

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

Name and Location of Facility: Pottawatomie County Juvenile Detention Center
Carter Hall
Shawnee, Oklahoma

Dates of Visit: December 8 and 9, 2010
Exit conference: January 11, 2011

Oversight Reviewer: Janice Sharp, Oversight Specialist
Exit Conference: Janice Sharp and Jack Chapman,
Assistant Director of the Oklahoma Commission on
Children and Youth

Focus of Visit: Unannounced Visit

Date: January 19, 2011

Introduction

The Office of Juvenile System Oversight (OJSO) initiated an unannounced visit at the Pottawatomie County Juvenile Detention Center on December 8, 2010, and returned on December 9, 2010, to complete the visit. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The Office of Juvenile Affairs (OJA) contracts with the Pottawatomie County Jail Trust Authority for operation of the detention center. The facility was certified by the OJA for fourteen residents. On the day of the OJSO visit, the census was twelve.

Interviews Conducted

- Entry interview with the Detention Administrator
- Three residents
- Three direct care staff members
- Exit conference with the Detention Administrator and the Detention Commander

Documents Reviewed

- Three resident files
- Personnel files and training records for three direct care staff members
- Office of the Oklahoma State Fire Marshal report dated May 6, 2010
- Oklahoma State Department of Health Food Inspection report dated November 17, 2010

- OJA Office of Public Integrity (OPI) monitoring report dated January 21, 2010

- Facility incident/physical force log for January 1 through November 30, 2010
- Facility incident reports and corresponding behavior observation reports, room confinement review reports, and observation logs
- Facility use-of-physical force reports
- Facility voluntary room confinement forms
- Facility information reports
- Facility room restriction log for July 1 through November 30, 2010
- Facility room restriction reports
- Facility grievance log for January 1 through November 30, 2010
- Facility grievance reports
- Facility policies No. 12-5-1, Admission Procedure; No. 13-4-1, Juvenile Rights; No. 13-8-9, Communicable Disease Precautions/Medical-Isolation; and No. 13-8-20, Suicide Prevention and Intervention
- Facility resident handbook
- Facility list of current residents
- Facility staff roster
- OJSO report dated February 16, 2010, regarding the oversight visit conducted on November 4 and December 3, 2009

Areas Toured

An observational tour of the facility was not conducted.

Findings

Resident 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 detention program issues. The OJSO noted:

- All three interviewees reported that they received visits from workers assigned to their cases.
- All three interviewees stated that they attended school at the facility.
- All three interviewees stated that they felt safe at the facility.
- All three interviewees stated that a major rule violation, resulting in room confinement, was the worst punishment a resident could receive for inappropriate behavior.
- Two of the three interviewees reported that they had been placed in room confinement for inappropriate behaviors at the facility. When asked if staff had explained the reasons for the room confinement and if staff had given the interviewees an opportunity to explain their actions, both interviewees stated that staff had done so. The remaining interviewee stated that he/she had not been placed in room confinement at the facility.
- One of the three interviewees reported that he/she had been physically restrained at the facility; the other two interviewees reported that they had not been physically restrained at the facility.

- Two of the three interviewees reported that they had been placed in room restriction at the facility; the remaining interviewee reported that he/she had not been placed in room restriction at the facility.
- All three interviewees stated that the residents were allowed outdoors for recreation when weather conditions were appropriate for outdoor recreation.
- All three interviewees stated that they understood the facility's grievance procedures. Each interviewee reported that he/she had filed at least one grievance at the facility and he/she knew the outcome of the grievance.

No concerns were identified from the resident interviews.

Staff Interviews

Three direct care staff members were interviewed. The interview questions pertained to the staff members' perceptions of detention program services, resident rights, discipline policies, and other detention program issues. All three interviewees:

- stated that they were certified in first aid, cardiopulmonary resuscitation, and behavioral management techniques;
- reported that they had restrained a resident in the past year and that the residents and staff members involved had not received any injuries;
- stated that the facility had provided staff with written guidelines on the use of physical force;
- stated that they had received training regarding the use of mechanical restraints;
- demonstrated knowledge of when mechanical restraints could be used and when mechanical restraints were removed from a resident;
- stated that they had received training regarding suicide prevention and intervention;
- demonstrated knowledge of the frequency of standard and non-standard sight checks of the residents;
- stated that grievance forms were accessible to the residents; and
- indicated that residents received daily outdoor recreation, weather permitting.

No concerns were identified from the staff interviews.

Resident File Review

The OJSO reviewed three resident files for compliance with OJA standards. The resident files were well-organized and the materials were easy to locate. No concerns were noted from the resident files reviewed.

Staff File and Training Record Review

The staff files and training records for three direct care staff members were reviewed for compliance with OJA detention standards. The staff files were well-organized and the

materials were easy to locate. In one of the three staff files reviewed, the documentation of tuberculin testing for the staff member did not document the signature of the health professional reading the result of the test. When brought to the attention of staff, the facility provided verification that the test had been read by a health professional. No other concerns were noted from the staff files and training records reviewed.

Other Inspection Reports Review

The OJSO reviewed the most recent reports by the fire marshal's office, the health department, and the OJA monitoring unit. None of the three reports cited any deficiencies. No concerns were noted from the inspection reports reviewed.

Areas of Concern

None listed.

Violations

None cited.

Summary

Resident and staff interviews and file reviews documentation revealed that the facility had experienced at least three episodes of continuing inappropriate behaviors by some residents during the second half of 2010 that had disrupted the detention program from its normal daily operation. It appeared that some residents had displayed gang-related behaviors that had influenced other residents to act out as well. In the exit conference on January 11, 2011, the OJSO commended the facility administrators on the efforts of and the work by the facility administration and the staff members to maintain the safety of all residents and staff as well as to maintain the daily operation of the detention program during that challenging time. The OJSO and the facility administrators discussed that additional training on gangs and gang-related behaviors would be beneficial to the facility staff should the facility experience such inappropriate behaviors by residents in the future. The facility administrators were receptive to the additional staff training. The OJSO offered to help the facility to identify entities that provided training regarding gangs and gang-related behaviors.

In the exit conference, the OJSO provided the Detention Administrator and the Detention Commander with a facility exit checklist that identified the files reviewed and areas of concern and a violation, with the files identified in which the deficiencies were found. The OJSO and facility administration discussed each item listed. Subsequent to the exit conference and on the same day as the exit conference, the facility facsimiled documentation to the OJSO for the items that could be resolved. Items that were discussed with the facility administrators that required no written response were room confinement use; three-hour reviews for continued room confinement; written behavior notes by staff regarding room confinement and reviews for continued room confinement;

release from room confinement; observation checks during room confinement; written use-of-force reports; medical evaluations after physical restraints and mechanical restraint use; bed mats in the resident rooms during room confinement; and personal reference documentation for pre-hire purposes. In addition, the OJSO suggested that the facility report any medication errors that occur at the facility to the Office of Client Advocacy of the Oklahoma Department of Human Services.

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