

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

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**Name and Location of Facility:** Garfield County Juvenile Detention Center  
Enid, Oklahoma

**Date of Visit:** May 26, 2009

**Oversight Reviewers:** Dana S. Holden, Oversight Specialist

**Focus of Visit:** Unannounced Visit, 2009

**Date:** June 25, 2009

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### **Introduction**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on May 26, 2009, at the Garfield County Juvenile Detention Center, located in Enid, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The Office of Juvenile Affairs (OJA) contracted with the Garfield County Board of Commissioners for operation of the detention center. The facility was certified by the OJA for ten detention program residents and one sanction program resident. On the day of the OJSO visit, the census was eleven.

### **Interviews Conducted**

- Entry interview with the executive director
- Six residents
- One direct care staff member
- Exit conference with the program manager and the executive director

### **Documents Reviewed**

- Two personnel files and training records of direct care staff
- Six resident files
- Office of the Oklahoma State Fire Marshal report dated February 26, 2009
- Oklahoma State Department of Health Food Inspection report dated November 26, 2007
- OJA Office of Public Integrity (OPI) monitoring report dated March 20, 2008
- Facility room confinement logs for January 1, 2009, through May 26, 2009
- Facility incident reports for residents who were placed on room restriction/room confinement

## **Findings**

### Interviews

The OJSO interviewed six residents. The interview questions pertained to the residents' perceptions of safety, detention program services, resident rights, discipline practices, and other detention program issues. All residents interviewed made positive statements about the staff and their treatment at the facility. The OJSO did not identify any concerns from the resident interviews.

One direct care staff member was interviewed. The interview questions pertained to the staff member's perceptions of detention program services, resident rights, discipline practices, and other detention program issues. The OJSO did not identify any concerns from the staff interview.

### File Reviews

The OJSO reviewed six resident files for compliance with OJA detention standards. The OJSO noted that one resident file did not contain documentation regarding the facility's legal authority to accept the juvenile into detention or signed consent/authority to provide medical treatment to the juvenile.

No other concerns were noted from the resident file review.

Two personnel files and training records of direct care staff were reviewed for compliance with OJA detention standards. The OJSO noted:

- One training record did not contain documentation of current cardiopulmonary resuscitation (CPR) certification and first aid training.
- One training record did not document the required number of training hours for 2008; documentation indicated the staff person had completed fourteen hours of training for 2008.

No other concerns were noted from the personnel file and training record review.

### Room Confinement Log Review

The OJSO reviewed the room confinement log for January 1, 2009, through May 25, 2009. The OJSO noted:

- The room confinement log did not document one incident of room confinement that was listed on the three-hour review sheet in a resident file. The facility had not completed an incident report regarding the incident, and therefore, the reason for the room confinement was not documented.

- Documentation on the room confinement log did not indicate that visual observations were made every fifteen minutes of a resident who was placed on room confinement for approximately three hours. According to the documentation, staff conducted four visual checks of the resident during the approximate three hours, with the amount of time between the checks ranging from twenty to sixty-four minutes.

No other concerns were noted from the room confinement log review.

### Inspection Reports Review

The OJSO reviewed the most recent reports by the Office of the Oklahoma State Fire Marshal, the Oklahoma State Department of Health, and the OJA OPI. The OJSO noted that the facility was past due for an inspection by the health department; on May 27, 2009, the facility facsimiled the OJSO a copy of the current health department inspection. No concerns were noted from the fire marshal report and the health department report review. The OJA OPI had not conducted a monitoring visit at the facility since the OJSO's last oversight visit to the facility; the deficiencies that were noted on that OPI report were noted in the previous OJSO report.

### **Violations**

1. One of the six resident files reviewed did not document the facility's legal authority to accept the juvenile into detention or the authority to provide medical treatment for the resident. OJA policy, OAC 377:3-13-40, Records, (a), (16), 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. At the same cite, paragraph (b), (1), in part, states, "The case record includes, at a minimum . . . documented legal authority to accept juvenile."
2. One of the two training records reviewed did not contain documentation of current CPR certification and first aid training. OJA policy, OAC 377:3-13-43, Staff requirements, (a), General provisions, (8), Staff training, (E) and (F), states, "All staff shall be trained on facility policy and procedure. Within 90 days after employment, all direct-care staff shall have successfully completed first aid training from an instructor certified by the American Red Cross or its equivalent. . . . All direct-care staff shall be certified in cardiopulmonary resuscitation (CPR) within 90 days after employment and recertified annually. . . ."
3. One of the two training records reviewed did not document the required number of training hours for 2008. OJA policy, OAC 377:3-13-43, Staff requirements, (a), General provisions, (8), Staff training, (G) states, "Full time direct-care staff and administrators shall obtain at least 24 clock hours of training per employment year. . . ."
4. The room confinement log did not document an incident of room confinement. OJA policy, OAC 377:3-13-44, Security and control, (c), (15), Procedure for room confinement or room restriction, (E), states, "A written record shall be maintained on

any juvenile placed in room restriction or confinement. It includes a log stating who authorized the action, names of persons observing the juvenile and times of observation, the person authorizing release, and the time of release.”

5. Documentation indicated that staff did not conduct fifteen-minute observation checks on a resident placed in room confinement. OJA policy, OAC 377:3-13-44, Security and control, (c), (15), Procedure for room confinement or room restriction, (B), states, “Any juvenile shall be visibly observed by a staff member every 15 minutes, and this must be documented.”

## **Summary**

The OJSO discussed the OJSO’s findings with the executive director and the program manager during the exit conference. The OJSO noted that the number of room confinements had decreased since the last oversight visit in July 2008. The OJSO’s review of the most recent health inspection report on the facility indicated that the health department had last inspected the facility in 2007; facility staff explained that a misunderstanding of a new process had occurred regarding whether or not the facility was to submit a request for an inspection or if a health department inspection was unannounced. According to facility staff, the misunderstanding was corrected.

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