted:

- Staff members were asked about their highest level of education and reported the following: High School 42% (5 of 12), GED 17% (2 of 12), Associates 25% (3 of 12), and Bachelors 17% (2 of 12).
- Thirty-three percent (4 of 12) reported no prior experience working with juveniles.
- All reported current training in first aid, CPR, and the behavioral intervention technique used by the facility.
- Half of the 12 staff members interviewed were able to report how many training hours are required every year.
- Sixty-seven percent (8 of 12) reported having been involved in a restraint.
- Thirty-three percent (4 of 12) reported being injured during a restraint.
- Half of the 12 staff members interviewed reported seeing another staff member injured during a restraint.
- Thirty-three percent (4 of 12) reported seeing a resident injured during a restraint.
- Seventy-five percent (9 of 12) reported the training they receive at the facility is adequate and did not have suggestions for additional training. The remaining

staff members requested additional training in trauma, communication, and real scenarios in physical restraint training.

- Eighty-three percent (10 of 12) reported they get enough information about the residents to provide appropriate care.
- All staff members reported that they eat the same food as the residents when eating together.
- Eighty-three percent (10 of 12) reported that residents may have additional servings of food.
- Twenty-five percent (3 of 12) reported the use of group punishment is allowed for the actions of a few. Comments regarding this included putting all residents on quiet time and giving consequences for an entire dorm being disruptive because those not engaged in the behavior should be confronted with the negativity.
- Thirty-three percent (4 of 12) reported they did not know about the Department of Human Services Office of Client Advocacy.
- Sixty-seven percent (8 of 12) believed that administrative staff members worked well with the direct care staff members.
- Fifty-eight percent (7 of 12) believed their input is valued by administrative staff members.
- All staff members reported that recreation is offered at least two or more times per day.
- Interviewees were asked to classify the morale of staff members as low, medium, or high and reported the following: Low 25% (3 of 12), Medium 42% (5 of 12), High 33% (4 of 12).
- Interviewees were asked to classify the morale of residents as low, medium, or high and reported the following: Low 8% (1 of 12), Medium 42% (5 of 12), and High 25% (3 of 12).

Safety

Using a Likert scale (Always, Usually, About half the time, Seldom, and Never), staff members were asked if co-workers treated them with respect. Half of the 12 staff members interviewed stated always and the other half stated usually. The same scale was used when staff members were asked if they felt their co-workers were willing to put forth as much effort as necessary to get work done. Responses were as follows: Always 25% (3 of 12), Usually 67% (8 of 12), and About half the time 8% (1 of 12). Staff members were asked, "Do you feel safe while at work?" Half of the 12 staff members responded always and half responded usually.

Staff members were asked if they felt the facility was actively involved in and committed to improving life for the residents. Seventy-five percent (9 of 12) reported always, and twenty-five percent (3 of 12) reported usually. Using a Likert Scale (Every hour, 4-5 times a shift, 2-3 times a shift, 1 time a shift, or Rarely), staff members were asked how often security officers completed checks of the living units. Responses were as follows: Every hour 17% (2 of 12), 4-5 times per shift 50% (6 of 12), 2-3 times per shift 17% (2 of 12), and 1 time per shift 17% (2 of 12).

RESIDENT FILES

The OJSO reviewed nine resident files. The OJSO noted:

- Progress notes for drug and alcohol, anger management, process group, and individual therapies were not current for all resident files reviewed. The lack of progress notes makes interpretation of the implementation of treatment goals and objectives difficult.
- The OJSO could not locate the initial treatment plan for resident five.
- Files on residents two, four, six, eight, and nine contained a final treatment plan that did not have a signature by the parent and/or guardian. Final treatment plans for residents six, eight, and nine were not signed by the treatment team.
- In all of the resident files reviewed, the OJSO could not locate all treatment plan reviews. The treatment plan review deficiencies were as follows:

File 1 – May, July, August, and September 2007

File 2 – July and September 2007

File 3 – July and September 2007

File 4 – May, June, July, August, September 2007; none of the treatment plan reviews since admission on November 22, 2006, contained the signature of the treatment team, juvenile, parent or guardian.

File 5 – June, July, August, and September 2007

File 6 – June, July, August, and September 2007

File 7 – September 2007

File 8 – September 2007

File 9 – January, February, April, June, August, September 2007; none of the treatment plan reviews since admission on September 8, 2006, contained the signature of the treatment team, juvenile, parent or guardian.

PERSONNEL FILES

The OJSO reviewed eleven personnel files. The OJSO noted:

- Files one and ten did not contain closed OPM-111s. Both were due in May of 2007.

TRAINING RECORDS

In anticipation that the OJSO would review training records due to a violation in this area during the previous oversight visit, the facility provided all current training records to the OJSO through September 30, 2007. The OJSO reviewed twenty-one of these training records. Five of the twenty-one training records violated the licensing standard regarding clock hours for training. Four of the five records that contained this discrepancy occurred after the last oversight report was sent to the facility, even though the issue had been presented during the exit conference of the previous visit.

The four training records that contained a discrepancy reflected an instance of nine hours of training in an eight hour work day on September 21, 2007. This was verified by

comparing the number of hours worked on the employee's time sheet for September 21, 2007 with the number of training hours documented on the employee's training record also for that particular day

GRIEVANCES

The OJSO reviewed grievance logs for July, August, and September 2007. Appealed grievances are assigned to the facility superintendent as supervisor. The OJSO noted:

- July
 - A total of 126 grievances were filed.
 - Fifty-five percent (69 of 126) did not meet the three-day time frame for resolution.
 - One grievance was appealed to the superintendent.
 - The grievance appealed to the superintendent met the five-day time frame for resolution.
- August
 - A total of 58 grievances were filed.
 - Thirty-six percent (21 of 58) did not meet the three-day time frame for resolution.
 - Two grievances were appealed to the superintendent.
 - One of the two grievances appealed to the superintendent met the five day time frame for resolution. One was still outstanding when the OJSO visit began on October 8, 2007.
 - One grievance was appealed and became a formal grievance. The grievance was originally filed in August and was sent to the Office of Juvenile Affairs state office on October 15, 2007. The grievance remains outstanding.
- September
 - A total of 57 grievances were filed.
 - Forty-two percent (24 of 57) did not meet the three-day time frame for resolution.
 - Three grievances were appealed to the superintendent.
 - One of the three grievances appealed to the superintendent met the five day time frame for resolution.
 - One formal grievance was filed and sent the Office of Juvenile Affairs state office on September 17, 2007. The youth was released from the facility per a court order. According to JOLTS, the youth's case has remained open with supervision provided by the Office of Juvenile Affairs, Juvenile Services Unit. The grievance remains outstanding.

Areas of Concern

1. The OJSO could not locate all progress notes for drug and alcohol, anger management, process group, and individual therapies. No standard or procedure requires this documentation but the lack of progress notes make it difficult to determine the frequency and length of treatment contacts. Treatment plans that

were completed without proper documentation of treatment progress are questionable. The OJSO was informed by the facility that current policy is being reviewed in an attempt to address progress notes.

2. Thirty-two percent of residents reported they participated in the development of their treatment plans, and 24% of residents could not convey to the OJSO issues identified on their treatment plans.
3. When asked if the grievance process works, none of the residents interviewed felt that it did. More than half of the residents, 52% (13 of 25), stated the process does not work. The remaining reported it sometimes works or other variations with one resident not responding to the question. For this oversight visit (as explained in **Violations** below), 55% of the grievances filed in July 2007, 36% of the grievances filed in August 2007, and 42% of the grievances filed in August were not resolved within the three-day time frame required by policy for resolution. During the dates of this oversight visit in October 2007, nine grievances filed in July were still outstanding. Five filed in August 2007 were still outstanding and eight filed in September were still outstanding.
4. Ninety-two percent (23 of 25) reported staff members have used curse words when addressing them. The same percentage reported witnessing staff members curse at other residents.
5. Residents were asked what contributed to feeling safe and unsafe at the facility. Sixty percent (15 of 25) reported that staff members were a reason they did not feel safe. This was the highest percentage with choices being direct care staff members, police officers, and peers. Thirty-two percent (8 of 25) reported peers as a reason for not feeling safe. Police officers represented 8% (2 of 25), and 16% (4 of 25) did not give a response to the question.
6. In response to instances where staff actions were investigated by the Department of Human Services Office of Client Advocacy and the Tecumseh Police Department, the OJSO added supplemental questions in order to better assess issues pertaining to inappropriate sexual activity involving female residents. Twenty-four of the twenty-five residents interviewed responded to the supplemental questions. One resident chose to terminate her interview when this section of the interview guide was reached. A debriefing among the three OCCY staff members that interviewed the female residents resulted in a consensus that residents seemed reluctant to divulge this information. Despite positive changes implemented by the Office of Juvenile Affairs as a result of the Prison Rape Elimination Act, the facility continues to experience problems in this area regarding female residents. COJC is the only medium secure facility for female juvenile offenders. One staff member has been charged by the District Attorney's office of the 23rd Judicial District since December 2006 for allegedly having had sexual contact with female residents; one staff member plead guilty to second degree rape in the same Judicial District for having had sexual contact with female residents. Some of the residents interviewed by the OJSO reported that they would not disclose a sexual relationship between staff members and residents if the relationship were consensual.
7. Thirty-three percent (4 of 12) of staff members interviewed reported they did not know of the Department of Human Services, Office of Client Advocacy (OCA). Although the OJSO recognizes that reports of abuse and neglect are typically

reported to supervisory staff members who then report to OCA, staff members should be aware of OCA, know that calls can be made anonymously to OCA, and know of staff reporting responsibilities stated in Oklahoma Administrative Code 340:2-3-33 and 377:3-1-25.

Violations

OJSO notes that all violations identified during the previous visit in 2007 were adequately addressed by the facility in its response to the previous visit's report. The following are violations noted during the current oversight:

1. The OJSO could not locate the initial treatment plan in one resident file. COJC procedure CO10500.01 (I), (E) addresses documentation included in the resident files. A resident file includes, "Treatment Plan – Initial treatment plan and comprehensive treatment plan, reviews and episodic treatment plans."
2. Five of the nine resident files reviewed lacked the signature of the parent or guardian on the comprehensive treatment plan. The treatment plans did not document a reason for the lack of participation. The Department of Human Services licensing standard 154, (b), (1), (A) states, "The facility involves the resident and parents or custodian in the development of the service plan. If the parents or custodian do not participate in the development of the service plan, the reason for non-participation is documented in the service plan." The Department of Human Services licensing standard 154, (b), (1), (B), (vi), states the service plan contains "the names and signatures, with the date, of those participating in developing the service plan."
3. Five of the nine resident files reviewed lacked signature of the treatment team on the comprehensive treatment plan. COJC procedure CO50300.02 (II) outlines the duties of the unit treatment team and states, "The UTT is directly responsible for the delivery of services to each juvenile, coordinates the program of the assigned unit, and helps to monitor the behavior and progress of each juvenile. In conjunction with field staff, they develop the treatment plan for each juvenile and monitor all progress." The Department of Human Services licensing standard 154, (b), (1), (B), (vi), states the service plan contains "the names and signatures, with the date, of those participating in developing the service plan."
4. All resident files reviewed contained deficiencies in the monthly treatment plan reviews. COCJ procedure CO50200.02 (II) states, "The individualized treatment plan shall be reviewed monthly"
5. Two of the nine resident files lacked signatures of treatment team staff members and signature of the parent or guardian. COCJ procedure CO50200.02 (II) states, "The individualized treatment plan shall be reviewed monthly and shall include: . . . Staff and juvenile signatures." The procedure further states that "Parent participation or documentation of the reason for non-participation" shall also be included. The Department of Human Services licensing standard 154, (b), (2), (C), (v), states the service plan contains "the names, and signatures, with the date, of those participating in the review."
6. Training records for eight of the eleven reviewed contained a greater number of training hours than hours worked for the day in question. The Department of Human

Services licensing standard [153.1 (m)] that refers to training uses the term “clock hours.” Training hours should not exceed clock hours recorded for working.

7. Two personnel files did not contain closed OPM-111s that were due in May 2007. The Department of Human Services licensing standard 153.1, (o), (2), (E), states that personnel records include “annual performance evaluations and any reports and notes relating to the individual’s employment with the facility;”
8. As of the dates of this oversight visit, the Office of Juvenile Affairs state office had not responded to two grievances filed at the facility that were appealed and made formal grievances. One was sent to state office on September 17, 2007 and one on October 15, 2007. The two grievances remained outstanding at the conclusion of the oversight visit. OJA rule 377:3-1-28 (b), (3), states:

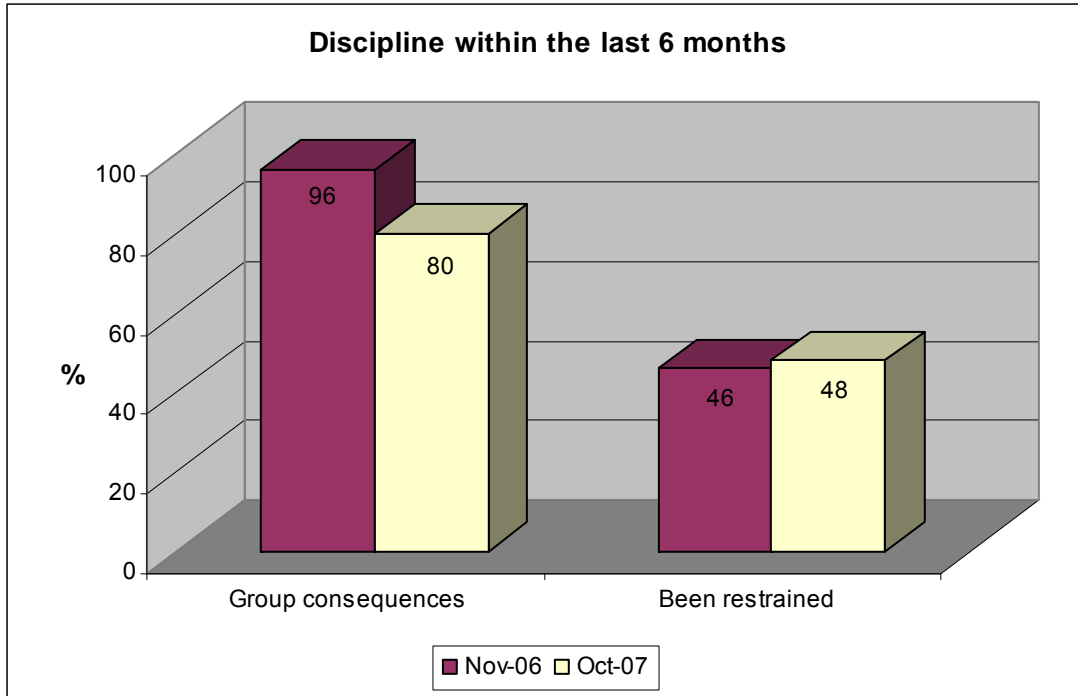
Formal grievances may be filed with any staff member but shall be routed to the Advocate General for appropriate distribution and resolution by OJA State Office as set forth in paragraph (c) of this section. Form OJA-AG-3 may be used to facilitate the formal grievance process.

OJA rule 377:3-1-28 (c) states:

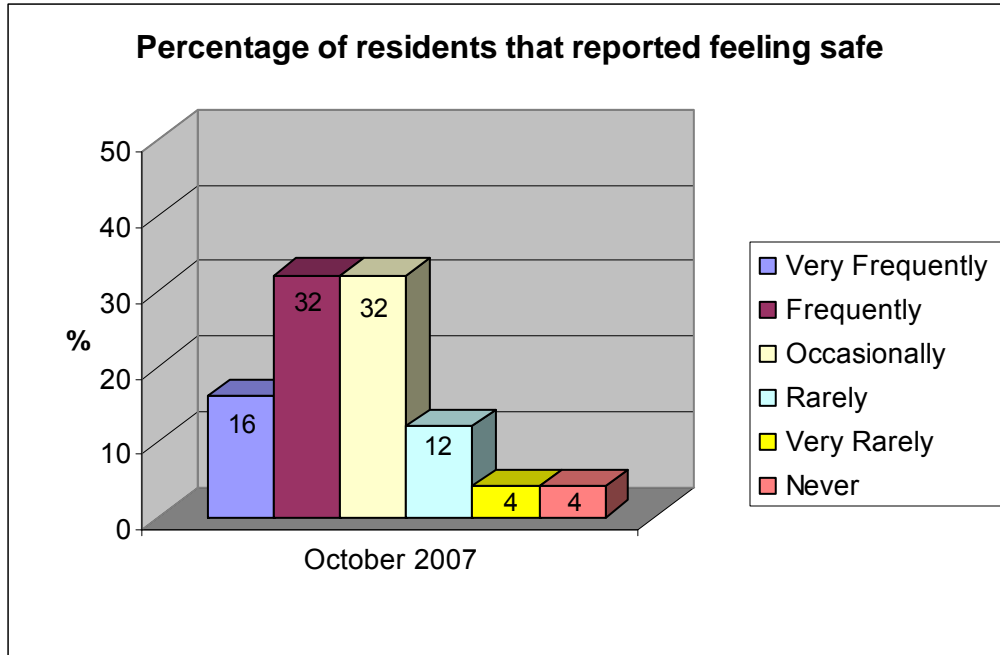
Upon receipt of an appeal of an informal grievance or formal grievance, the Advocate General’s Office shall post the date of receipt. The Advocate General shall review the grievance and the accompanying documentation to determine what additional information is necessary for disposition of the grievance within five (5) working days and set deadlines for receipt of required information. If the Advocate General finds that an appeal or formal grievance was prematurely filed, the Advocate General shall send a reply containing suggestions regarding the proper procedure to the person that sent the grievance. The Advocate General shall review the applicable OJA rules, policy, and/or Oklahoma law to determine if the appeal or formal grievance is appropriate and provide an opinion regarding possible resolution. The Advocate General shall prepare a cover worksheet or memorandum for the appeal or formal grievance and forward a copy to the Chief of Staff/designee for response. The response shall be completed within seven (7) working days (extension may be granted by the Advocate General where a formal, legal opinion or policy decision is necessary). Upon receipt of the proposed resolution, the Advocate General shall forward a copy to the juvenile and/or to other appropriate person named in the grievance and to the appropriate advocate defender or grievance coordinator.

Summary

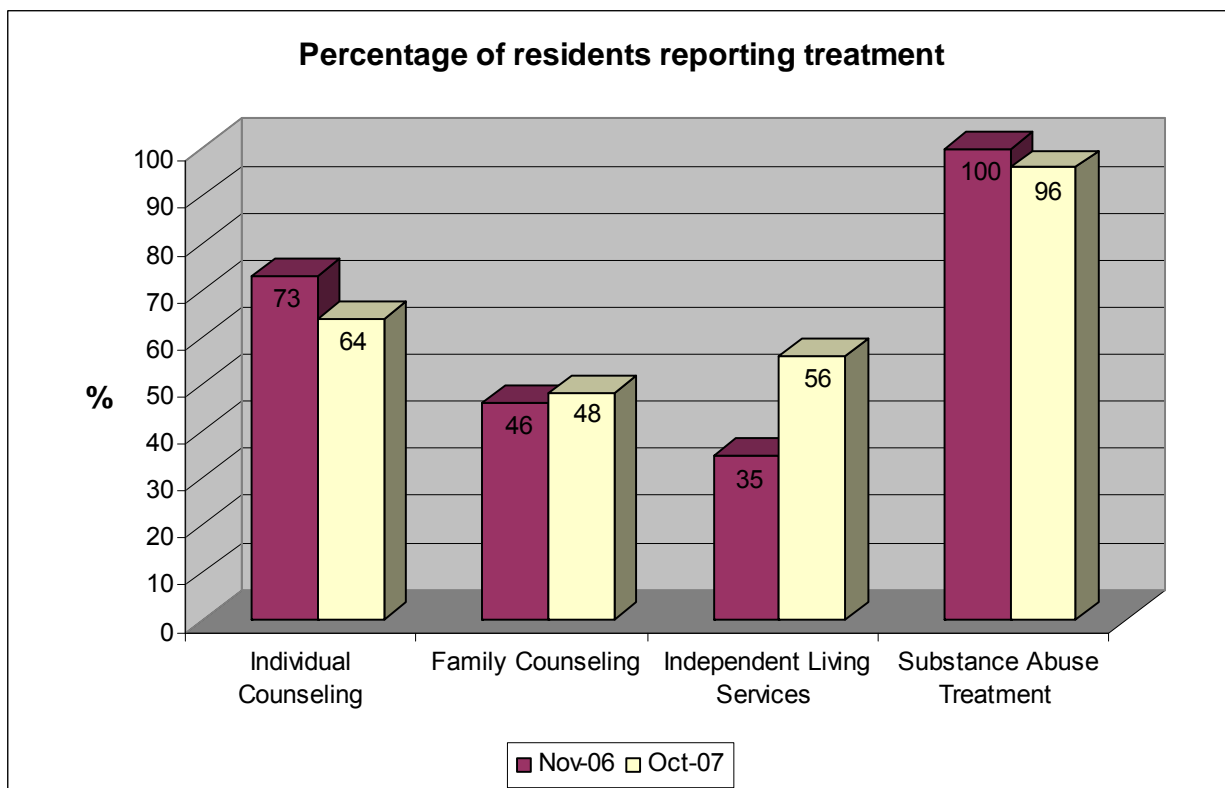
This oversight as well as the oversight conducted in November 2006 focused on the female population. The following graphs and text compare information received from residents during these two OJSO visits.



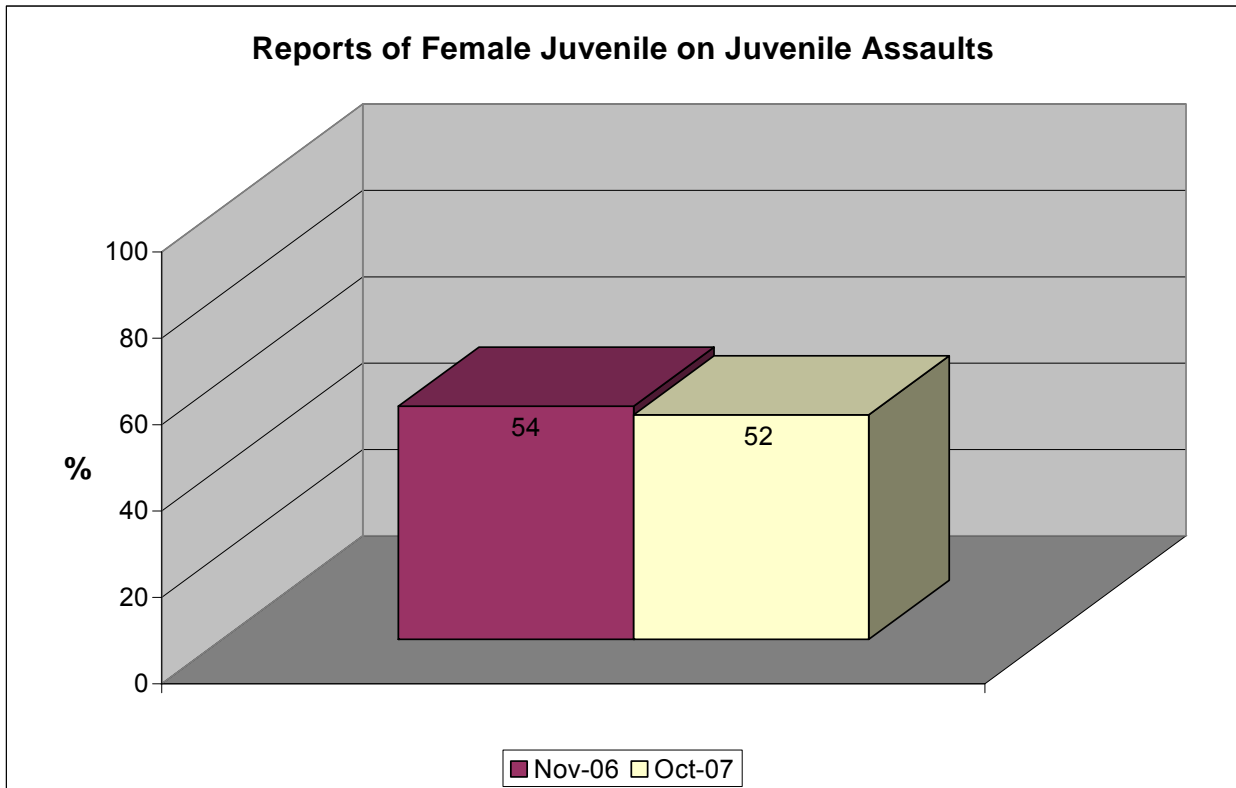
Reports of group punishment declined from the November 2006 and the October 2007 visits. As previously reported, the question was revised changing the term “group punishment” to “group sanctions” prior to the current oversight visit. The term was revised in order to distinguish between residents’ perceptions of actions taken during times of crisis to ensure safety (i.e., having to return to the unit from other activities or being sent to their rooms when one or a group of residents might be exhibiting aggressive or inappropriate behaviors). The use of the term “group sanctions” referred specifically to residents being issued rule violations, denied points, or other consequences for the actions of a few. This is the first comparison of visits with only the female population since this change was made. Although the percentage remains high, this clarification appears to have affected residents’ responses. The OJSO reviewed point cards and minor rule violation logs for September 2007, the month before the visit began but could not verify residents’ concerns.



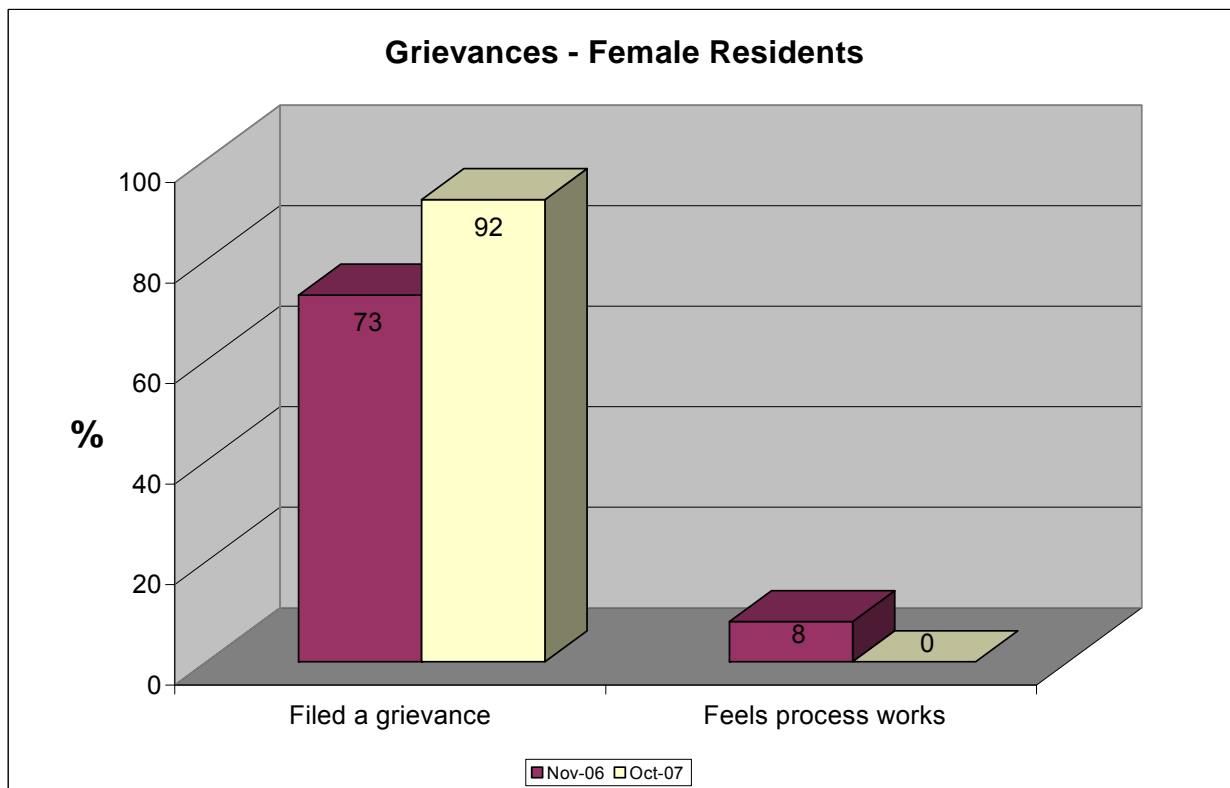
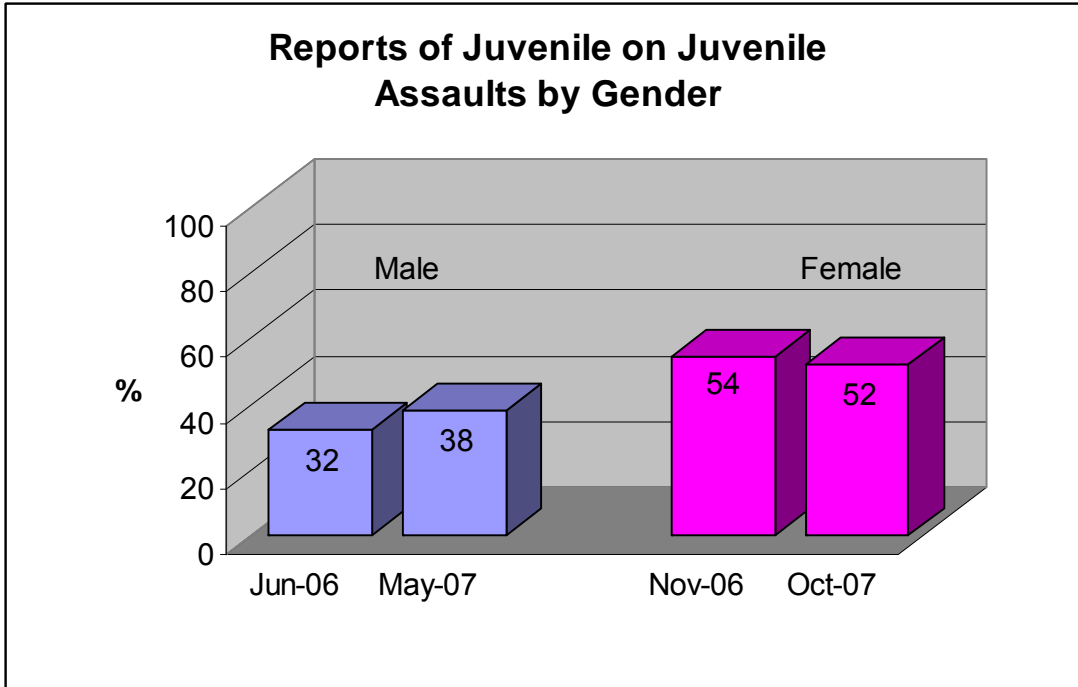
The question of safety was modified from a yes or no question to a Likert scale. During the November 2006 oversight visit when the yes or no question was utilized, 50% of female residents reported feeling safe. When the question was revised, the responses were distributed across the scale with the responses more heavily distributed toward Very Frequently and Frequently, 48%.



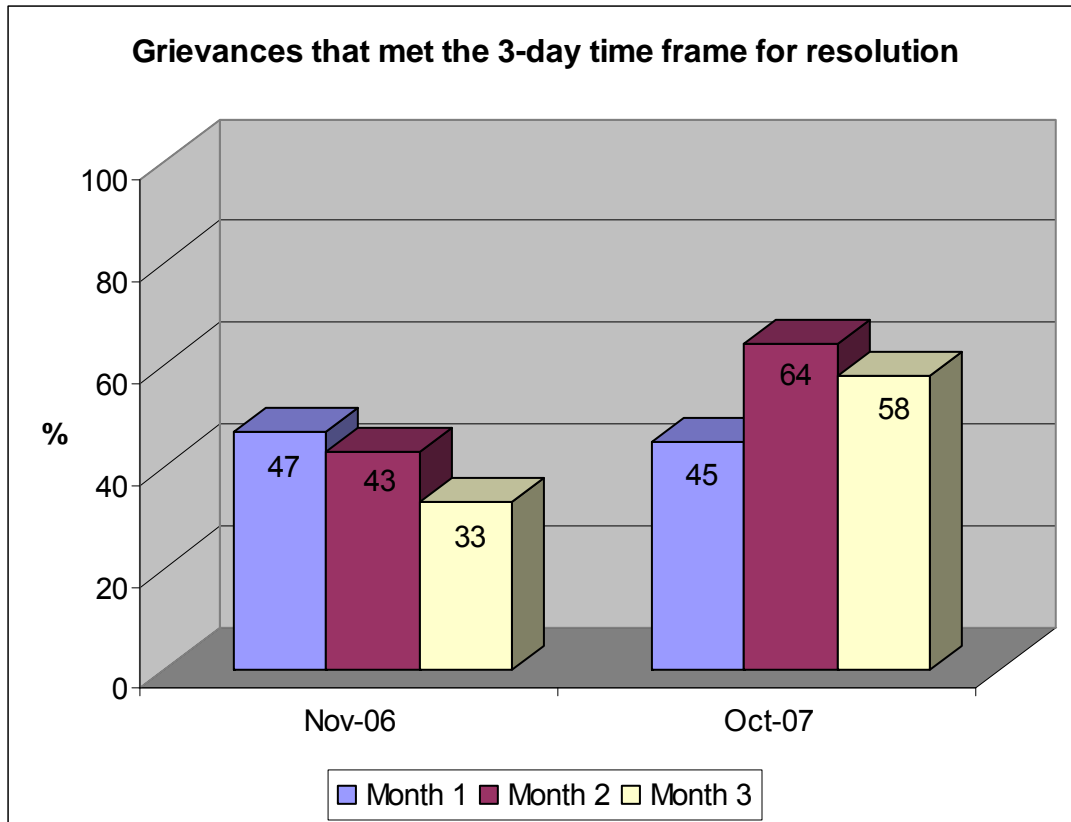
Female residents consistently report that they do receive treatment services and the responses were largely similar during both reporting times. The largest difference was regarding the issue of independent living services. According to residents, independent living services received in 2007 were much better than independent living services received in 2006. Residents reported they receive these services at school in the Family and Consumer Sciences class, Scouts program, and/or from their assigned Juvenile Justice Specialist. Residents also identified the Beauty Shop as being helpful to them, and many of the residents identified cosmetology as a career goal.



Little change was seen regarding juvenile on juvenile assaults for the female population as reflected in the graph. However, as shown by the graph below, the frequency of female juvenile on juvenile assaults is much higher than the frequency of male juvenile on juvenile assaults. (OJSO oversights for June 2006 and May 2007 focused on the male population.)



During the current visit, a larger number of residents reported having filed a grievance. None of the residents interviewed felt the process worked.



When a juvenile files a grievance, it is assigned to a staff member and given a due date three working days later. Juveniles have the right to appeal a grievance to the supervisor when a resolution is not reached within three working days according to OAC 377:3-1-28. Although COJC residents are given the opportunity to appeal, the concern of the OJSO is the percentage of grievances that are not addressed until after the three-day time frame. Appealed grievances are then assigned to the superintendent as the supervisor. The rule states that the superintendent “shall have (5) five days from receipt of the grievance to resolve the grievance.” Grievances that did not meet the three-day time frame are addressed as areas of concern and grievances that did not meet the five-day time frame are addressed as violations.

In further summary of this oversight:

- Residents rated the quality of food medium;
- Residents indicated group is held regularly and residents are encouraged to talk;
- Residents indicated staff assist with career goals;
- Residents indicated staff curse at the residents;
- Residents indicated staff supervise adequately;
- Staff indicated administrative staff work well with direct care staff;
- Staff indicated resident morale is medium to high.