

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

Name of Facility: Central Oklahoma Juvenile Center
Dates of Visit: November 14 and 15, 2005
Oversight Team: Ellen Harwell and Tina Pendergraft, Oversight Specialists
Subject: Unannounced Visit, 2005
Date: June 5, 2006

General Information

The Office of Juvenile System Oversight (OJSO) conducted a routine, unannounced visit on November 14 and 15, 2005, of the Central Oklahoma Juvenile Center, located in Tecumseh, Oklahoma. The focus of the visit was to assess compliance with established responsibilities and facility policy and procedures.

Persons Interviewed

- Twenty-three juveniles
- Six staff members

Documentation Reviewed

- Facility policy and procedures
- Office of Juvenile Affairs Rules
- American Correctional Association (ACA) 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 seven juveniles
- Five staff files

Areas Toured

- Entire facility

Overview

The average age of the residents interviewed was seventeen. Ninety-one percent of the interviewees were older than sixteen. Thirty-nine percent were eighteen years of

age or older. Seventy percent (16 of 23) of the interviewees reported residing at the facility for less than a year. Twenty-six percent (6 of 23) reported prior placement at the L. E. Rader Center.

Resident Interviews

Twenty-three residents were interviewed. Their responses indicated:

- Ninety-one percent (21/23) of the interviewees reported that they had received a copy of the Resident's Rights.
- Ninety-six percent (22/23) reported that they had received written program information and rules.
- Three interviewees reported having graduated from high school.
- All reported that they believed the teachers were helpful.
- Eighty-three percent (19/23) of the interviewees reported that they received enough to eat.
- Seventy-four percent (17/23) reported the use of group punishment.
- Seventy percent (16/23) reported having been physically restrained.
- Seventy-eight percent (18/23) reported receiving individual counseling.
- Thirty-five percent (8/23) reported receiving family counseling.
- Seventy percent (16/23) reported that they were not receiving independent living services.
- Thirty-five percent (8/23) believed that the grievance process worked satisfactorily.
- Seventy percent (16/23) of the interviewees reported having been assaulted by other residents.
- Thirty-five percent (8/23) reported having been assaulted by staff.
- Thirty-five percent (8/23) reported having been assaulted by staff members.
- Seventy percent (16/23) felt safe.

Staff Interviews

Six staff members were interviewed. Two of the six interviewees had been hired in the last six months. The remaining interviewees had been employed at the facility for at least a year. Three of the six interviewees reported prior experience in working with juveniles. One staff reported an associate's degree, and one reported a bachelor's degree. The OJSO noted:

- All interviewees believed that the annual training they received was helpful.
- None reported having been injured in the execution of a restraint.
- Three reported having witnessed injuries to juveniles during restraints.
- Two believed they had received adequate information about the residents in their care.
- When asked about the reporting of suspected abuse, all interviewees reported they would inform their supervisors. One interviewee mentioned the DHS Office of Client Advocacy.

- Five interviewees believed their input was valued by administration.
- All interviewees reported they enjoyed working with the residents when asked to name the best thing about working at the facility.

Grievances

The OJSO reviewed the grievance logs for August, September, October, and November 2005. The OJSO noted:

August 2005

- Fifteen grievances were appealed and assigned to the Superintendent, and none were resolved in five working days.

September 2005

- Eight were appealed to the Superintendent, and none were resolved in five working days.

October 2005

- Three were appealed to the Superintendent, and none were resolved in five working days.

November 2005

The OJSO reviewed the grievances whose due dates had expired prior to the oversight visit.

- None were appealed to the Superintendent through November 15, 2005.

Resident Files

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

- None of the files reviewed documented the custodians' receipt of the Juvenile Handbook.
- One of the files did not contain an initial individualized treatment plan for the resident.
- Five files did not document participation of the parents or custodians in the development of the individualized treatment plans or the reason for lack of participation, nor were the treatment plans signed by the parents or custodians.
- One file did not contain treatment plan reviews for July, August, and October 2005.
- One file contained only one treatment plan review. At the time of the OJSO's visit, the facility's records department was unable to locate additional reviews of the resident's treatment plan.

- Four files did not document participation of the parents or custodians in the treatment plan reviews or the reason for lack of participation, nor were the reviews signed by the parents or custodians.

Staff Files

Five staff files were reviewed. No concerns were noted.

Facility Tour

The OJSO conducted a tour of the facility. Concerns noted were;

Garren East

- A current menu was not posted. Facility staff posted a current menu when the OJSO brought the deficiency to their attention.

Lodiska Unit

- The urinal located nearest to the restroom door overflowed when flushed. Staff stated that a work order had not been submitted.
- Graffiti was written on the water fountain in the day area. Staff reported that attempts to remove the graffiti were unsuccessful.

Findings

1. The receipt of the Resident Handbook by the parents or custodian was not documented in the seven resident files reviewed. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (J), states, "The 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. An initial individualized treatment plan was not located in one resident file. 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."
3. The participation of the parent or custodian in the development of the initial individualized treatment plan or the reason for non-participation was not documented in five resident files, nor were the plans signed by the parents or custodians. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, (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." Licensing

- standards, Section 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. Monthly treatment plan reviews were not located in two resident files. Facility policy, COCJ procedure CO50200.02, (II), states, “The individualized treatment plan shall be reviewed monthly. . . .”
 5. The participation of the parent or custodian in the treatment plan reviews or the reason for non-participation was not documented in four resident files, nor were the reviews signed by the parents or custodians. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (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.” Licensing standards, Section 154, (2), (C), (v), states the service plan review contains “the names, and signatures, with the date, of those participating in the review.”
 6. A urinal on Lodiska unit was not in working order. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (h), Bathrooms, (1), in part, states, “At least one flush toilet . . . in good working condition is available for each six residents.”
 7. Formal grievances appealed to the Superintendent were not resolved in five days. Office of Juvenile Affairs Rules, OAC 377:3-1-28, General grievance procedure, (a), Informal grievances, (6), states, “The supervisor shall have five days from receipt of the grievance to resolve the grievance.”

EH:js

