OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT

Name and Location of Facility: Osage County Juvenile Detention Center
Pawhuska, Oklahoma

Date of Visit: June 30, 2010

Oversight Reviewer: Janice Sharp, Oversight Specialist

Focus of Visit: Oversight Visit, 2010

Date: August 5, 2010

Introduction

The Office of Juvenile System Oversight (OJSO) conducted a routine, unannounced visit on June 30, 2010, at the Osage County Juvenile Detention Center, located in Pawhuska, Oklahoma. The detention center is collocated in the Osage County Jail. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The detention center was certified for eight juveniles by the Office of Public Integrity (OPI) of the Office of Juvenile Affairs (OJA). The OJA contracted with the Pawhuska County Board of Commissioners for the detention center, and, in turn, the County Commissioners contracted with Youth Services of Osage County, Inc. for the daily operation of the detention center. The detention center provided six beds for regional detention services to other counties and two beds for Osage County. The census on the day of the visit was eight males.

Interviews Conducted

- Entry interview with the detention supervisor
- Informal interview with the detention director
- Two facility detention officers
- Three residents
- Exit conference on July 15, 2010, with the detention director and the executive director of Youth Services of Osage County, Inc. and an informal exit conference with the detention supervisor

Documents Reviewed

- Two personnel files
- Three resident files
- Serious incident/restraint log and corresponding serious incident reports for January 1, 2010, through June 30, 2010
- Grievance logs and grievances for January 1, 2010, through June 30, 2010

- OJA letter dated March 5, 2010, attached to the Office of Public Integrity (OPI) annual assessment report dated February 18, 2010, regarding the OPI visit of February 11, 2010
- Oklahoma State Department of Health Jail Inspection report dated April 26, 2010
- Office of the Oklahoma State Fire Marshal inspection report dated February 2, 2010
- Resident handbook
- List of residents
- Staff roster
- OJSO report dated October 22, 2009, regarding the previous OJSO visit of September 30, 2009

Areas Toured

- Four resident rooms
- Shower on the lower level
- Dayroom
- Supervisor office

Findings

Resident Interviews

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

Each interviewee could name the OJA caseworker to whom his case was assigned, and each interviewee reported having been contacted by his OJA caseworker subsequent to the juvenile's placement at the facility. All three interviewees stated that they felt safe at the facility. When asked if there was anything that could be done to make the facility safer or better overall, two interviewees stated that the detention center needed to be cleaned regularly; the remaining interviewee could not think of anything to make the facility safer or better. All three interviewees reported that they had not been physically restrained for inappropriate behavior at the facility; one interviewee stated that he had been assigned to room restriction and room confinement at the facility. The majority of the interviewees reported having been cursed at or having witnessed other residents having been cursed at by a staff person at the facility. The three interviewees reported having received recreation every day, weather permitting. Examples of the recreation allowed were tossing a football, walking, jogging, and doing pushups. All three interviewees reported that they understood the grievance procedures; one interviewee reported having filed a grievance and knowing its outcome. The OJSO reviewed the grievance log and the grievances and found that the resident had filed a grievance and that he had documented on the grievance form that he was satisfied with the grievance resolution.

No other concerns were noted from the resident interviews.

Staff Interviews

The OJSO interviewed two direct care staff members. Both interviewees reported:

- current first aid training and cardiopulmonary resuscitation certification;
- current training in a behavioral management technique;
- receipt of written guidelines on the use of force; and
- training in suicide prevention.

Both interviewees demonstrated knowledge of policy and procedures regarding the use of mechanical restraints and described appropriate circumstances for when mechanical restraints could be used. Both interviewees reported that they had not physically restrained a resident at the facility in the past year. Each of the two interviewees stated that he/she had not witnessed a resident or staff member having been injured at the facility. The two interviewees were knowledgeable of the frequency of room checks for residents on standard observation.

Both interviewees stated that the grievance forms were accessible to the residents. The interviewees also stated that the residents received daily recreation, weather permitting; examples of recreation allowed were nerf ball, touch football, hacky sack, walking, and pushups.

No concerns were identified from the staff interviews.

Resident File Review

The OJSO reviewed three resident files. The files were well-organized, and the materials reviewed were easy to locate. The OJSO noted that one resident file contained a request for medical care form that indicated the resident had requested medical care on Saturday and was seen by a doctor the following Thursday, in which a medicine was prescribed for the resident. The medication record for another resident indicated that a medicine was not administered as prescribed. The prescription medication log for this resident documented that the resident was to receive a dose of the prescribed medicine every eight hours for seven days. Documentation indicated that after the first day of beginning the medication, the resident received three doses of the medicine daily, except for the second day of the schedule. According to the documentation, the last dose for the first day was administered at 9:00 p.m. On the second day, the resident received doses of the medication at 7:00 a.m. and 9:00 p.m., and the next dose was given at 7:00 a.m. on the third day. There was no indication on the prescription medication log as to the reason for the missed dosage. Even though the resident received three doses of the medication daily, with the one exception noted, the medication was not administered at eight-hour intervals, as prescribed. Documentation indicated that the dispensing schedule for this medication was at 7:00 a.m., 3:00 p.m., and 9:00 p.m. No other concerns were noted from the resident file reviews.

Personnel File Review

The OJSO reviewed the personnel files of two direct care staff members. The OJSO noted:

- One personnel file reviewed recorded tuberculin testing for the employee, but the result of the test was not documented. The other personnel file reviewed recorded tuberculin testing for the employee and documented the result of the test, but the signature of the person reading the test was not documented.

No other concerns were noted from the staff file reviews.

Observational Tour

Upon arrival to the area of the detention center within the jail, the OJSO noted a mop in a bucket sitting near the detention center door, and the area had an odorous smell. The OJSO conducted file reviews and interviews in the supervisor's office, which overlooked the dayroom. Accompanied by the detention director and the detention supervisor, the OJSO observed four resident rooms and the shower area on the lower level. The resident rooms needed a fresh coat of paint. The detention director explained that the walls had been prepared recently for painting, which was to take place in the near future.

No other concerns were noted from the observational tour.

Serious Incident Report Review

The OJSO reviewed incident reports, physical restraint reports, observation logs, the restraint log, and the room confinement log regarding seven incidents that had occurred in the time period of January 1, 2010, through June 30, 2010. The OJSO noted that it was difficult to discern from the narrative documentation whether or not room restriction or room confinement had occurred, as documentation did not clearly state the actual times when residents were in their rooms during wake hours. Below are excerpts from an incident report narrative.

> Approximate Time of Incident: 10:00 a.m. On above date and time all 3 residents were in dayroom having their break & snack. Staff heard (resident) start yelling and threatening the other resident . . . . All staff got between the 3 residents and (staff person) told all 3 (residents) to go to their rooms. Once residents were in their rooms, staff talked to each one separately to find out what happened . . . Staff stayed in the room with (resident) trying to get (resident) to calm down. . . Once resident was calmed down staff talked to (the other two residents involved in the incident). . . . All 3 residents were counseled with by staff and told that they were to stay in their rooms to cool off. (Staff person) had the second half of class canceled due to concern that a fight would start in the

classroom. Staff continues to counsel with all 3 residents. At 10:45 a.m., res.[resident(s)] came out in day room. (One of the three residents) wanted to stay in FB area (supervisor's office) and (staff person) feel that (resident) should remain in FB area for the safety of all residents.

Supervisors comments: (Resident) will remain in FB area away from other residents for all residents safety. All 3 residents we(re) told that fighting will not be tolerated.

11:30. During lunch (resident) went off again cussing and threatening (other two residents . . . . "

Because specific time periods were not documented for when the residents were separated from the general population, it could not be determined specifically when criteria was met for room restriction or room confinement.

No other concerns were noted from the serious incident report review.

Grievance and Grievance Log Review

The OJSO reviewed the grievance log and the grievances for January 1, 2010, through June 30, 2010. Two grievances were listed on the log for the time period reviewed. The log was complete for the information requested, and the grievances had been resolved informally in the required timeframe. No concerns were noted from the grievance and grievance log review.

Inspection Reports Review

The OJSO reviewed the most recent reports by the fire marshal's office, the OJA OPI, and the health department. The deficiencies cited in the fire marshal's report were: repair fire alarm per yellow tag requirements noted and replace painted sprinkler heads noted. The facility provided documentation to indicate that the deficiencies had been corrected. The health department report did not cite any deficiencies. The deficiencies cited in the OJA OPI report were:

Section 5 - Institutional Operations: One personnel file did not contain documentation to indicate the employee had received first aid training and CPR certification within ninety days of hire.
Section 9 – Facility Tour: The intercom in one resident room was not operational.

The detention center had provided documentation to the OPI to verify that the detention facility had come into compliance in both areas.

No concerns were noted from the inspection reports review.

Exit Conference

The OJSO conducted an exit conference on July 15, 2010, to discuss its findings from the oversight visit with the detention director and the executive director of Youth Services of Osage County, Inc. The OJSO provided a facility exit checklist form identifying the files that had been reviewed and the areas of concern/violations that had been noted from the visit. Each item listed on the exit checklist form was discussed, and the OJSO left a copy of the completed exit checklist form with the detention director and the executive director.

Five areas of concern were addressed and resolved during the exit conference. The areas of concern were regarding documentation of what appeared to be an untimely response to a resident's request for medical care; dispensing schedule for a medication; inadequate documenting of tuberculin testing results; cleanliness of the resident room walls; and alleged inappropriate behavior of a staff person.

At the time of the exit conference, the OJSO requested additional materials, which the facility promptly provided the next day via facsimile. The OJSO facsimiled an amended exit checklist form after review of the materials. The OJSO requested additional documentation from the facility on August 5, 2010, and received a facsimile containing the documentation on August 18, 2010.

The staff members encountered during the oversight visit and exit conference demonstrated a willingness and desire to provide good care to the residents and a commitment to act in the best interests of the residents.

Area of Concern

1. Timeframes for when residents were separated from the general population for inappropriate behaviors were not clearly documented in the facility's narrative documentation, which could appear to circumvent the requirements for room confinement.

Violation

1. Documentation indicated that a medication prescribed for a resident was not administered as prescribed, as a resident had missed a dose of medicine. OJA policy, OAC 377:3-13-45, Program and services, (a), (7), Medication, (A), states, "Prescription medication is only administered as directed by a physician."

Recommendation

1. Consider developing a spread sheet to document the time when residents remain in their rooms for behavior management, i.e., room restriction and room confinement. Include in the documentation the date and time the resident entered room restriction (cooling off period) or room confinement, the length of time the resident remained in room restriction or room confinement, the reason for the room restriction or room

confinement, and, if mechanical restraints were used, the time the restraints were placed on and removed from the resident and the identity of the staff person remaining with the resident while the mechanical restraints were being used.

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