

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

Name and Location of Facility: Sac and Fox Juvenile Detention Center
Stroud, Oklahoma

Date of Visit: December 17, 2007

Oversight Reviewer: Dana S. Holden, Oversight Specialist

Focus of Visit: Unannounced Oversight

Date: March 31, 2008

General Information

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on December 17, 2007, to the Sac and Fox Juvenile Detention Center, located in Stroud, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility is certified by the Office of Juvenile Affairs (OJA). The OJA contracts with the Lincoln County Board of Commissioners for twelve beds in the detention center, and the County Commissioners, in turn, contract with the Sac and Fox Nation for the operation of the facility. In addition, the Sac and Fox Nation has a memorandum of agreement with the law enforcement division of the United States Bureau of Indian Affairs to accept tribal children from in-state and out-of-state tribal courts. On the day of the OJSO visit, the census was twelve.

Interviews Conducted

- Entry interview with the Program Director
- Three residents
- Two direct care staff (resident advisors)
- Education Director
- Exit conference with the Facility Director

Documentation Reviewed

- Case records on four residents
- Resident Handbook
- Grievance log for September through November 2007
- Room restriction/confinement log for September through November 2007
- OJA Office of Public Integrity monitoring report dated May 9, 2007, and the facility response

- Oklahoma State Department of Health inspection report, dated August 28, 2007
- OJSO report, dated January 4, 2007

Observational Tour

- Some of the areas accessed by residents at the facility

Findings

Interviews

The OJSO interviewed three residents. The interview questions pertained to the residents' perceptions of safety, program services, resident rights, discipline practices, and other detention program issues. No concerns were noted from the resident interviews.

Two direct care staff members were interviewed. The interview questions pertained to the staff members' perceptions of program services, resident rights, discipline policies, and other detention program issues. No concerns were identified from the staff interviews.

File Reviews

The OJSO reviewed the files on four residents for compliance with detention certification standards. The OJSO noted that two of the files did not have documentation of the facility's authority to provide medical treatment to the residents. No other areas of concern were identified from the review of the resident files.

Due to the late hour of the day, the OJSO did not review personnel files. The program director advised that the files were kept at a different location.

Grievance Log Review

The OJSO reviewed the grievance log for September through November 2007. The OJSO noted:

- Eight grievances were not resolved in the required time limit.
- Five grievances did not list a resolution on the form.

Room Confinement/Room Restriction Log Review

The OJSO reviewed the room confinement/room restriction log for September through November 2007. The facility director stated that the log was incomplete and that she was in the process of creating a computer log for room confinement. The facility director also stated that some incident reports were not included in the log. The OJSO

recommended to the facility director that she update the log as much as possible now and then begin a new log starting on January 1, 2008. The OJSO noted:

- No incidents of room confinement were logged after September 9, 2007. The facility director acknowledged there were reports missing from the log, and the program director could not produce them.
- Incident reports were being kept in a separate log.
- No incident reports were logged after September 23, 2007. The facility director stated that there were some incident reports that were not in the log; however, it was unknown where they were at the time of the oversight.

Due to the records being incomplete, the OJSO was unable to assess accurately the facility's use of room confinement/room restriction.

Education Review

The OJSO interviewed the education director and conducted a review of the education program. The OJSO noted:

- The teacher stated she is licensed through the Oklahoma State Department of Education but not special education certified.
- The Stroud Public Schools were responsible for providing the teacher and materials for the facility.
- When an individualized education program (IEP) was needed for a resident, a special education teacher from the Stroud schools came to the facility and completed the IEP.
- It was sometimes problematic to obtain the resident's student information from the former school, prior to the resident's discharge from the detention center.

Observational Tour

The areas of the facility that the OJSO observed were clean and well-maintained on the day of the visit. The facility director advised the OJSO that the fire marshal's office had not inspected the facility because it is located on tribal land. The sprinkler system was inspected on June 20, 2007, and there were no deficiencies noted. No deficiencies were noted in the most recent health department monitoring report. The OJA inspected the facility on May 9, 2007, and cited the following deficiencies:

- Section 3: Entries in the room confinement log were not in chronological order. The times and dates did not match the time and date listed on the incident reports.
- Section 9: "The concrete borders need repair on the basketball court, the ceiling leaks in the counselors office, several walls in rooms need paint and the lights on the control panel were not working."
- Section 10: The OJA did not receive a corrective action plan regarding its visit on June 13, 2006. The facility director stated that the facility was going through a transition in leadership during the OJA visit in June 2006, and a corrective action

plan was not submitted. The facility director stated she has since submitted corrective action plans regarding that visit and the visit on May 9, 2007, which were accepted by the OJA.

The last visit to the facility by the OJSO occurred in June 2006. The issued report did not cite any violations.

Violations

1. Two of four resident files did not contain documentation authorizing consent for medical treatment. OJA policy OAC 377:3-13-40, Records, (a), (16), states, "Facility staff shall complete a confidential record for each juvenile admitted to the facility and include, at a minimum . . . medical consent forms, court orders authorizing medical treatment . . ."
2. Five grievances did not document that staff had resolved the issues with the residents. OJA policy OAC 377:3-1-28, General grievance procedure, (a), Informal grievances, (4), states, "The assigned staff shall review each grievance and attempt to resolve the grievance with the juvenile."
3. Eight grievances did not document that staff had resolved the grievances within the required time frame. OJA policy OAC 377:3-1-28, General grievance procedure, (a), Informal grievances, (5) and (6), states, "If the grievance is not resolved within three working days, the juvenile may appeal to the supervisor. The supervisor shall have (5) five days from receipt of the grievance to resolve the grievance."
4. The facility did not maintain an accurate room confinement log. The facility director stated there were reports missing, and incidents of room confinement had not been logged. 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."
5. The facility did not have a current inspection report from the state fire marshal's office. OJA policy OAC 377:3-13-48, Safety and emergency, (a), Fire protection, "Minimum state fire safety requirements for secure juvenile detention facilities are enforced by the State Fire Marshal's office. Documentation of compliance is available at the facility at all times."

DSH:js

