

Honorable Richard W. Kirby
Presiding Judge
Juvenile Division

Lawrence E. Hicks
Director

OKLAHOMA COUNTY JUVENILE BUREAU

"Providing Opportunities for Success"

April 2nd, 2010

RECEIVED

APR 13 2010

OCCY

Lisa Smith, Director
Oklahoma Commission on Children and Youth
Office of Juvenile System Oversight
500 N. Broadway Avenue, Suite 300
Oklahoma City, Oklahoma 73102

Re: **Unannounced Visit, 2009**

Dear Ms. Smith:

The Auditors informed the Facility that the audit was an unannounced visit. The Auditors did not inform the Facility that they were going to conduct an investigation of a complaint that OCCY received. There has been no follow-up to the alleged complaint in the audit report or as a separate report. The stated purpose for the visit/audit should be more clearly stated.

Enclosed you will find our response to the OCCY area of concerns. Please let me know if you have any questions or if we can be of further assistance.

AREAS OF CONCERN

1. Nine instances of room confinement were not properly documented. The date and time of confinement and the date and time of release from confinement were identical.

RESPONSE:

Nine instances of room confinement were not properly documented. On January 20, 2010, we immediately corrected the problem. All staff had been trained over proper documentation by February 1st, 2010.

2. Documentation indicated that when a resident committed another rule infraction while on room confinement; the resident was not given credit for time already completed in room confinement. Documentation indicated that one resident remained 100 hours on room confinement because staff repeatedly restarted the resident's time.

RESPONSE:

Residents who are on confinement and commit another major infraction will be taken off of the current confinement and placed on a NEW confinement with a incident report reflecting the NEW infraction. There is no need to provide credit for "time served" since there are two totally different incidents with the same resident.

3. Grievance forms submitted by residents were not properly filled out by the residents or the grievance coordinator. Two grievances did not document resolutions, two grievances were not signed by the residents, two were not signed by the staff, and the resolutions on nine grievances did not specifically address the resident's issues.

RESPONSE:

On January 20th, 2010, the Facility Administrator immediately assigned the Youth Guidance Services Supervisor to oversee the grievance process and training was conducted and completed on February 1st, 2010 on the process of grievances. The grievances are audited internally for compliance and proper documentation.

4. The facility had exceeded its licensed capacity on the first day of OJSO visit.

RESPONSE:

This has been an ongoing concern for the Oklahoma County Juvenile Detention Center since before the expansion in 1999. The Facility Administrator has voiced his concern to the Bureau Director. The Bureau Director has voiced his concern to the Administrative Judge and the Board of County Commissioners and nothing has been done to correct this concern. However, the Bureau has put a procedure in place that will identify residents that can be released at the approval of the District Attorney's office and the Courts. OJA, OCA, OCCY and the Fire Marshall know of the Facility Exceeding its licensed capacity and nothing has been done to correct this concern.

VIOLATIONS

1. Residents were placed on room confinement for incidents that did not meet criteria for room confinement. OJA policy, OAC 377:3-13-44, Security and Control, (c) , (14), Room confinement , (A), states, "room confinement is used with detained juveniles:
 - i. for self protection
 - ii. to separate juveniles from fighting;
 - iii. to restrain juveniles in danger of inflicting harm to themselves or others;
 - iv. to restrain juveniles who have escaped or who are in the process of escaping;

- v. to prevent destruction of property if reasonably related to (i) through (iv); and
- vi. to stop behavior that incites other juveniles which jeopardizes the safety of staff and residents of the facility and is reasonably related to (i) through (iv)."

RESPONSE:

According to the OCCY auditors, residents being placed on confinement for "Inciting" did not meet criteria for room confinement. On January 20th, 2010, we immediately began to correct the violation. By February 1st, 2010, all staff was instructed that "Inciting" is never approved. Shift Supervisors have to approve any and all confinements. However, we do have a check and balance system in place for confinement documentation review. If it is found that a resident's confinement does not meet proper criteria, they are immediately released from confinement and returned to their previous level status. This is not a reoccurring event in our facility.

- 2. Thirty-eight instances of room confinement did not document a three-hour assessment of the juveniles' behaviors to determine whether or not the juveniles could be returned to the general population. OJA policy, OAC 377:3-13-44, Security and Control, (c), (14) Room Confinement, (B), states, "room confinement of juveniles shall be re-authorized every 3 hours , except during normal sleeping hours, by a supervisor/administrator who was not involved in the original incident...Reasons for continued room confinement shall be documented."

RESPONSE:

On January 20th, 2010, we began to correct the violation. Prior to this audit the practice was to NOT wake the residents who were on confinement and sleeping; to wake them in an effort to assess them. On January 20th, 2010 we began to correct the violation, the practice has been revised to actually waking the resident's up in order to assess them, unless it is normal sleeping hours.

- 3. Documentation indicated that residents and staff reported that staff removed all of the resident's personal property and bedding from the resident room when a resident was placed on room confinement. OJA policy, OAC 377:3-13-44, Security and control, (c), (15) Procedure for room confinement or room restriction, (C), states, "Juveniles placed on room confinement shall be afforded living conditions and essential services approximating those available to the general juvenile population. Exceptions shall be justified in writing by clear and substantial evidence."

RESPONSE:

On January 20th, 2010, we began to correct the violation. By February 1st, 2010, all staff had been trained in the new procedure that staff will ONLY remove items from the room if the resident's behavior warrants it.

- 4. Documentation indicated that residents on room confinement were not released from room confinement after the residents regained control of

his/her behavior, agreed to cooperate with staff, and could safely return to the general population. OJA policy, OAC 377:3-13-44, Security and control, (c), (15), Procedure for room confinement or room restriction, (D), states, "The juveniles shall be released when staff determines that he or she can safely be returned to the group."

RESPONSE:

It is at the determination of the supervisor if resident can be safely returned to the group. Resident's on confinement are assessed very carefully to determine whether or not they may be released from confinement. The supervisors who conduct the assessment will utilize documentation made by staff throughout the shift and/or speaking with staff as well as speaking directly with the resident themselves. If it is not clear that they do not understand their actions and the consequences then the resident will remain on confinement until their behavior is conducive to the safety and security of the Facility.

5. Documentation indicated that Unit B residents were not allowed to attend school when the facility exceeded its licensed capacity. OJA policy, OAC 377:3-13-42, Juvenile Rights, (14), states, "A juvenile shall receive educational instruction to which the juvenile is entitled under provisions of state education laws and regulations."

RESPONSE:

When over maximum license capacity, the Facility adheres to the 1 to 14 teacher to resident ration. The Facility sends those residents that have a positive behavior to school. The Facility has requested that school work assignments be made available for those residents that do not attend school. We have been informed that the OKCPS does not provide school work assignments for residents that do not attend.

6. Seven of the sixteen resident files reviewed did not contain documentation regarding authority to treat or medical consent. OJA policy, OAC 377:3-13-40, Records, (a), (16), in part, states, "Facility staff shall complete a confidential record. . . include, at the minimum. . . medical consent forms, court orders authorizing medical treatment, or documentation of request for medical consent."

RESPONSE:

The court order has a designated area that the court clerk or judge typically checks to reflect the Oklahoma County Juvenile Detention Center has authority to treat or to give medical consent. On occasion the check mark has been forgotten by the courts, yet the understanding is that the facility has custody of the juvenile and the right to give medical consent. The Juvenile Bureau has requested the court to revise the court minute form permanently to reflect this. The form change has been approved by the Bureau Director and the Administrative Judge is currently being reviewed by the Court system for implementation. In the interim, Detention staff is double checking the court minutes and if the box authorizing medical is not

checked the court minute is forwarded to the Chief of Court Services to have amended.

7. Documents did not indicate that staff remained with a resident while the resident was being mechanically restrained. OJA policy, OAC 377:3-13-44, Security and Control, (c), (9), Use of mechanical restraints, (I), states, "A juvenile placed in [mechanical] restraints shall not be left unattended."

RESPONSE:

Even though it was not documented it has always been our practice to remain with residents that were being mechanically restrained. On January 20th, 2010 we began to correct the violation. By February 1st, 2010, all staff had been trained to document that staff remained with resident while in mechanical restraints.

8. Documentation did not indicate that when residents alleged staff abuse or neglect on grievance forms that staff reported the allegations to the OKDHS OCA. OJA policy, OAC 377:3-1-25, Abuse, neglect, and caretaker misconduct, in part, states, "State law requires every person with reason to believe that a child or juvenile is or has been abused or neglected to report eh condition or incident to the appropriate office for investigation. Title 10 7004-3.4 (B)(2)* confers on OCA the responsibility of investigating allegations of caretaker abuse and neglect of juveniles, regardless of custody, residing outside their own homes, other than the foster care level."

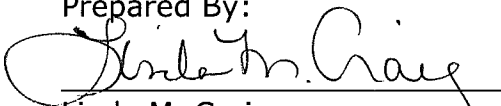
RESPONSE:

It is and has never been our practice to denote reporting of allegations to OCA on grievance forms. Reports of abuse are kept confidential to protect both the staff and residents. The Detention Administration maintains records and copies of reports which may be requested by any auditor during their visit.

In Conclusion:

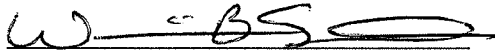
In the future, it would be appreciated if the report reflected just a few of the many positive areas regarding this facility. We are the only Detention Facility in the State that provides a department that deals with mental/ behavioral issues. We also have a volunteer program with over 150 volunteers. Even though, we may exceed our maximum license capacity, the residents' quality of life does not change. When mistakes are found they are immediately corrected before the reports are completed. I believe that audits typically reflect both negative as well as the positive, and should be recorded on permanent record as well.

Prepared By:



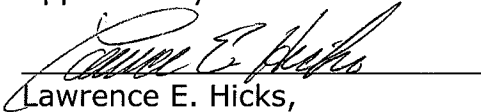
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