

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

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

**Dates of Visit:** September 8, 9, 14, and 16, 2010  
Exit Conference: October 6, 2010; OJSO Staff  
Janice Sharp and Dana Holden

**Oversight Reviewer:** Janice Sharp, Oversight Specialist

**Focus of Visit:** Oversight Visit, 2010

**Date:** December 28, 2010

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### **Introduction**

The Office of Juvenile System Oversight (OJSO) initiated an unannounced visit at the Central Oklahoma Juvenile Center (COJC) on September 8, 2010, and returned on September 9, 14, and 16, 2010, to complete the oversight visit. The exit conference was conducted on October 6, 2010. The purpose of the visit was to assess the facility's compliance with established responsibilities and facility policy and procedures. 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). On the first day of the OJSO visit, the census was eighty-six residents, sixty-six male and twenty female residents.

Title 10A of the Oklahoma Statutes, Section 2-7-611, effective November 1, 2009, authorized the OJA to certify secure juvenile facilities. The OJA Office of Public Integrity issued COJC a Permanent Certificate to operate as a secure juvenile facility through June 30, 2012.

A change in administrative staff at COJC had occurred since the OJSO's previous visit in December 2009. Reportedly, the start date for the newly hired superintendent was on July 6, 2010, and the start date for the newly hired deputy superintendent was on March 1, 2010.

### **Interviews Conducted**

- Entry interview with the facility deputy superintendent on September 8, 2010
- Interview with the facility superintendent on September 14, 2010
- Nine residents; an interview with an additional resident was requested, but the resident was away from the facility; another resident declined to be interviewed

- Five youth guidance specialists
- Exit conference with the facility superintendent and the deputy superintendent on October 6, 2010

## **Documents Reviewed**

- Ten resident files
- Five personnel files and training records
- Oklahoma State Department of Health Food Inspection report dated August 9, 2010
- Office of the Oklahoma State Fire Marshal report dated May 6, 2010, and the facility corrective action plan dated May 27, 2010
- OJA Office of Public Integrity assessment report dated April 1, 2010, and the facility corrective action plan dated September 24, 2010
- List of residents, including review of the residents' ages and admission dates
- Staff roster
- Permanent certificate to operate as a secure juvenile facility; expiration date June 30, 2012
- Facility grievance log for March 1 through August 31, 2010
- Facility grievance reports
- Facility use-of-force logs for March 1 through August 31, 2010
- Resident handbook
- OJSO report dated February 16, 2010, for the visit conducted on December 1, 2, and 3, 2009, and the facility response dated March 15, 2010

## **Areas Toured**

An observational tour of the facility was not conducted this visit.

## **Findings**

### Resident Interviews

The OJSO randomly chose ten residents from the resident list to interview; one of those residents was away from the facility. The OJSO requested to interview an additional resident after receiving information during interviews regarding physical restraints and reviewing the file of a resident who reportedly had been physically restrained recently on more than one occasion. That resident declined to be interviewed. The OJSO interviewed the nine residents who gave their consent to be interviewed to determine the residents' perceptions of safety, treatment, and overall quality of life at the facility. The OJSO noted:

- All nine interviewees reported that they had received a resident handbook, written copy of the resident rights, and written policies regarding visitation, mail, telephone calls, gifts, discipline policies, religious practices, the education program, and the grievance procedures when they were admitted to the facility.

- Six of the nine interviewees stated that information pertaining to the resident handbook, resident rights, and written policies regarding visitation, mail, telephone calls, gifts, discipline policies, religious practices, the education program, and the grievance procedures was explained when he/she was admitted to the facility; one interviewee stated that the information was explained “somewhat”; another interviewee stated that “not all” of the information was explained; and the other interviewee stated that the information was not explained when he/she was admitted to the facility.
- When asked about the education program, eight of the nine interviewees reported attending six hours of school per weekday; the other interviewee reported attending three hours of school per weekday. Eight of the nine interviewees stated that the teachers were helpful when residents had difficulty understanding the course work; the other interviewee stated the teachers were helpful for the most part, but that they could be more helpful. When asked about the number of students in any one class, the responses by the interviewees indicated that there were six to ten students in a class. Three of the nine interviewees reported having some kind of special education classes prior to being admitted to COJC.
- Seven of the nine interviewees reported having been placed in other facilities prior to their placement at COJC. Four of those seven interviewees made positive comments about COJC when asked to compare the COJC program with the programs of other facilities where they had been placed. Of those four interviewees who made positive comments, one resident stated that there was more opportunity at COJC, such as in therapy sessions, to discuss the circumstances that had brought the residents into the children and youth service system; another resident stated that COJC staff members helped the residents to succeed in the program and that visitation times were “longer and better” at COJC; and the other two residents stated that residents had “more freedom” at COJC. One of the three remaining interviewees who reported having been placed in other facilities before coming to COJC stated that the other facilities served more food, and a second interviewee stated that advancement in the behavior level system took longer at COJC; the third interviewee did not make a comparison between COJC and previous facility placements.
- Six of the nine interviewees reported that they received plenty to eat; the other three interviewees reported that they were still hungry after eating their meals.
- The interviewees were asked to rate how the food tasted at COJC. On a scale of 1 to 5, with 1 being terrible and 5 being great, three interviewees rated the taste of the food as 2, one interviewee rated the taste of the food as 2.5, and five interviewees rated the taste of the food as 3.
- Five of the nine interviewees reported having been physically restrained at the facility. Six of the nine interviewees reported having been taken to the crisis management center; none of those six interviewees reported having received an injury during escort to or while in the crisis management center.
- Seven of the nine interviewees stated that they had not lost visitation privileges because of rule infractions. The other two interviewees stated that their visitation privileges had been restricted when they were placed on refocus status to correct their inappropriate behaviors. Six interviewees stated that they had been assigned

additional chores, seven interviewees stated that they had lost telephone privileges, and four interviewees stated that they had been assigned early bedtime because of rule infractions. When asked to give an example of the types of discipline received for rule infractions, the interviewees' responses were additional chores, early bedtime, loss of privileges, 250- and 500-word essays, loss of canteen privileges, and phase level drop.

- Eight of the nine interviewees reported having individualized treatment plans; the other interviewee was unsure of having a treatment plan. Two of the eight interviewees who reported having treatment plans stated that they had participated in the development of their treatment plans; the other six interviewees who reported having treatment plans stated that they had not participated in the development of their treatment plans. The interviewee who was unsure of having a treatment plan could not remember if he/she had participated in the development of his/her treatment plan.
- Six of the eight interviewees who reported having individualized treatment plans could name a treatment issue listed on his/her treatment plan, another interviewee had difficulty naming a treatment issue listed on his/her treatment plan, and the other interviewee could not name a treatment issue listed on his/her treatment plan. The interviewee who was unsure of having an individualized treatment plan or having participated in the development of a treatment plan was able to name a treatment issue in which he/she was working on in the program.
- All nine interviewees stated that they received individual counseling.
- Two of the nine interviewees stated that they participated in family counseling, and three interviewees stated they were to participate in family counseling but that their sessions had not begun yet.
- Six of the nine interviewees stated that they received substance abuse counseling.
- All nine interviewees stated that sex offender counseling was not part of their treatment programs.
- Two of the nine interviewees stated that they received independent living services.
- None of the nine interviewees reported that they received job training.
- All nine interviewees indicated that they were familiar with the facility grievance procedures. Three interviewees reported that they had filed at least one grievance. One of the three interviewees who had filed a grievance(s) stated that he/she had been satisfied with the resolution outcome, and the other two interviewees who had filed grievances stated that they had not been satisfied with the resolution outcomes to their grievances. One of those two interviewees who stated that they had not been satisfied also stated that he/she had appealed a resolution but that he/she had not been notified of the first appeal resolution; the other interviewee stated that he/she had not had the opportunity to appeal a resolution outcome.
- Three of the nine interviewees reported that they had been cursed at by staff; four interviewees reported that they had witnessed other residents having been cursed at by staff.
- All nine interviewees reported that they had not been physically or sexually assaulted by other residents or staff members at the facility.

- All nine interviewees stated that they were allowed to send and receive mail. According to some of the interviewees, there was one staff person who sometimes held the mail for a few days before he/she distributed the mail to the residents.
- Eight of the nine interviewees stated that they felt safe at the facility. When the other interviewee was asked what made him/her feel unsafe at the facility, the interviewee indicated that he/she felt unsafe in any environment.
- All nine interviewees reported that they had received medical and dental examinations after they were placed at COJC.
- When asked if there was anything that they disliked about staff, four of the nine interviewees responded no. Of the other five interviewees, one interviewee stated that some staff had “favorites”, a second interviewee stated that some staff were not held accountable for their duties, a third interviewee stated that sometimes staff were in a bad mood and “booked” the residents without cause, a fourth interviewee stated that staff were not respectful of the residents, and a fifth interviewee stated that he/she did not like how the staff acted toward the residents.
- When asked if there was anything that they disliked about the security staff, all nine interviewees responded no.

No other concerns were identified from the resident interviews.

### Staff Interviews

The OJSO interviewed five staff members. The OJSO noted:

- All five interviewees reported current certification in first aid, cardiopulmonary resuscitation (CPR), and behavioral management technique.
- Four of the five interviewees reported that they had physically restrained residents; the other interviewee reported that he/she had assisted to restrain residents. Four interviewees reported that they had knowledge of staff having been injured when staff had physically restrained residents, and two of those four interviewees reported that they had knowledge of residents also having been injured when staff had physically restrained residents. The other staff person indicated that he/she was unaware of any residents or staff having been injured when staff had physically restrained residents.
- When asked to describe the residents’ education program, one of the five interviewees stated that the education program gave the residents an opportunity to advance academically, while two other interviewees stated that the residents worked below their grade levels, as the course work was too easy. The other two interviewees did not provide descriptions of the education program.
- All five interviewees indicated that the residents received recreation daily, including large muscle activity.
- When asked about their individual responsibility to report abuse and/or neglect that had not already been reported, two of the four interviewees stated that they would report suspected abuse and/or neglect of a resident to a supervisor or a unit manager, two interviewees stated that they would report suspected abuse and/or neglect to security staff, and one interviewee did not provide a clear response.

The OJSO asked the five interviewees if they had any suggestions for the new facility administration that would improve the program for the residents and/or the work environment for the staff members. A suggestion was to allow the residents on the higher phase levels to mentor the residents on the lower phase levels, as a way of encouraging the residents on the lower phase levels. Another suggestion was that there needed to be more consistency among staff when assigning discipline to the residents.

No other concerns were identified from the staff interviews.

### Resident File Review

The OJSO reviewed ten resident files. The OJSO noted:

- Six of the ten resident files reviewed did not document counseling sessions as occurring in accordance with the residents' individualized treatment plans. For example, the individualized treatment plan in one resident file stated that the resident was to receive a thirty-minute session per week, at a minimum, each of substance abuse counseling and individual therapy. The therapy progress note documentation indicated that the resident had seen a counselor for individual therapy twice during his/her stay at the facility; documentation reviewed did not indicate that substance abuse counseling had occurred. The resident had been at the facility for at least three weeks.
- The individualized treatment plans in seven of the ten resident files reviewed did not document the required signatures. For example, the resident's signature was missing on a treatment plan signature sheet, and the parent's and Juvenile Services Unit worker's signatures were missing on another treatment plan signature sheet. There were no reasons documented on the treatment plan signature sheets as to why the signatures were missing.
- The therapy progress notes in one of the ten resident files reviewed did not document the supervisor's signature and the issues of the counseling session were not always listed.
- The therapy progress notes in one of the ten resident files reviewed documented the same name for the clinician providing the therapy and for the person signing off as the clinician's supervisor.

No other concerns were identified from the resident files reviewed.

### Staff File Review

The OJSO reviewed five direct care staff files and training records. One staff file reviewed indicated that a criminal record background check was requested after the employee's date of hire, and one staff file did not document verification of the personal references received during the hiring process. When the OJSO resumed the oversight visit on September 16, 2010, staff provided documentation to verify that a criminal record background check had been requested and received before the employee's date

of hire and that staff had obtained the required signatures on the personal reference forms after it was brought to staff's attention. No other concerns were identified from the staff files reviewed.

### Grievance Log and Grievance Reports Review

The OJSO reviewed the grievance log for March 1 through August 31, 2010. Documentation indicated that 383 grievances were filed during the reporting period. The amended OJA grievance policy, which became effective on July 15, 2010, had timeframes different from the previous grievance policy for resolving a grievance. The OJSO, therefore, reviewed the grievance log for the grievances filed in August 2010 to determine whether or not the timeframes of the amended OJA grievance policy were met. The OJSO noted that 37 of the 124 grievances filed in August 2010 were not resolved by the due dates assigned or in the required timeframes set out in the amended OJA grievance policy.

The OJSO reviewed eighteen grievances. In its review, the OJSO compared the documentation recorded on the grievance forms with the documentation recorded on the grievance log. The OJSO noted:

- One grievance indicated that the resident filed the grievance on April 4, 2010. The grievance log recorded that the grievance was filed by the resident and was received by staff on April 12, 2010.
- One grievance did not indicate the date the resident filed the grievance.
- One grievance indicated that the resident filed the grievance on June 10, 2010. The grievance log recorded that the grievance was filed by the resident and was received by staff on June 14, 2010. The due date for the resolution was listed as June 17, 2010. The date of the resident's signature regarding the date the resident accepted the resolution was difficult to read, but it appeared to be June 22, 2010; the date of the staff signature to indicate the staff person signing off on the resident accepting the resolution was June 22, 2010. The grievance log did not document that the grievance resolution was accepted.
- A grievance indicated that the resident had filed the grievance on July 3, 2010. The grievance log recorded that the grievance was filed by the resident and received by staff on July 6, 2010. The due date for the resolution was listed as July 9, 2010. The date of the resident signature as to when the resident accepted the resolution was documented as July 12, 2010.
- A grievance indicated that the resident had appealed the resolution. The required staff signature regarding the resolution for the first appeal was not documented.
- A grievance and the grievance log indicated that the grievance was filed by the resident on August 4, 2010, and received by the staff on August 9, 2010. The boxes were not checked on the grievance form to indicate whether or not the resident accepted the resolution or wanted to file an appeal; however, the box as to the date the resident accepted the resolution was completed and the resident's signature was documented.

- A grievance was filed by a resident on August 23, 2010, and it was received by staff on August 24, 2010. The due date for the resolution was listed as August 27, 2010. The boxes were not checked on the grievance form to indicate whether or not the resident accepted the resolution or wanted to file an appeal; however, the box as to the date the resident accepted the resolution was completed and the resident's signature was documented. The date documented as when the resident accepted the resolution was September 5, 2010.
- The resident's name and the date the grievance was filed were not recorded in the preprinted header section of a grievance form. The grievance log recorded that the grievance was filed by the resident on August 23, 2010, received by staff on August 24, 2010, due for proposed resolution on August 27, 2010, and resolved on September 3, 2010. The signature of the resident was documented twice on the grievance; the handwriting for each resident signature was different. One signature attested to the issue being grieved; the other signature documented the resident accepting the resolution, not wanting to appeal the resolution, and wanting to withdraw the grievance.

In its review of the grievances and the grievance log, the OJSO noted that the Statement of Informal Grievance and Resolution form, OJA-AG-2, did not request the date of the incident. The OJSO also noted that the facility grievance log did not record the dates of the incidents.

In addition, the OJSO reviewed the grievance log for the period of March 1 through August 31, 2010, to follow-up on the statements made by two resident interviewees that they were not satisfied with the resolution outcomes of their grievances. One resident reported not having been notified of an appeal resolution, and the other resident reported not having the opportunity to file an appeal. Although there was no indication from the two residents as to which grievances they were referring to or when the grievances were filed, according to the grievance log for the reporting period reviewed, both residents had filed grievances and each of these two residents had appealed a resolution outcome. The resolution outcomes of the other grievances filed by the two residents during the reporting period had been accepted or the grievances had been withdrawn.

No other concerns were noted from the grievance log and grievance reports review.

#### Use-of-Force Log Review

The OJSO reviewed the use-of-force log for March 1 through August 31, 2010. Documentation recorded 218 incidents of use of physical force involving one or more residents during the reporting period. Mechanical restraints were used on 294 residents in those 218 incidents. The reasons indicated for the use of physical force were: self-protection/self-harm, 121 incidents; fighting, 50 incidents; attempt to escape/escape, 1 incident; assault on staff, 23 incidents; and assault on peers, 36 incidents. More than one reason for the use of physical force was documented for some of the incidents. The OJSO noted that one entry of use-of-force listed on the log did not indicate the

reasons for the use of force and the use of mechanical restraints. No other concerns were noted from the use-of-force log review.

### Other Inspection Reports

The OJSO reviewed the most current inspection reports by the health department and the fire marshal's office and the most current assessment report by the OJA Office of Public Integrity. No violations were indicated on the health department report. The fire marshal office's report indicated two minor deficiencies; the facility corrective action documentation indicated that the deficiencies had been corrected the day following the fire marshal office's visit. The deficiencies cited in the OJA Office of Public Integrity report were:

Section 1, Administration: Changes were needed regarding the facility's procedures manual specific to medical and security/control.

Section 5, Programs/suicide/medical/food service: Medical summaries were not currently signed by a physician upon residents' discharge or release. A physician did not currently review a resident's medical and dental records prior to discharge or transfer to another placement.

Section 7, Security/control: Procedures and training were needed regarding facility prohibited items. Expanded procedures and training were needed regarding pat searches and disrobement searches.

Section 11, Facility tour: The name and duties of the advocate defender were not posted in a conspicuous place on all the units. Staff documentation/records were left accessible to the residents. The living units needed to be cleaned. Missing floor tiles, unsecured carpet, and a hole in the wall on a unit needed to be repaired. Housekeeping was needed on the living units and the Crisis Management Unit.

The facility submitted a corrective action plan to the OJA.

### **Areas of Concern**

1. Six of the nine residents interviewed stated that they had not participated in the development of their treatment plans. One of the nine residents interviewed did not know if he/she had an individualized treatment plan; however, this resident could name a treatment issue in which he/she was working on in the program. One resident had difficulty naming a treatment issue listed on his/her treatment plan, and another interviewee could not name a treatment issue listed on his/her treatment plan.
2. Six of the ten resident files reviewed did not document counseling sessions as occurring in accordance with the residents' individualized treatment plans.
3. The use-of-force log had missing information for one incident of use of physical force.
4. The preprinted OJA grievance form did not have a specific heading that requested the author to provide the date of the incident. The formats of the grievance logs

reviewed also did not document the dates of the incidents. It appeared that the date the grievance was filed was the date used to determine the applicable due dates.

## Violations

1. Three of the nine interviewees reported that they had been cursed at by staff, and four interviewees reported that they had witnessed other residents having been cursed at by staff. OJA policy, OAC 377-3-13-42, Juvenile rights, (7), (A)–(C), states, “Facility staff shall not discipline a juvenile by using corporal or unusual punishment; humiliation; (or) mental abuse.”
2. Resident interviewees reported that a staff member sometimes held the mail for a few days before he/she distributed the mail to the residents. Facility policy, Procedure 9CO30100.03, Juvenile Communications/Correspondence, I, Mail Distribution, states, “Staff members from the administration building retrieve the mail from the facility mailbox. Juvenile mail is stamped with the date and time of arrival in the mailroom and placed in the unit mailbox. The Juvenile Justice Specialist or designee will pick up the mail, distribute to juveniles within 24 hours, (excluding weekends and holidays) and document on Juvenile Mail form # COJC M-1. All incoming and outgoing mail will be distributed within 24 hours, excluding weekends and holidays, and packages are held no longer than 48 hours. (4-JCF-3A-12)” In addition, OJA policy, OAC 377:35-11-5, Juvenile correspondence, (c), in part, states, “Delivery of incoming mail and posting of outgoing mail occurs within 24 hours excluding weekends and holidays.”
3. Seven of the ten resident files reviewed contained individualized treatment plans that did not document the required signatures to indicate participation. OJA policy, OAC 377-3-13-140, Treatment programs, (d), states, “The facility shall document resident and parent/guardian/legal custodian participation in the development of the treatment plan.”
4. The grievance tracking log was not a complete, accurate record. Facility policy, Procedure 9CO30100.02, Grievance Procedure, II, Informal grievances, F, states, “The Social Services Inspector shall track and monitor all grievances and forward to the Institutional Superintendent a copy of this tracking device on a monthly basis.”
5. Required timeframes or the due dates assigned were not always met for resolving grievances. OJA policy, OAC 377:3-1-28, General Grievance Procedure, (a), Informal grievances, (2), in part, states, “A juvenile shall try to informally resolve his or her grievance by talking with the Social Service Inspector, supervising employee or other appropriate staff within three (3) working days, excluding weekends and holidays, of the incident. If the issue is not resolved the juvenile may submit in writing a brief description of the problem and what efforts have been made to resolve the issue within (7) seven working days, excluding weekend and holidays, of the incident.” At the same cite, paragraphs (5) and (6), states, “If the grievance is not resolved within (5) five working days (excluding weekends and holidays), the juvenile may seek review by the supervisor. The supervisor shall have (10) ten working days (excluding weekends and holidays) from receipt of the review to resolve the grievance.”

6. The boxes were not always checked on the grievance form to indicate whether or not the resident accepted the resolution or wanted to file an appeal. Facility policy, Procedure 9CO30100.02, Grievance Procedure, IV, A, 2 and 4, states, "The appointed staff member resolving the grievance shall inform the juvenile of the decision regarding his or her grievance and the right to appeal to the Institutional Superintendent. This appeal is done immediately by marking the appropriate box on the grievance form. (4-JCF-3A-06). . . . If the juvenile does not appeal, the Social Services Inspector shall file the completed grievance and document such in the log."

### **Recommendation to the OJA**

1. Consider amending the Statement of Informal Grievance and Resolution form (OJA-AG-2) to include a specific heading to record the date of the incident, in order for the facility to determine the timeframes for resolving the grievance, as set out in OAC 377:3-1-28(a)(2).

### **Summary**

Multipurpose/incident reports were not always contained in the resident files. During the course of the oversight visit, the OJSO was informed by staff that the staff person's position that had responsibility for the multipurpose reports had been vacant since December 2009. The OJSO was also informed that since July 2010, facility staff had prepared incident reports. The OJSO was advised by staff that even though multipurpose reports had not been prepared, the incidents that met criteria for reporting to the Oklahoma Department of Human Services' Office of Client Advocacy had been reported.

In the exit conference on October 6, 2010, the OJSO provided the facility superintendent and the deputy superintendent with a facility exit checklist that identified the files reviewed and the areas of concern and the violations listed, with the files identified in which the deficiencies were found. The OJSO and facility administration discussed each item listed. On November 11, 2010, via facsimile, the facility provided documentation for the items that could be resolved.

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