

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

Name of Facility and Location: Central Oklahoma Juvenile Center
Tecumseh, Oklahoma

Dates of Visit: June 6 and 7, 2006

Oversight Team: Ellen Harwell, April Simmons, and Sara Vincent-Spain, Oversight Specialists, and Kevin Rodgers, Programs Manager

Subject: Biannual Unannounced Oversight Visit

Date: November 27, 2006

General Information

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit of the Central Oklahoma Juvenile Center (COJC) on June 6 and 7, 2006. The focus of the visit was to assess compliance with established responsibilities and facility policy and procedures.

Persons Interviewed

- Nineteen residents
- Ten staff members

Documentation Reviewed

- Facility policy and procedures
- Office of Juvenile Affairs Rules
- American Correctional Association Standards
- Most recent inspection reports by the Oklahoma State Department of Health, the Division of Child Care of the Department of Human Services (DHS), and the Office of the Oklahoma State Fire Marshal
- Files on five residents
- Five staff files

Areas Toured

- Entire facility

Overview

Forty-two percent (8 of 19) of the residents interviewed were eighteen years of age. Ages seventeen and sixteen each represented twenty-one percent (4 of 19). Sixteen percent were fifteen years of age (3 of 19). Eighty-four percent (16 of 19) of the interviewees reported being at the facility less than a year.

All of the staff members interviewed had been employed at the facility for at least eight months. Forty percent of these staff members began employment in 2004 (4 of 10). Thirty percent (3 of 10) reported prior work experience with adolescents. Forty percent (4 of 10) reported having a college degree.

Resident Interviews

The OJSO interviewed nineteen residents. The OJSO noted (instrument attached):

- Eighty-nine percent (17 of 19) reported they received a copy of the Resident Rights upon admission.
- Ninety-five percent (18 of 19) reported receiving written program information and rules upon admission.
- Sixty-one percent (11 of 18) reported the information received was also explained to them.
- Two residents reported having received their high school diploma and two had received their general education diplomas (GEDs). Forty-seven percent (9 of 19) reported the teachers were helpful to them.
- Forty-seven percent (9 of 19) reported they received enough to eat.
- Twenty-six percent (5 of 19) reported additional helpings were allowed.
- Forty-seven percent (9 of 19) rated the food as a 3 on a scale of one to five. One resident rated the food as a 5. Forty-seven percent (9 of 19) rated the food as a 2 or below.
- Eighty-nine percent (17 of 19) reported the use of group punishment.
- Forty-two percent (8 of 19) reported having been physically restrained.
- Seventy-nine percent (15 of 19) reported receiving individual counseling.
- Seventy-four percent (14 of 19) reported receiving substance abuse treatment.
- Forty-seven percent (9 of 19) reported receiving family counseling.
- Eleven percent (2 of 19) reported receiving independent living services.
- All of the interviewees (19 of 19) reported they were allowed to contact their Juvenile Services Unit workers.
- Twenty-one percent (4/19) reported that the grievance process worked.
- Seventy-four percent (14/19) reported being cursed at by staff members.
- Eighty-nine percent (17/19) reported witnessing staff members curse at other residents.
- Thirty-two percent (6/19) reported having been assaulted by other residents.
- Twenty-one percent (4/19) reported having been assaulted by staff members.
- Eleven percent (2/19) reported having been the victim of a sexual assault.
- Fifty-three percent (10/19) reported they felt safe.

Staff Interviews

Ten staff members were interviewed. The OJSO noted (instrument attached):

- Ninety percent (9 of 10) reported having been involved in a restraint.
- Forty percent (4 of 10) reported having been injured during a restraint.
- Forty percent (4 of 10) reported witnessing a resident injured during a restraint.
- Sixty percent (6 of 10) reported they received enough information about the residents to provide appropriate care.
- Sixty percent (6 of 10) reported that residents were allowed additional servings of food.
- When asked about the reporting of abuse, all of the interviewees reported they would inform their supervisors and/or the Police Officer Supervisor. Thirty percent (3 of 10) specifically mentioned the DHS Office of Client Advocacy.
- Ninety percent (9/10) reported that their input was valued by administration.

Grievances

The grievance logs for the months of March, April, and May 2006 were reviewed. The OJSO noted:

March 2006

- Forty-two percent (50 of 119) of the grievances did not meet the time frames in which grievances were to be addressed.
- Two grievances were appealed and assigned to the Superintendent. The two grievances were not located.

April 2006

- Fifty-nine percent (65 of 111) of the grievances did not meet the time frames in which grievances were to be addressed.
- Three were appealed to the Superintendent, and one failed to be resolved in five days.

May 2006

- Thirty-six percent (27 of 76) of the grievances did not meet the time frames in which grievances were to be addressed.
- Five were appealed to the Superintendent, and four failed to be resolved in five days.

Review of Resident Files

The files on five residents were reviewed. The OJSO noted:

- Receipt of the Juvenile Handbook by the custodian was not documented in any of the files reviewed.
- Verification of a resident's receipt of the Juvenile Handbook was not documented in one file. The OJSO could only locate a signature page acknowledging the resident's receipt of a copy of the major and minor rule violations.
- Treatment plan reviews for January, March, April, and May 2006 were not contained in one file reviewed.
- Treatment plan reviews for December 2005 and January 2006 were not signed by the custodian in one file, and documentation indicating the signatures had been requested could not be located in the file.
- The treatment plan review for February 2006 did not contain a signature page in one file reviewed.
- The first individualized treatment plan for one resident could not be located in the file on the resident.
- The most recent treatment plan review for one resident was February 2006. The treatment plan reviews for March, April, and May 2006 were not contained in the resident file.
- The treatment plan reviews for March and May 2006 were not contained in one file.
- The treatment plan review for April 2006 in one file did not contain the custodian's signature.
- The treatment plan review for February 2006 in one file did not contain a signature page.
- The treatment plan reviews for January, March, April, and May 2006 were not contained in one file.
- An immunization record was not contained in the file on one resident. This was corrected at the time of the visit.
- Legal verification of custody was not contained in the file on one resident. This was corrected at the time of the visit.

Staff Files

The OJSO reviewed five staff files. No concerns were noted from the review of the staff files.

Facility Tour

The OJSO conducted a tour of the entire facility. The following concerns were noted.

Garren West

- A bottle containing chemicals was not labeled.
- The paint was peeling on the window in cubicle 1 on Dorm B.

Garren East

- The unit's back door was unlocked.

- The ceiling in the shower area was damaged around the light fixture and the air vent was rusted on Dorm A.

Nightingale

- A current menu was not posted on the unit. This was corrected at the time of the visit.

Lyda

- The ceiling plaster was cracked in the area near the fire control room.
- Information was not legible on the label of one chemical bottle.
- A brown substance was on the ceiling on Dorm A, and the plaster was cracked around the perimeter of the dormitory's ceiling.
- A brown substance was on the bathroom ceiling on Dorm A.

Creighton

- A sign posted on the Juvenile Justice Services (JJS) office instructed residents that the mail would be withheld for twenty-four hours if residents made inquiries about the receipt of mail.
- The wall was damaged in the community room on Dorm A.
- There was a hole in the wall near the door on Dorm A.
- The first two showers in the bathroom on Dorm A had damage to the wall tile and ceilings.
- The wall was damaged in three areas in the community room on Dorm B.

Lodiska

- The paint was peeling on the windows in rooms #13 and #16.
- Two bottles were not labeled as containing chemicals.

Kitchen

- The container of cottage cheese in the kitchen refrigerator had expired on May 20, 2006. This was corrected at the time of the visit.

Swimming Pool Area

- Several ceiling tiles were missing.

Summary

The following is a summary of notable differences of residents' responses in the interviews with OJSO staff. All numbers are based on self reports obtained during the interviews.

	November 2005	June 2006
Admission information is explained	91%	61%
Teachers are helpful	70%	47%
Enough food is provided	83%	47%
Group punishment is used	74%	89%
Have been physically restrained	70%	42%
Receiving family counseling	35%	47%
Receiving independent living	30%	11%
Are allowed to contact JSU worker	83%	100%
Believe grievance process works	35%	21%
Have been physically assaulted by peers	70%	32%
Have been physically assaulted by staff	35%	21%
Have been sexually assaulted	9%	11%
Do feel safe at the facility	70%	53%

The percentage of residents reporting they received enough to eat declined from 83 percent to 47 percent. Thirty-seven percent (7 of 19) of residents reported they would like to see additional staff members on the units or an improved camera system.

During the current visit, only three residents were under sixteen years of age, meaning they were not required to receive independent living services; however, only 11 percent of the residents interviewed reported receiving independent living services. In November of 2005, only one resident interviewed was under the age of sixteen. At that time, 30 percent (7 of 23) reported receiving independent living services.

Findings of Violations of Policy

1. Receipt of the Juvenile Handbook by the parent/custodian was not documented in five of the files reviewed on residents. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (J), regarding content of juvenile records states, "The [resident's] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers and frequency of reports to the parent or custodian."
2. Documentation of receipt of the Juvenile Handbook by one resident was not located in the file on the resident. COJC policy CO30300.01 states, "Signed acknowledgement of receipt of the rulebook is maintained in the juvenile's file."
3. Treatment plan reviews were not located in four of the resident files reviewed. COCJ procedure CO50200.02, (II), states, "The individualized treatment plan shall be reviewed monthly. . . ."
4. A signature page was missing or the parent/guardian's signature was not documented on some of the treatment plan reviews in three of the resident files reviewed. In cases where the parent/guardian did not sign the review, the reason for the non-participation was not documented. The Department of Human

- Services licensing standard 154, Social services, (b), Service planning, (1), Comprehensive service plan, (1), (B), (vi), states the service plan contains “the names and signatures, with the date, of those participating in developing the service plan.” At the same cite, paragraph (b), (2), Service plan review, (B), states, “The facility involves the resident and parents or custodian in the service plan review. If the parents or custodian do not participate in the service plan review, the reason for non-participation is documented in the service plan.”
5. The first individualized treatment plan was missing in one file reviewed on a resident. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, states, “A written service plan is developed and documented for each resident within 30 days of admission.”
 6. Substance abuse counseling was not documented for one resident whose treatment plan indicated the juvenile would attend weekly group sessions regarding substance abuse. Facility policy CO50300.04 states, “The facility uses a coordinated staff approach to deliver treatment services. This approach to service delivery shall be documented in treatment planning conferences and individual treatment files.”
 7. Unlabeled bottles containing chemicals were located on the Garren West Unit, Lyda Unit, Lodiska Unit, and kitchen. Facility policy CO30200.16, III, Storage, states, “When chemicals are removed from the original to a secondary container, the secondary container must be labeled to identify the contents.”
 8. The ceiling in the shower area was damaged and the air vent was rusted on Dorm A of the Garren East Unit. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (7), states, “Floors, walls, ceilings, doors, and windows are maintained in good condition.”
 9. A brown substance was found on the ceiling and on the bathroom ceiling on Dorm A of the Lyda Unit. The ceiling on Dorm A also had a large crack. A crack in the ceiling was also noted in the corner of the day area near the fire control room. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (7), states, “Floors, walls, ceilings, doors, and windows are maintained in good condition.”
 10. The walls were damaged in the community rooms on Dorm A and Dorm B of the Creighton Unit. Dorm A also had a hole in the wall near the door. The tiles and ceilings were damaged in both showers in the bathroom on Dorm A. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (7), states, “Floors, walls, ceilings, doors, and windows are maintained in good condition.” The Department of Human Services licensing standards, Section 163, Health regulations, (1), Building, (A) states, “Exterior and interior surfaces are maintained in sound condition, free of holes, peeling paper, and paint.”
 11. The ceiling in the swimming pool area had several missing tiles. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (7), states, “Floors, walls, ceilings, doors, and windows are maintained in good condition.”

12. A sign was posted at the JJS office of the Creighton Unit that stated if residents inquired about their mail, that mail would be withheld from them for twenty-four hours. It was unclear if the mail would be held the twenty-four hours allowed by the facility, or if the mail would be held for twenty-four hours from the time the resident made the inquiry. Facility procedure CO50800.01, I, states, "All incoming and outgoing mail will be distributed within 24 hours, excluding weekends and holidays. And packages are held no longer than 48 hours."

EH:js

