

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

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**Name and Location of Facility:** Pittsburg County Regional Juvenile Detention Center  
McAlester, Oklahoma

**Date of Visit:** October 18, 2007

**Oversight Reviewer:** Dana S. Holden, Oversight Specialist

**Subject:** Unannounced Visit, 2007

**Date:** December 5, 2007

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**Introduction**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on October 18, 2007, to the Pittsburg County Regional Juvenile Detention Center in McAlester, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities. The detention center is certified for ten juveniles by the Office of Public Integrity of the Office of Juvenile Affairs (OJA). The OJA contracted with the Pittsburg County Board of Commissioners for regional juvenile detention services, and 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.

Interviews Conducted

- Entry interview and an exit conference with the Superintendent
- Three residents
- Two direct care detention workers

Documents Reviewed

- Case records on six residents
- Personnel files and training records of three detention workers
- Facility room confinement log for July and August 2007
- OJA annual assessment report of a visit on April 17, 2007
- Office of the State Fire Marshal inspection report of June 1, 2007
- Oklahoma State Department of Health inspection report of October 10, 2007

Areas Toured

- Dayroom, wings, and sleeping rooms
- Kitchen

## Findings

### Interviews

The OJSO interviewed three residents regarding their perceptions of safety, detention program services, resident rights, discipline practices, and other detention care issues. Two of the three youth interviewed stated that residents were allowed one hour of recreation per day and that they were allowed outside for recreation only if there were two male staff members on duty. One resident commented that the snacks given to the residents were out-of-date. No other issues of concern were identified from the resident interviews.

Two detention workers were interviewed. Both stated that residents were allowed from sixty to ninety minutes of recreation per day. One stated that the residents were allowed outside for recreation only if two male staff members were on duty. No other issues of concern were identified from the staff interviews.

### Documentation Reviews

The OJSO reviewed the case records on six residents for compliance with detention certification standards. The OJSO noted:

- None of the six files reviewed documented the residents' participation in recreational activities.
- One file did not contain a signed document indicating medical consent/authority to treat.
- One file documented the resident had been housed at the facility for 407 days and was twelfth on the placement list.

No other issues of concern were identified from the resident file reviews.

The personnel files and training records for three detention workers were reviewed. The OJSO noted:

- One file did not indicate current cardiopulmonary resuscitation (CPR) certification for the employee.
- Two files did not contain documentation of contact for the required number of references before the employees' hire.
- Two files did not contain documentation that the employees had fulfilled education requirements.
- The training record for one employee did not document any training hours, to date, for 2007.

The most current OJA annual assessment report cited the facility for violations of detention certification standards: Five of six staff files reviewed did not document verification of the employees' completion of high school (or an equivalent) and four staff files did not document verification of current CPR certification. The violations cited in the most current Oklahoma State Department of Health inspection report were: A tile by the dishwashing

machine needed replacing; there were no thermometers in the food freezer; and the lid on the chest food freezer had a broken seal. This investigator observed during the tour and through documentation that the deficiencies cited by the health department had been corrected. The most current inspection report by the Office of the State Fire Marshal did not cite any violations.

### Room Confinement Log

The OJSO reviewed the facility's room confinement log for July and August 2007; the log for September and October 2007 did not document any uses of room confinement. However, the OJSO noted from the review of the resident files that documentation indicated one youth had been placed on room confinement on eight occasions in September 2007; none of those incidents were documented in the room confinement log. The OJSO noted that in each incident of room confinement documented, after a resident demonstrated appropriate, safe behavior for release from room confinement into the general population, the resident was immediately placed on the wing for a period of time, separate from the general population. The amount of time the resident remained on the wing varied from one hour to several hours. The OJSO viewed this as a continuation of room confinement. Four incidents of room confinement reviewed did not meet the criteria of OJA policy for confinement, as required by OJA policy OAC 377:3-13-44, (c), (14). Residents were placed on room confinement for:

- refusing to do chores;
- falling asleep in class;
- disrespecting staff; and
- knocking over a chair.

### Observational Tour

The OJSO conducted a tour of the facility. None of the residents were on room restriction or confinement at the time of the visit. The OJSO noted that the stamped dates had expired on the snacks being given to residents. No other concerns were noted from the observational tour.

### **Area of Concern**

1. One resident had been housed at the facility for 407 days and was twelfth on the placement list.

### **Violations**

1. Documentation in one of the three staff training records reviewed did not indicate the employee had current CPR certification. Office of Juvenile Affairs policy OAC 377:3-13-43, Staff requirements, (a), General provisions, (8), Staff training, (F), states, "All direct-care staff shall be certified in cardiopulmonary resuscitation (CPR) within 90 days

after employment and recertified annually. CPR certification shall be counted toward the training requirements.”

2. Residents are only allowed sixty to ninety minutes of recreation per day. OJA policy OAC 377:3-13-45, Program and services, (a), (4), Recreation, in part, states, “Written policy and procedure provide a recreation schedule that includes at least one hour per day of large muscle activity and one hour of structured recreational activities.”
3. Residents are not afforded daily outdoor recreational time. 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.”
4. Two of the three staff files reviewed did not document the facility’s contact with the required number of references. OJA policy OAC 377:3-13-43, Staff requirements, (a), General provisions, (7), Personnel records, (A), (iii), states, “The personnel record includes three written references and/or documentation of telephone interviews.”
5. Two of the three staff files reviewed did not document the employees’ educational qualifications. OJA policy OAC 377:3-13-43, Staff requirements, (c), Direct care staff, (1), Qualifications, states, “All direct-care staff shall be at least 21 years of age and possess a high school diploma or its equivalent.”
6. One of the six resident files reviewed did not contain a signed document indicating medical consent/authority to treat. OJA policy OAC 377:13-40, Records, (a), (16), states, “Facility staff shall complete a confidential record for each juvenile admitted to the facility and include . . . medical consent forms, court orders authorizing medical treatment, or documentation of request for medical consent.”
7. Eight incidents of room confinement documented in the file on a resident were not entered on the room confinement log. OJA policy OAC 377:3-13-44, Security and control, (c), (15), Procedure for room confinement or room restriction, (E), states, “A written record shall be maintained on any juvenile placed in room restriction or confinement. It includes a log stating who authorized the action, names of persons observing the juvenile and times of observation, the person authorizing release, and the time of release.”
8. Documentation indicated that residents demonstrating appropriate, safe behaviors for release from room confinement were placed on wing confinement for a period of time, prior to being returned to the general population. OJA policy OAC 377:3-13-44, Security and control, (c), (12), Procedures for separation from general population and/or general activities for disciplinary reasons, in part, states, “The juvenile shall be released when staff determines that he or she can safely be returned to the group.”
9. Four incidents of room confinement documentation did not meet the criteria of OJA policy regarding the confinement of residents. 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 (v); 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).”

## **Summary**

The only formal training documented for newly hired employees is observing other employees on the three shifts. New employees are given a policy manual and are expected to educate themselves on its contents. No follow-up ensuring new employees have familiarized themselves with the facility policies was documented. In addition, both the OJA and the OJSO had cited the facility for not maintaining current CPR certification on all employees and for not documenting that employees fulfilled educational requirements.

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