

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

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**Name and Location of Facility:** Craig County Juvenile Detention Center  
Vinita, Oklahoma

**Dates of Visit:** May 27 and August 27, 2008

**Oversight Reviewer:** Cliff Aldridge, Oversight Specialist

**Focus of Visit:** Unannounced Visit, 2008

**Date:** February 23, 2009

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### **Introduction**

The Office of Juvenile System Oversight (OJSO) initiated an unannounced visit of the Craig County Regional Juvenile Detention Center (CCJDC) on May 27, 2008, and returned on August 27, 2008, to complete the visit. The facility was certified for ten juveniles by the Office of Public Integrity (OPI) of the Office of Juvenile Affairs (OJA). The OJA contracted with the Craig County Board of Commissioners for the detention center, and the county commissioners contracted with ROCMND Area Youth Services, Inc. for the actual operation of the facility. On the final day of the OJSO visit, the census was nine.

### **Interviews Conducted**

- Initial entry conference with the Detention Director on May 27, 2008
- Five residents
- Two direct care staff members
- Subsequent entry conference with the day shift supervisor on August 27, 2008
- Exit conference with the day shift supervisor and a supervisor on August 27, 2008

### **Documents Reviewed**

- Two resident files
- Office of the Oklahoma State Fire Marshal report dated April 25, 2008
- Oklahoma State Department of Health Food Inspection report dated March 26, 2008
- OJA OPI Annual Assessment Report with transmission letters for the May 2007 visit and the facility response
- Facility census for August 27, 2008
- Facility summer schedule for the 8:00 a.m. to 4:00 p.m. shift
- Facility program schedule for the 4:00 p.m. to midnight shift, Monday through Friday
- Grievance log for May, June, and July 2008
- Fourteen grievance records

- Room confinement log for May, June, and July 2008
- Room restriction log for May, June, and July 2008
- Use of force/mechanical log for May, June, and July 2008
- Critical incident log for May, June, and July 2008

### **Areas Toured**

- Indoor and outdoor areas of the detention center
- Medication administration room and process
- Drive-by tour of the new detention center under construction
- Dining hall during the resident noon meal

### **Findings**

#### Interviews

Four residents and one staff member were interviewed on the first day of the visit, and one additional resident and one additional staff member were interviewed on the second day of the visit. All five resident interviewees gave favorable responses to interview questions concerning the food, staff, and facility. All five resident interviewees reported adequate participation in educational services and regular indoor and outdoor recreation activities. Each resident gave positive descriptions of the grievance process. Both staff members interviewed demonstrated familiarity with facility policies and reported having had all of the required training for their positions. No issues of concern were identified during the resident or staff interviews.

#### File Review

Two resident files were reviewed. One of the two files was complete for all of the items reviewed. The other file did not note the religious preference as required and did not document medical consent to treat by the parent or in the judicial order of detention. The residents' responses to recreation participation were scored daily on a rating system, but the documentation was minimal.

#### Critical Incident Log Review

No suicides or attempts and no escapes or attempts were logged on the critical incident log for the time period reviewed. None of the residents were on suicide precaution or on room confinement on the days of the visit. The facility recorded only one use of force/restraint for the one-year period of August 2007 through July 2008. According to documentation, the restraint lasted only ten minutes and did not involve the use of mechanical restraints.

#### Room Confinement Log Review

Nine instances of room confinement (more than sixty minutes) were documented for the period of May, June, and July 2008. In one instance of room confinement reviewed, all

ten of the residents were placed in room confinement at 1:30 p.m. until bedtime and were released from room confinement at 8:00 a.m. on the following day. The incident reports described a “near riot” situation and the use of room confinement appeared justified for safety purposes. The documentation indicated that the staff interacted appropriately with the confined residents.

Four instances of room confinement were for medical reasons, such as bed rest or quarantine. The duration of the remaining four uses of room confinement for non-medical reasons ranged from three hours to eighteen hours, twenty-six minutes, including the overnight hours when the residents are normally secured in their rooms. In the two instances when the residents were on room confinement status during the overnight hours, both residents were released from room confinement at 8:00 a.m. on the following day to participate in regularly scheduled program activities.

No issues of concern were identified from the review of the use of room confinement.

#### Room Restriction Log Review

The room restriction log for May, June, and July 2008 was reviewed. Thirty-seven instances of room restriction (sixty minutes or less) were documented. Seventeen room restrictions were the result of the residents’ own requests. No issues were identified from the review of the use of room restriction.

#### Grievance Log Review

The grievance log for the period of May, June, and July 2008 documented sixteen grievances. Fourteen grievances were reviewed; two grievances were in the assistant director’s office and were unavailable for review. Outcomes were logged for all but one of the sixteen grievances filed. One grievance resulted in a referral to the Office of Client Advocacy of the Oklahoma Department of Human Services. In one instance, the resident was released from detention before the grievance could be processed. In three of the instances, the residents were issued grievance forms but declined to file grievances. Two of the grievance resolutions were appealed and resolved. All of the grievances reviewed had been resolved or processed in compliance with the OJA grievance time frames.

The OJA OPI report noted two physical plant deficiencies from its tour and noted two deficiencies from an earlier fire marshal report. The OPI report recommended that the facility document instances of room restriction in the room restriction log. The facility response to the OPI report documented the repairs. No violations were noted by the fire marshal or the health department on the recent inspection reports reviewed by the OJSO. As noted above, the OJSO reviewed the room restriction log to document compliance with the OPI request for the establishment of a room restriction log. The OPI report commended the facility for the outcomes of the referrals to the OCA.

## Observational Tour

A walking tour of the indoor and outdoor secure areas was conducted. Key logs and medication records were current at the time of the visit; none of the residents were on suicide watch or room confinement. Materials and information required to be posted were posted. Staff interactions with the residents appeared to be positive and beneficial. The residents were asked about the quality of the food during lunch in the dining room and were enthusiastic in their responses. Construction of the new facility was expected to be completed in early 2009. No concerns were identified from the facility tour.

### **Area of Concern**

1. Based on staff and resident interview responses, it appeared likely the residents received a daily minimum of an hour of large muscle activity and another hour of leisure activity. However, the type and duration of the exercise should be documented to verify the facility provided required recreation.

### **Violations**

1. One of the two resident files reviewed did not document the authority to provide medical treatment to the resident, as required by OJA Requirements for Secure Juvenile Detention Centers. OJA policy, OAC 377:3-13-40, Records, (a), (16), in part, states, "Facility staff shall complete a confidential record for each juvenile admitted to the facility and include, at the minimum, medical consent forms, court orders authorizing medical treatment, or documentation of request for medical consent."
2. One of the two resident files reviewed did not document the religious preference of the resident, as required by OJA Requirements for Secure Juvenile Detention Centers. OJA policy, OAC: 377:3-13-40, Records, (a), (14), in part, states, "Facility staff shall complete a confidential record for each juvenile admitted to the facility and include, at the minimum, religious preference."

### **Summary**

No issues of concern or violations of established responsibilities were identified from the previous visits of the OJSO to the Craig County Juvenile Detention Center in 2005 and 2006. The Craig County Juvenile Detention Center is commended for its limited use of room confinement/restriction and physical/mechanical restraints. The OJSO appreciated the helpfulness of the detention center staff for arranging the interviews, conducting the tour, and providing the necessary materials for review. The facility director and assistant director both were out of the office on the day of the OJSO exit conference.

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