

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

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**Name of Facility:** Muskogee County Regional Juvenile Detention Center

**Date of Visit:** December 1, 2005

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

**Subject:** 2005 Announced Oversight Visit

**Date:** May 5, 2006

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced, routine visit of the Muskogee County Regional Juvenile Detention Center on December 1, 2005. The purpose of the visit was to monitor compliance with established responsibilities and facility policy and procedures. The center was certified by the Office of Juvenile Affairs (OJA) for ten juveniles. Certificate No. D-51-04 was current and valid until September 2006. The OJA contracted with the Muskogee County Board of Commissioners for the juvenile detention center. The Muskogee County Council of Youth Services (MCCOYS) contracted for the operation of the facility with the Muskogee County Board of Commissioners. On the day of the OJSO visit, the census was ten.

Persons Interviewed

- Entry interview and an exit conference with the Superintendent
- Interview with the Superintendent, relative to use of force/physical restraint and mechanical restraint
- Four residents
- Two direct care detention staff members

Documentation Reviewed

- Case records on two residents
- Personnel files of two detention staff members
- Resident Handbook
- Facility daily population report
- Facility four-week staffing schedule
- Facility room confinement log for September, October, and November 2005
- Facility critical incident log for September, October, and November 2005

- Three incident reports involving room restriction or confinement from September, October, and November 2005
- Resident grievances filed during September, October, and November 2005
- Facility policy for the use of mechanical restraints
- Facility policy for the use of force/physical restraint
- Office of the Oklahoma State Fire Marshal's inspection report of May 26, 2004
- Oklahoma State Department of Health's inspection report of September 20, 2005

### Areas Toured

- Dayroom, wings, and sleeping rooms
- Outside secure recreational area
- Kitchen

### **Overview**

### Interviews

Four residents were interviewed about their perceptions of feeling safe, detention program services, the residents' rights, discipline practices, and other detention care issues. Overall, the residents' responses were positive about the quality of life in the facility, interactions with the staff, and regular participation in program activities. None of the four residents interviewed had been physically restrained, but one of them noted that another resident had been improperly restrained while in his room. Subsequently, the incident was discussed with the Superintendent, and as noted below, was reported by the facility to the Office of Client Advocacy (OCA) of the Department of Human Services. No other issues of concern were identified from the resident interviews.

One detention worker from the morning shift and one from the afternoon shift were interviewed relative to detention practices. Both staff members reported receiving appropriate training for their positions and appeared to be familiar with practices in compliance with detention services and activities for the residents. No issues of concern were identified from the staff interviews.

The Superintendent was interviewed relative to detention practices regarding the use of physical restraint and mechanical restraint. His responses were in agreement with the facility's written policies and with the OJA detention certification standards.

### Documentation Reviews

The case files on two residents and the personnel files of two detention workers were reviewed for compliance for detention certification standards. The files were well-organized and materials were easy to locate. All four of the files reviewed were complete for the items reviewed on the day of the visit.

Five resident grievances had been filed during the three-month period reviewed. All five had been resolved on the same day they were filed.

The Oklahoma State Department of Health's inspection report of September 20, 2005, cited that dishes were not to be stored on towels. The Office of the Oklahoma State Fire Marshal's inspection report of May 26, 2004, cited no issues.

### Room Restriction/Room Confinement Review

The incident log recorded seven incidents during September, October, and November 2005. Four of the incidents resulting in the use of room restriction for a period not exceeding sixty minutes were documented. One of the instances of room restriction also involved the use of physical restraint.

One incident from each of the three months of the review period was selected for further review. In the first incident, a resident was placed in his/her room for an hour for making inappropriate comments to another resident. In another of the incidents, a resident was placed on one of the wings for threatening another resident. He/she was released after forty-five minutes.

According to the documentation in the third incident reviewed, at 5:50 p.m., two juveniles were directed to go to separate wings for a rule violation and a third juvenile struck a window with his fist. All of the residents were then sent to their rooms for reasons of safety. One of the first two residents became physically threatening, assaulted the staff members, and began pounding the wall in his room with his fists. He was physically and mechanically restrained at 6:20 p.m.

The residents not involved in the third incident were released from their rooms when the facility was secure at 6:30 p.m. The resident who was mechanically restrained was deemed to be calm, and the restraints were removed at 7:00 p.m. The resident was examined and was treated for the scrapes to his knuckles. The OJSO recommended to the Superintendent that this incident be self-reported to the OCA. The OCA referral log was subsequently reviewed; the incident had been reported by the facility to the OCA the day after the OJSO visit. The OCA referred the incident back to the facility for a caretaker conduct review.

In all three instances reviewed, the OJSO found that the incidents met the criteria for the actions taken and that the documentation of the incidents was in compliance with the OJA detention certification standards.

### Facility Tour

The OJSO conducted a tour of the facility. The fixtures and equipment were in good repair, with the exception of one piece of upholstered furniture on the west wing that had a tear in the covering. The Superintendent said that the MCCOYS Director had arranged for

someone to make the repair, but they were waiting for the work to be done. On the day of the OJSO visit, the facility was clean and the staff demonstrated appropriate interactions with the residents. No issues of concern were identified from the tour.

### **Summary**

On the day of the OJSO visit, the facility, staff, and program were found to be in compliance with established responsibilities.

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