

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

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

**Date of Visit:** October 6, 2005

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

**Subject:** 2005 Unannounced Oversight Visit

**Date:** March 6, 2006

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit to the Pittsburg County Regional Juvenile Detention Center on October 6, 2005. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The detention center was certified by the Office of Juvenile Affairs (OJA) for ten juveniles. The certification was valid until February 2006. The OJA contracted with the Pittsburg County Board of Commissioners for regional juvenile detention services. The Eastern Oklahoma Youth Services, Inc. contracted for the operation of the facility with the Pittsburg County Board of Commissioners. On the day of the OJSO visit, the census was ten.

Persons Interviewed

- Entry interview with the acting shift supervisor
- Subsequent entry interview with the Superintendent
- Interview with the Superintendent relative to use of force/physical restraints and mechanical restraints
- Three residents
- Two direct care detention staff members
- Exit conference with the Superintendent

Documentation Reviewed

- Case records on two residents
- Personnel files of two direct care detention staff members
- Facility's intake packet
- Facility's shift change report for October 6, 2005
- Facility's daily schedule
- Facility's room confinement logs for July, August, and September 2005
- Facility's critical incident logs for July, August, and September 2005

- Sample of four incident reports from July, August, and September 2005
- Facility's policy for the use of mechanical restraints
- Facility's policy for the use of force/physical restraints
- Office of the State Fire Marshal's inspection report of December 15, 2004
- Oklahoma State Department of Health's inspection report of November 17, 2004

### Areas Toured

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

### **Overview**

### Interviews

Three residents were interviewed relative to their perceptions of safety, detention program services, the residents' rights, discipline practices, and other detention care issues. Overall, the residents gave positive responses about the staff and the detention program. No issues of concern were identified from the resident interviews.

Two staff members were interviewed relative to their training and the facility's practices. Both demonstrated familiarity with facility policies and practices. No concerns were identified from the staff interviews.

The Superintendent was interviewed relative to the facility's use of force/physical restraints and mechanical restraints. The Superintendent's responses reflected compliance with detention certification standards.

### Documentation Reviews

The OJSO reviewed the case records on two residents for compliance with detention certification standards. Both of the files were complete for all of the items reviewed.

The personnel files of two direct care staff members were reviewed for selected items from the licensing standards. One of the files documented only two pre-employment references. The OJSO recommended that contact information for the individuals providing the references be maintained. Both of the files were complete for the other items reviewed.

The Oklahoma State Department of Health's inspection report of November 17, 2004, cited that a freezer needed to be defrosted and that a tile in the kitchen needed to be replaced. The tile had been replaced; however, the Superintendent noted that the tile continues to come loose and has to be replaced periodically.

The facility's policies regarding the use of force/physical restraints and mechanical restraints were reviewed for compliance with the detention certification standards. The

policy manual conformed to the standards and was in agreement with the Superintendent's responses to the interview.

The facility's critical incident/room confinement logs for July, August, and September 2005 were reviewed for compliance with the detention certification standards. According to the logs, the facility had no escapes, no suicide attempts, and no injuries during the three-month period. One instance of the use of mechanical restraints during the period was documented and was reviewed. The use of mechanical restraints appeared to meet the criteria and was documented according to the detention standards. There were no other incidents of use of force or physical restraint during the period reviewed.

### Room Confinement Review

According to the room confinement logs, there were twenty-four instances of the use of room confinement during the three months reviewed; although, in four instances, the confinement did not exceed sixty minutes. The period of room confinement exceeded twenty-four hours in three of the incidents. A sample of four incident reports from the three-month period was reviewed for compliance with the detention certification standards.

The incident narratives in each of the four incidents indicated compliance with the detention standards for the use of room confinement. The documentation clearly stated the date and time of room confinement and the administrator who authorized the admission to and the release from room confinement in each instance. The room checks noted the times and the person making the room checks. The narrative descriptions of the interventions attempted by the staff and the residents' behaviors indicated justification for the use of room confinement. However, the OJSO provided the Superintendent with suggestions for inclusion in room confinement documentation, including: clear description of the criteria for the use of room confinement; indication that the reasons for confinement were explained to the residents; and documentation that the residents were given an opportunity to explain his or her behaviors.

### Facility Tour

The OJSO conducted a tour of the facility. On the day of the OJSO visit:

- materials required to be posted were posted;
- the fixtures/equipment were in good repair;
- written emergency plans were available;
- key logs and medication records were current;
- staff-to-resident ratios and gender requirements were met;
- residents were comfortably dressed in sweat pants, tee shirts, and shoes with Velcro/hook and loop fasteners;
- three residents were on suicide alert and were participating in program activities with the general population; and
- staff demonstrated appropriate interactions with the residents.

No issues of concern were identified from the tour.

### **Finding**

The OJSO is mandated by statute to periodically inspect residential facilities for children in the State of Oklahoma. An oversight report is critical by nature. The finding listed below does not reflect or identify the positive findings, programs, and resources of the Pittsburg County Regional Juvenile Detention Center.

1. One personnel file contained only two of the three references required by the OJA detention certification standards [OJA Rules OAC 377:3-13-43, Staff requirements, (a), General provisions, (7), Personnel records, (A), (iii)].

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