

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

Name and Location of Facility: Northwest Oklahoma Juvenile Detention Center
Woodward, Oklahoma

Date of Visit: May 27, 2008

Oversight Reviewer: Dana S. Holden, Oversight Specialist

Focus of Visit: Unannounced Visit, 2008

Date: August 25, 2008

General Information

The Office of Juvenile System Oversight (OJSO) conducted a routine, unannounced visit on May 27, 2008, to the Northwest Oklahoma Juvenile Detention Center, located in Woodward, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities. The facility is certified by the Office of Juvenile Affairs (OJA) for ten juveniles. The OJA contracted with the Woodward County Board of Commissioners to manage the detention center and, in turn, the County Commissioners subcontracted with Eastern Oklahoma Youth Services for the day-to-day operation of the facility. The detention center provides regional services to other counties. On the day of the OJSO visit, the census was ten.

Persons Interviewed

- Entry interview and an exit conference with the superintendent
- Two direct care staff members
- Three residents

Documents Reviewed

- Personnel files and training records of the two direct care staff members interviewed
- Files on four residents
- Office of the Oklahoma State Fire Marshal report dated January 10, 2008
- Oklahoma State Department of Health Food Inspection report dated September 17, 2007
- OJA Office of Public Integrity monitoring report dated January 22, 2008

Findings

Interviews

The OJSO interviewed three residents. The interview questions pertained to the residents' perceptions of safety, detention program services, resident rights, discipline practices, and other residential care issues. Responses to the interview questions indicated:

- All interviewees felt safe at the facility.
- All participated in recreational services; however, the majority of the residents reported they were not allowed outdoor recreation time.
- All had access to medical care.
- All were knowledgeable of the residents' rights.
- Residents received enough to eat.
- All rated the food as good.

Two direct care staff members were interviewed. Both staff members:

- reported receiving appropriate training for their positions; and
- demonstrated familiarity with policies and procedures.

File Reviews

The OJSO reviewed the files on four residents. The files were complete for the items reviewed, and the documents were easy to locate. No issues of concern were noted from the resident files reviewed.

The personnel files and training records of two direct care staff members were reviewed for compliance with detention certification standards. The files were well-organized, and the materials were easy to locate. The OJSO noted:

- One file did not document that three reference checks were made regarding the employee.
- One file did not contain documentation of current tuberculin testing.

No other issues of concern were identified from the staff files reviewed.

Room Confinement/Room Restriction Log

The OJSO reviewed the room confinement/room restriction log for January 1 through May 6, 2008. The OJSO noted:

- Three instances of room confinement did not meet criteria for the room assignments.
- In one instance of room assignment, a resident was asked for his glass and "did so in an aggressive manor [sic]." The log stated that the resident was placed on room

restriction; however, the length of time the resident was assigned to his room constituted room confinement.

- Documentation indicated that after the resident on room confinement agreed to cooperate with staff, an hour passed before the resident was released from room confinement back into the general population.
- Documentation did not indicate that observations were made every fifteen minutes of two residents on room confinement.
- In documentation regarding one instance of room confinement and one instance of room restriction, the reasons for the room assignments were not listed.
- In two instances, residents were placed on “wing confinement” in excess of the one-hour time limit. The length of time for the wing confinement constituted room confinement.
- In one instance of room restriction, the date of the incident was listed differently in the incident report than was recorded on the room restriction log.

Documents Reviewed

The OJSO reviewed the most recent inspection reports by the fire marshal’s office and the health department; no violations were cited in either report. The violations cited in the most recent OJA Office of Public Integrity monitoring report were:

1. Section 3, Institutional Operations: Two of four incidents of room confinement did not meet criteria for the room assignments.
2. Section 5, Personnel Records: One staff file did not contain documentation of current tuberculin testing.
3. Section 7, Juvenile Interviews: One juvenile reported that residents were not allowed out of their rooms when only two staff members were on-duty.

The facility had submitted a corrective action plan or had corrected all of the deficiencies noted, prior to the OJSO’s visit.

Summary

Overall, the facility appeared to be meeting the needs of the residents. The lack of outdoor recreational opportunities, due to the facility being short-staffed, was concerning. The facility superintendent advised that for security reasons, residents were not allowed outdoor recreation when only two staff members were available to work a shift. An exit conference was conducted with the facility superintendent and all of the findings were discussed.

Area of Concern

1. Documentation in the room confinement/room restriction log was incomplete or inaccurate. In one instance of room confinement and one instance of room restriction, documentation did not indicate the reasons for the room assignments. In

another instance of room restriction, the date of the incident listed in the incident report was different from the date recorded on the room restriction log.

Violations

1. Residents were not allowed outdoor recreation time, due to the facility being short-staffed. OJA policy OAC 377:3-13-42, Juvenile rights, (5), in part, states, "A juvenile shall have access to on-site recreational opportunities, including daily outdoor exercise, weather permitting."
2. One staff file did not contain verification of three reference checks. OJA policy OAC 377:3-13-43, Staff requirements, (a), General provisions, (7), Personnel records, (A), in part, states, "The personnel record includes: (iii) three written references and/or documentation of telephone interviews."
3. One staff file did not contain documentation of current tuberculin testing. OJA policy OAC 377:3-13-43, Staff requirements, (a), General provisions, (5), Health requirements, (B), states, "Upon employment each employee who has not had a documented skin test within the past 12 months shall have a Mantoux tuberculin skin test"
4. Documentation indicated that residents were placed on room confinement for incidents that did not meet criteria for the room assignments. OJA policy OAC 377:3-13-44, Security and control, (c), (14), Room confinement, states, "Room confinement means locking a juvenile in his/her room when the juvenile has been charged with a major rule violation requiring confinement for his/her safety or the safety of others or to ensure the security of the facility."
5. Documentation indicated one resident remained on room confinement for an hour after the resident agreed to cooperate with staff. OJA policy OAC 377:3-13-44, Security and control, (c), (15), Procedure for room confinement or room restriction, (D), states, "The juvenile shall be released when staff determines that he or she can safely be returned to the group."
6. Documentation did not indicate that staff made fifteen-minute observation checks of two residents on 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."

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