

TO: Dana Holden, Oversight Specialist
OCCY
From: Twyla Snider, Director
CCDC
RE: Audit on March 11 and 16

Areas of Concern

1. There were fourteen incidents of room confinement which according to documentation appeared questionable as to whether they met the criteria for room confinement.

Response: It is difficult to address these cases when I have no way of knowing what specific cases the auditor deemed unacceptable. The exit interview was conducted over the phone several days after the audit and did not indicate specific cases

2. Residents were placed in room confinement for a designated twenty-four hour period of time for refusing to work the program.

Response: Residents who refuse to go to school, counseling, group activity, and other program components may voluntarily chose to stay in their cells. They sign an agreement to that effect. This is established in our policy and has been the practice for many years. OCCY representative told detention operators at the 4-15-10 Detention Association meeting that they would not be penalized for this practice.

3. When mechanical restraints were applied, staff did not document the length of time the mechanical restraints were left on.

Response: All staff was trained on this documentation on 4-22-10

Violations

1. Residents were placed on room confinement for incidents that did not meet criteria.

Response: Without knowing specific cases it is impossible to guess at the auditor's interpretation of application of OJA policy OAC 377:3-13-44. However, all staff was trained in this policy on 4-22-10 and emphasis was placed on the policy criteria for room confinement.

2. There were eighteen incidents of room confinement which did not have an incident report documenting the incident which led to room confinement.

Response: All staff was trained on this requirement on 4-22-10. The director will continually monitor this standard to ensure compliance.

3. Staff did not document the three hour re-authorization of room confinement every three hours in twenty-nine incidents of room confinement reviewed.

Response: All staff was trained on this documentation requirement. Shift Supervisors will be held responsible for this activity.

4. Staff did not document fifteen minute sight checks of juveniles in thirty-four incidents of room confinement reviewed.

Response: All staff was trained on this requirement. Emphasis was given to the Terry D. Lawsuit and liability issues that might occur for not meeting the well being check of the resident. Shift Supervisors will be responsible for this check

5. Two of ten restraints reviewed did not have a written incident report in the file.

Response: All staff was trained on this requirement. The director will monitor this activity more closely.

6. Seven of the ten incidents of restraint reviewed did not appear to meet the criteria.

Response: Criteria for restraint were given at the 4-22-10 training. All staff is aware and understands that the director or senior level must approve use of restraints unless an immediate emergency exists. The director will monitor this activity.

Summary

Craig County Detention Center staff has all been trained in Use of Force, Use of Mechanical Restraints, and Room Confinement. It should be noted that the auditor list examples of incidents that didn't meet criteria as: Refusing to work the program, Hitting cell door, Possession of contraband, Flooding cell and Destruction of Property. While these items may not have been properly documented, each one of them could have met criteria. Our suggestion is that the auditors meet with OJA administration and clarify their standards/criteria.