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Report of a Complaint Investigation
Central Oklahoma Juvenile Center
Tecumseh, Oklahoma

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Introduction

The Office of Juvenile System Oversight (OJSO) submitted a Confidential Report to the Office of Juvenile Affairs (OJA) in October 2019. This is the public version of that report.

The OJSO began an unannounced complaint visit on January 9, 2019. The OJSO continued the complaint visit on January 10, 18, and 24, 2019, and February 21, 2019, at the Central Oklahoma Juvenile Center (COJC) located in Tecumseh. The OJSO conducted an exit interview with the facility via telephone on March 27, 2019. A supplemental exit summary was emailed to the facility on August 8, 2019. The visit was in reference to a complaint received by the OJSO on January 2, 2019, that reported resident KF was found hanging by the neck in the Dorm B bathroom on Creighton Unit, by other residents housed on the unit. It had been alleged that three Residential Care Specialists (RCS) on the unit had not properly monitored KF as per facility policy. During the course of the complaint investigation, it was also alleged that a male staff member had inappropriate sexual relations with KF and two other residents at the facility, and that KF had been a victim of bullying by residents on the unit. The facility is a secured rehabilitation program for male and female juvenile (the females were placed at the facility August 2018) who are adjudicated Delinquent or Youthful Offender (YO), and in the custody of the Office of Juvenile Affairs (OJA). The COJC is licensed by the Office of Public Integrity (OPI) Division of OJA for eighty-two beds. The facility census was sixty on the initial day of the complaint visit (fifty-four males and six females).

All direct quotes used in this report are verbatim.

Interviews Conducted

- Entry interview with the interim superintendent, deputy superintendent, interim deputy superintendent, director of clinical services and systems review coordinator
- Three residents
- Ten RCS staff
- Three clinical staff
- Exit conference via telephone with the interim superintendent on March 27, 2019
- Supplemental exit summary was emailed on August 8, 2019

Documentation Reviewed

- Census for the facility, including review of the residents' birthdates and admission dates
- Current staff roster
- Five resident treatment files
- Grievance logs/grievances from August 1, 2018 through January 9, 2019, the OJSO focused on the grievances that were filed by or on behalf of resident KF (CO-08-094, CO-09-005, CO-10-038, CO-11-025 and CO-01-004)
- Suicide Tracking Logs from August 1, 2018 through January 9, 2019
- Incident Reporting System logs (IRS) from August 1, 2018, through January 23, 2019
- Caretaker conduct review (CCR) logs from January 1, 2018 through February 4, 2019
- OPI Investigations log from August 1, 2018, through January 9, 2019
- Five OPI investigations (three administrative investigations and two criminal investigation reports) from November 8, 2018, through February 2019 (CO18-10-059, CO18-11-027, CO18-11-096, CO18-12-121, and CO19-01-005)
- Email from the OJA Advocate General dated December 28, 2018

Findings

<u>Resident Interviews</u>

The OJSO interviewed three female residents. The interview questions pertained to the residents' perceptions regarding safety, program services, resident's rights, disciplinary practices, and other residential program issues. The OJSO noted:

- Three residents reported that they had not witnessed bullying but stated it was "normal girl drama" and that the girls made up the next day.
- Three residents reported that they had witnessed other residents with contraband inside the facility. Examples from the interviews included pills, and objects that could and were used as weapons (e.g. glass, screws).
- Three residents reported that they had filed several grievances, all reported that the grievance system does not work, and the majority of the time they never hear from the grievance coordinator.
- Two of the three residents reported that they felt safe sometimes.

No other concerns were noted from the resident interviews.

Staff Interviews

The OJSO interviewed ten RCS staff. The interview questions pertained to the staff members' perceptions regarding resident's rights, disciplinary policies, and other residential program issues.

- Seven of the ten RCS reported that resident on resident and resident on staff assaults were commonplace at the facility.
- Seven of the ten RCS reported that they had witnessed other residents with contraband inside the facility (e.g. food, snacks, cell phones, joints, pills, cigarettes).
- Seven of the ten RCS reported that they had witnessed residents bullying each other.

Clinical Staff Interviews

The OJSO interviewed three clinical staff members. The interview questions pertained to the resident treatment files, treatment file documentation, and resident counseling.

- One clinical staff member reported that there was no follow up from a Behavioral Health Treatment Specialist contracted from the Oklahoma Department of Mental Health and Substance Abuse Services responsible for entering the data for monthly treatment plan reviews.

Resident Treatment Files

The OJSO reviewed five resident treatment files. The OJSO noted:

- Five treatment files reviewed did not contain documentation that monthly treatment plan reviews had been completed from August 2018 through December 2018.

Grievances Log/Grievances

The OJSO reviewed grievances from August 1, 2018 through January 9, 2019. The OJSO focused on grievances filed by or on behalf of resident KF. A total of five grievances were documented during the time period reviewed. Four grievances had been filed by KF (CO-08-094, CO-09-005, CO-10-038, and CO-11-025) and one grievance had been filed on behalf of KF (CO-01-004 dated January 6, 2019). The OJSO noted:

1. CO-08-094 dated August 25, 2018: the grievance had a date received stamp of August 28, 2018. Resident KF stated that the RCS II, "is constantly messing with someone." KF withdrew the grievance on September 6, 2018. Grievance resolved September 6, 2018

    - Grievance was logged "as received" three days after being filed.
    - Grievance did not meet the five-day time frame for resolution.

2. CO-09-005 dated August 31, 2018: the grievance had a date received stamp of September 4, 2018. Resident KF stated staff "refused to give me a halo [Handling Alternative Learning Outlets, H.A.L.O] at 7:53 pm."

    - Grievance was logged "as received" five days after being filed.

- No documentation had been noted of attempts to address this grievance or if KF had been contacted.

3. CO-10-038 dated October 28, 2018: the grievance had a date received stamp of October 29, 2018. Resident KF stated, "I signed my refocus plan but still haven't received it. I have to turn it in by Tuesday, and I don't have enough time to do it." The resolution was accepted on November 1, 2018.

    - No concerns were noted from this grievance.

4. CO-11-025 dated October 30, 2018: the grievance had a date received stamp of November 8, 2018. Resident KF reported staff allowed another resident to sleep on the couch, which she believed showed favoritism. The resolution was accepted on November 9, 2018.

    - Grievance was logged "as received" ten days after being filed.
    - Grievance did not meet the five-day time frame for resolution.

5. CO-01-004 dated January 6, 2019: the grievance had a date received stamp of January 8, 2019. The grievance stated, "at least 3 residents continuously told RCS…to check on resident KF and instead of physically checking on her she yelled and after getting no response she just sat back down and continued to talk about her relationship with her fellow co-workers." This grievance had been investigated by OPI (CO19-01-005).

    - Grievance was logged "as received" two days after being filed.
    - Grievance did not meet the five-day time frame for resolution.

No other concerns were noted from the grievances reviewed.

Suicide Tracking Logs

The OJSO reviewed the suicide tracking logs from August 1, 2018 through January 9, 2019. The OJSO focused only on the times resident KF was placed on Suicide Precaution (SP) and the length of each incident.

- Resident KF was placed on severe SP on October 31, 2018 at 1449 hours and remained on SP until November 7, 2018 at 1536 hours.
- Resident KF was placed on severe SP on November 11, 2018 at 0848 hours and remained on SP until November 19, 2018 at 1540 hours.

Incident Reporting System (IRS) Logs

The OJSO reviewed the Incident Reporting System logs from August 1, 2018, through January 21, 2019. The OJSO focused on IRS entries that related to resident KF. There were a total of fourteen documented incidents directly involving KF during the time period reviewed. Four of these incidents were investigated by OPI. The OJSO noted:

1. CO18-10-041 dated October 14, 2018, 1837 hours. A group of residents were returning to their unit when three of the residents started running towards the ball field. Resident KF was assisted onto the roof of the Garren building by one of the other residents. The two remaining residents were restrained by staff and placed in mechanical restraints almost immediately. KF remained on the roof until 1918 hours at which time she came down and was placed in mechanical restraints and escorted to Crisis Management Unit (CMU).
2. CO18-10-059 dated October 15, 2018. This incident was investigated by OPI. *See OPI Administrative Investigation Report.*
3. CO18-11-001 dated October 31, 2018, 1444 hours. RCS staff went to check resident KF in her room. They noted as they approached KF's room, "…she was at the end of her bunk; she had pajama pants wrapped around her neck." As the RCS began to untie the pajamas "…[KF] tried to fight her telling her to "not touch me", "let me do this." Staff called a signal for security assistance, and KF was escorted to CMU and placed on severe suicide precaution. Staff later documented, from statements made by KF, she had planned the incident so she could be placed in CMU with another female resident who had already been placed in CMU.
4. CO18-11-014 dated November 4, 2018. Resident KF picked up a metal object that had fallen on the floor and gave it to staff.
5. CO18-11-017 dated November 4, 2018, 1901 hours. A Signal 85 [i.e. a call for all available staff immediate assistance due to an active disturbance] was called to the Lodiska unit due to a resident on resident assault. When staff arrived multiple residents were assaulting each other and then began to physically assault staff. As other residents were restrained by staff, resident KF "…was placed in mechanical restraints…. While [KF] was in mechanical restraints she began banging her head on the floor in CMU and a signal 60 [i.e. a call for all available staff assistance due to an escalating situation] was called. A safety helmet was applied to [KF] by RCS staff."
6. CO18-11-020 dated November 5, 2018. Resident KF and Resident One would not "follow the rules of resident restriction." KF was then escorted to Ross (crisis center).
7. CO18-11-027 dated November 6, 2018. This incident was investigated by OPI. *See the OPI Criminal Investigation Report.*
8. CO18-11-042 dated November 9, 2018, 1625 hours. Three residents attempted to AWOL by jumping a fence and climbing a tree. The residents climbed back down and were escorted to CMU.
9. CO18-11-046 dated November 11, 2018, 0056 hours. Staff called a Signal 85 due to three residents "being disruptive after bed time and self harm by minor cutting to the wrists of each." The residents said they "have no intentions of serious harm, just a girls pact to show loyalty." Resident KF and Resident Two began attacking a female RCS "slamming her head into the floor multiple times. [KF] kicked her and punched her in on the face…." Staff then placed KF and Resident Two into mechanical restraints until they had calmed down and then placed them on close observation to sleep in the dayroom.
10. CO18-11-047 dated November 11, 2018, 0827 hours. Resident KF was on "Suicide Prevention" due to her actions during CO18-11-046. KF was allowed to use the restroom. When she exited the restroom at approximately 0832 hours she had a "cross shape cut into the left side of her face on her cheek." Two small pieces of glass were collected from KF.
11. CO18-11-052 dated November 12, 2018, 1832 hours. Resident KF and Resident Two entered the shower at the same time. Staff attempted to separate both residents, at which time, KF and Resident Two were placed in mechanical restraints and placed in separate cells.

12. CO18-11-096 dated November 25, 2018, 2223 hours. This incident was investigated by OPI. *See the OPI Administrative Investigation Report.*
13. CO18-12-088 dated December 16, 2018, 2200 hours. Resident KF tripped on her bedroom drawer, resulting in swelling on her left leg and ankle.
14. CO19-01-005 dated January 1, 2019, 1832 hours. This incident was investigated by OPI. *See the OPI Criminal Investigation Report.*

Caretaker Conduct Review (CCR) Log

The OJSO reviewed the CCR log from January 1, 2018 through February 4, 2019. Documentation recorded a total of thirty-eight CCRs for this period. There were no documented CCR's that related to resident KF.

Office of Public Integrity (OPI) Log

The OJSO reviewed the OPI logs from August 1, 2018 through January 9, 2019. The OJSO focused on OPI investigations related to resident KF. During the time period reviewed a total of five investigations listed KF as an alleged victim.

OPI Administrative/Criminal Investigation Report

The OJSO reviewed five OPI investigations (three administrative investigations and two criminal investigations) that related to resident KF which included allegations of inappropriate sexual contact between residents, lack of supervision, sexual battery/Rape II by staff, failure to provide heat to the unit, and lack of supervision. The OJSO noted:

1. CO18-10-059 "Administrative Investigation" completed on November 8, 2018. The allegations stated "…on October 15, at approximately 8:16 pm" Resident One made inappropriate sexual contact with KF and the staff "…did not intervene." Resident One placed a coat over her and KF's lap to cover up what they were doing. It was further reported by Resident Three that "she found someone had put white cream on her coat….and her clothing was covered in an unknown substance, which she reported to the staff."

   Resident One had been on Suicide Precaution at the time of this incident, which required the assigned staff view Resident One's hands at all times.

   - Surveillance video confirmed residents' inappropriate sexual contact and staffs' failure to intervene.

   - The allegations of unsatisfactory work performance which allowed two residents to engage in inappropriate sexual contact was confirmed against staff.

2. CO18-11-027 "Criminal Investigation" was completed on November 9, 2018 and finalized on February 13, 2019. Resident KF alleged that RCS Six made inappropriate sexual contact with her "on either 10/31/18 or 11/01/18 while [KF] was at the Crisis Management Unit in Suicide Precaution."

   - Surveillance video failed to confirm the allegations made by KF.

- The allegations of sexual battery/rape II could not be confirmed due to the surveillance video not supporting the allegations, lack of physical evidence, and lack of cooperation from the other persons allegedly involved.

3. CO18-11-096 "Administrative Investigation" dated November 25, 2018, 2223 hours. Two RCSs work performance was unsatisfactory, for failure to properly monitor Resident One on mild Suicide Precaution which allowed Resident One to cut on herself. A third RCS work performance was unsatisfactory for failure to properly monitor Resident One on mild Suicide Precaution by failing to position themselves so that Resident One's head and hands were visible at all times. This incident was discovered when other staff were reviewing surveillance video at a later time.

   - Surveillance video confirmed that the RCSs did not properly supervise Resident One while on mild Suicide Precautions.

   - The allegations of unsatisfactory work performance which allowed Resident One to engage in self-harming behavior while on mild Suicide Precaution was confirmed on all the RCS staff.

4. CO18-12-121 "Administrative Investigation" was terminated on January 3, 2019. The allegations stated "[on] December 22, 2018 at approximately 22:28, There was an incident in which four residents escaped from Lyda Unit and two of them were able to get on top of Lodiska Unit destroying the HVAC unit. The next day residents on the unit complained of being cold But nothing was done by COJC Administrators to rectify the situation like moving the girl's from the cold unit to another unit. By 12/28/18 the girls were still on a cold Unit. During the Friday morning meeting, It was reported that if the weather continues to get cold Administration would consider moving the girls to another location by lunch time this afternoon as I [the reporter] was writing this referral the girls had not been moved. This referral is to address the failure to provide sufficient heat to the girls on Lodiska Unit or mover the residents." This investigation was terminated due to the female residents being moved to a different unit with a working heater.

   - The case was terminated due to the residents being moved during the afternoon of December 28, 2018. The weekly average temperature from December 22, 2018 through December 28, 2018 was 44 degrees.

5. CO19-01-005 "Criminal Investigation" completed on January 22, 2019. The allegations stated, "...specifically alleged Caretaker misconduct due to resident [KF]... being left in the bathroom unsupervised for an extended period of time on January 1st, 2019. During this time, [KF] tied a sheet around her neck and hung herself from a vent in the bathroom staff on Creighton Unit. The incident ultimately led to the death of resident [KF] on January 8th, 2019."

   - A written summary of the surveillance video was used as evidence to support the findings of this investigation.
   - 6:04:05 pm Resident KF entered Dorm B.
   - 6:07:05 pm KF entered into Dorm B bathroom.

- 6:08:35 pm RCS Four entered the bathroom.
- 6:10:10 pm RCS Four exited the bathroom. RCS Five leaned against the staff desk.
- 6:16:47 pm RCS Five entered Dorm B.
- 6:17:21 pm RCS Five exited Dorm B, RCS Four is seated at the staff desk.
- 6:26:34 pm RCS Three entered the unit and relieved RCS Four.
- 6:28:00 pm RCS Four exited the unit.
- 6:30:30 pm Three residents entered Dorm B and went into the bathroom.
- 6:31:00 pm RCS Three and RCS Five entered Dorm B.
- 6:31:09 pm RCS Three entered the bathroom.
- 6:31:46 pm RCS Three exited the dorm and used the staff phone.
- 6:32:12 pm Additional staff arrived.
- 6:33:23 pm Medical staff arrived on the unit.
- 6:35:08 pm Staff arrived on the unit with the Automated External Defibrillator (AED).
- 6:40:22 pm the fire department and Emergency Medical Services (EMS) arrived at the facility parking lot.
- 6:42:07 pm The fire department and EMS entered COJC through the rear gate.
- 6:43:48 pm Two first responders with the fire department arrived on the unit.
- 6:45:58 pm Residents were moved off of the unit.
- 6:46:46 pm EMS paramedics arrive on the unit.
- 7:00:18 pm Paramedics exited the unit with KF on a stretcher.
- 7:06:50 pm EMS and the fire department left through the rear gate with emergency lights on.

- RCS Five and RCS Four reported that KF had been picked on throughout the day and she appeared to be sad on the evening of the incident.
- Staff interviews reported KF had recently found out that her time at COJC had been extended for a year.
- Resident interviews related KF had been placed on suicide precaution several times.
- RCS Five, RCS Four, and RCS Three said KF was often picked on by the other residents. They believed it occurred because male residents showed an interest in KF and the other girls were jealous.
- The female residents interviewed reported that KF was often picked on by the other residents with more dominate personalities.
- It was reported that the facility allowed co-ed movies, and female and male residents had been passing notes.
- RCS Five reported the ten minute shower rule had seldom been enforced on the girl's unit.
- According to RCS Four and RCS Three, RCS Three had not been informed KF was in the shower.
- Neither the Unit Log nor the Bathroom Log documented that KF was in the shower.
- KF entered the bathroom with a folded sheet and her hygiene kit, which had not been documented as being checked out. The sheet was used by KF to hang herself.
- RCS Four stated she had never received training for resident showers.
- RCS Four stated that she went into the bathroom to hug KF, and had been in previous trouble for hugging residents.
- Staff at the control center stated that they had never received training on how to contact emergency services.

- The allegations of unsatisfactory work performance, misconduct, neglect of duty, neglect, and caretaker misconduct by RCS Four were confirmed.
- The allegations of unsatisfactory work performance, misconduct, and neglect of duty, by RCS Five were confirmed.
- The allegation that RCS Three failed to properly supervise KF were not confirmed.
- No criminal charges were filed.

Areas of Concern

1. Three residents and seven RCSs reported that they had witnessed other residents with contraband inside the facility. Examples of contraband included pills, and objects that could and were used as weapons such as glass and screws.
2. Two residents reported they did not always feel safe.
3. Seven of the ten RCSs reported that resident-on-resident and resident-on-staff assaults were commonplace at the facility.
4. Documents reviewed and resident interviews indicate that residents could easily obtain sharp objects which they used to harm themselves.
5. The facility allowed co-ed movies and other co-ed activities, which allegedly caused some of the "bullying" incidents between the females. When the females were first placed back at COJC, OCCY had been informed that the males and females would be separated at all times.
6. Resident KF did not sign into the bathroom on the "Daily Bathroom Log."
7. RCS Four stated that she went into the bathroom to hug KF and had been in previous trouble for hugging residents.
8. Three residents reported that they had filed several grievances. All reported that the grievance system does not work and the majority of the time they never hear from the grievance coordinator.

Violations

1. Four of the five grievances reviewed exceeded the five-day time frame for resolution.
2. One grievance had no documentation that any attempt was made to address the grievance or contact resident KF.

<u>Policy/Procedure Violated</u>

- *OAC 377:3-1-28. General Grievance Procedure, (a), Informal grievances,* (5), states "[i]f the grievance is not resolved within (5) five working days (excluding weekends and holidays), the juvenile may seek review by the supervisor. (4), The assigned staff shall review each grievance and attempt to resolve the grievance with the juvenile. If the grievance is not resolved within (5) five working days (excluding weekends and holidays), the juvenile may seek review by the supervisor. (6), The supervisor shall have (10) ten working days (excluding weekends and holidays) from receipt of the review to resolve the grievance."

3. Seven of the ten RCS staff reported that they had witnessed residents bullying each other. This is supported by the by the OPI resident interviews for CO19-01-005, that resident KF was often picked on by the other residents with more dominate personalities.

4. Interviews from OPI investigation CO19-01-005 related RCS Five, RCS Four, and RCS Three informed the investigator resident KF was often picked on by the other residents throughout the day. They believed it occurred because male residents showed an interest in KF.

   Policy/Procedure Violated

   - *COJC Procedure CO30100.01, Resident Rights, (IV), Protection from Harm*, (C), states "[r]esidents shall not be subjected to corporal or unusual punishment, humiliation, disease, property damage, mental or personal abuse or harassment, personal injury or punitive interference with the daily functions of living...."

5. One clinical staff member reported that there was no follow up on a contracted clinical staff member responsible for entering the data for monthly treatment plan reviews.

   Policy/Procedure Violated

   - *OAC 377:3-13-140. Treatment programs*, (e), states "[t]reatment plan reviews shall be completed and documented on a monthly basis."

6. Four of the five grievances reviewed were not logged "as received" from two up to ten days after being filed.

   Policy/Procedure Violated

   - *OJA 377:3-1-28. General Grievance Procedure, (a), Informal grievances,* (3), states "[t]he grievance must be numbered and logged in a grievance log on the day the grievance is received and distributed to the appropriate staff, excluding a staff member who is the subject of the grievance, for processing and possible resolution."

7. Seven of the ten RCS staff reported that they had witnessed residents bullying each other. This is supported by the female residents interviewed by OPI for CO19-01-005, that resident KF was often picked by the other residents with more dominate personalities. The OJSO could not locate any documentation that staff had completed a multipurpose report for these incidents had been reported.
8. CO18-10-059 documented staff had been informed that a resident's coat had been "defiled", but staff "forgot" to report the incident.
9. Interviews from OPI investigation CO19-01-005 related RCS Five, RCS Four, and RCS Three informed the investigator resident KF had often been picked on by the other residents throughout the day. They believed it occurred because male residents showed an interest in KF and the other girls were jealous. The OJSO could not locate any documentation that staff had completed a multipurpose reports regarding resident KF being "bullied" by other residents.
10. Documents reviewed (see IRS and OPI reports previous referenced) indicated the female residents had engaged in inappropriate sexual contact on multiple occasions while staff looked on.

Policy/Procedure Violated

- *COJC Post Orders CO20100.14-7, General Duties*, states "[r]eport all Major Rule violations to the supervisor and JSOS on duty. Immediately request a major number from Control, complete the multipurpose report and request the major to be issues by the JSOS."

11. CO18-11-096 "Administrative Investigation" dated November 25, 2018, 2223 hours. Two RCSs' work performance was unsatisfactory, for failure to properly monitor Resident One on mild suicide precaution, which allowed Resident One to cut on herself. A third RCS work performance was unsatisfactory for failure to properly monitor Resident One on mild suicide precaution by positioning themselves where they could not see Resident One's head or hands at all times. These allegations did not come from staff working the unit, but when video was being reviewed for a "Use of Force Briefing" by other staff following the incident.
12. CO18-11-047 dated November 11, 2018, 0827 hours. Resident KF was on "Suicide Prevention" due to her actions during CO18-11-046. KF was allowed to use the restroom. When she exited the restroom at approximately 0832 hours she had a "cross shape cut into the left side of her face on her cheek." Two small pieces of glass were collected from KF.

Policy/Procedure Violated

- *COJC Procedure CO040400.02, Suicide Prevention and Precaution Program, (IV), Placement of Resident(s) on Suicide Precaution or Prevention*, (B), states "[w]hen a resident had been placed on suicide precaution, the staff will remain within close proximity of the resident and under continuous visual observation...."
- *COJC Procedure CO040400.02, Suicide Prevention and Precaution Program, (X), Behavior Observation Record (BOR) (OJA-ISD-67)*, (I), states "[s]taff shall ensure that the resident has NO access to any items that may be used to inflict self-injury.... Pat downs of a resident may be initiated at any time there is suspicion that the resident may have accessed any item that could harm them."
- *COJC Post Orders CO20100.14-7, General Duties*, states "[r]eport all Major Rule violations to the supervisor and JSOS on duty. Immediately request a major number from Control, complete the multipurpose report and request the major to be issues by the JSOS."

13. CO18-12-121 "Administrative Investigation" was terminated on January 3, 2019. The heat and air unit on Lodiska Unit (female dorm) was destroyed on December 22, 2018. The female residents had not been moved to a unit with working heat until after December 28, 2018. The HVAC unit still had not been repaired unit after the New Year. A referral was accepted as an OPI investigation, but then terminated due to the female residents being moved; however, according to the National Weather Service the weekly average from December 22, 2018 through December 28, 2018 was 44 degrees.

Policy/Standard Violated

- *ACA Standards, 3-JTS-2C-03, Revised January 1991*, states "[e]ach sleeping area has at a minimum, the following facilities and conditions...temperature that are appropriate to the summer and winter comfort zones."
- *ACA Standards, 3-JTS-2D-05, Heating and Cooling*, states "[t]emperatures in indoor living and work areas are appropriate to the summer and winter comfort zones. Comment:

Temperature and humidity should be capable of being mechanically raised or lowered to an acceptable comfort level."

14. Two of the RCSs interviewed in CO19-01-005 "Criminal Investigation", reported that resident KF had recently learned her custody had been extended for another year, the other female residents had been picking on her throughout the day, and she appeared "sad." The residents interviewed and documentation reviewed indicated KF had been placed on suicide precaution twice for extended periods of time. Given these factor the staff on the unit did not place KF on "Close Observation." Instead staff allowed her to take an extended shower, to give her some alone time.

Policy/Procedure Violated

- *COJC Procedure CO040400.02, Suicide Prevention and Precaution Program, (I), Definitions*, states "Close Observation is an increased level of supervision that is used when a resident has experienced an event in his life that is potentially traumatic or highly stressful and he needs additional services and support for a period of time."
- *COJC Procedure CO040400.02, Suicide Prevention and Precaution Program, (XV) (4-JCF-4D-07M)*, states "[a]ll staff is trained in the implementation of the 'Suicide Prevention and Intervention' procedure.... At a minimum, the training curriculum will include the following topics:

    A. Identifying the warning signs and symptoms of suicidal behavior.
    B. Understanding the demographic and cultural parameters of suicidal behavior, including incidents and precipitating factors.
    C. Responding to suicidal and depressed residents.
    D. Improving communications between correctional and health-care personnel.
    E. Understanding referral procedures.
    F. Understanding any special –housing, resident observations, and suicide watch-level procedures and requirements.
    G. Follow-up monitoring of residents who make suicide attempts
    H. Resident suicide research
    I. Identification of suicide risk despite the denial of risk...."

15. CO19-01-005 "Criminal Investigation" staff interviews indicated resident KF was allowed to take a shower because she appeared to be sad. When KF entered the restroom (which was not documented in the Unit Logs or the Bathroom Logs) she had her hygiene kit and a folded bed sheet (which she later used to hang herself). It is unclear if KF retrieved her hygiene kit from her cubical or retrieved it from staff. There was no documentation in the Unit Log Book or on the Bathroom Log as to where KF obtained her hygiene kit.
16. CO18-10-059 "Administrative Investigation" reported a number of females had access to a "white cream" substance (from a hygiene box) on the unit with which they "defiled" a resident's jacket.

Policy/Procedure Violated

- *COJC Procedure CO40200.01, Hygiene and Bathroom Supervision, (II), Hygiene Supplies*, states "[s]upplies necessary for maintaining proper personal hygiene are provided to all

residents. Each resident shall be provided soap, toilet paper, a toothbrush, toothpaste, comb or hairbrush, and special hygiene items for females. (4-JCF-4B-01) Each resident has a clear plastic storage box to hold his/her hygiene supplies. The boxes are stored in a central location on the unit and are kept locked when not in use."

- *COJC Procedures CO20100.14-7, Post Orders, Youth Guidance Specialist, General Duties*, states "...[e]nsure that daily logbook is up to date and entries are made as needed. Log the resident census counts, activities, unusual events, incidents, and groups as they occur."

17. CO19-01-005 "Criminal Investigation" video revealed at "6:07:05 pm resident KF enters the bathroom. 6:08:35: pm [RCS Four] enters the bathroom. 6:10:10 pm [RCS Four] exits the bathroom....6:17:21 pm [RCS Four] is sitting at the staff desk...."

Policy/Procedure Violated

- *COJC Procedures CO20100.14-7, Post Orders, Youth Guidance Specialist, General Duties,* states "[m]aintain constant supervision of residents during all activities and events. Monitor all bathroom use by standing in a proper location....Staff is to be posted at the dorm door, any time a resident is in the dorm area, during waking hours including resident shower time."

18. CO19-01-005 "Criminal Investigation" video revealed resident KF was alone in the bathroom for approximately twenty-one minutes without staff supervision. RCS Five reported that the ten minute shower rule was seldom enforced on the girls unit.

Policy/Procedure Violated

- *COJC Procedure CO40200.01, Hygiene and Bathroom Supervision, (I), Bathroom Supervision,* states "... [a]t no time will a resident be allowed more than 10 minutes in the bathroom.

19. According to RCS Four and RCS Three, RCS Three had not been informed that resident KF was in the shower.

Policy/Procedure Violated

- *COJC Post Orders CO20100.14-7, Post Order, Youth Guidance Specialist, General Duties,* states "...[w]hen assuming the post from outgoing YGS, get a verbal shift change report from the off-going shift, read the logbook for the previous shift, and sign-in the logbook (signatures from all on-coming staff required), that you have assumed the duty. An entry will be made in the logbook as to who is responsible for supervision of anyone on suicide precaution, and anytime a change in supervision is made. When being relieved, give a verbal briefing to the on-coming shift, and sign-out that you have been relieved, and by who."

20. RCS Four stated she had never received training on how to conduct resident showers.

Policy/Procedure Violated

- *COJC Procedure CO20100.07, Resident Supervision," (VII), Training*, states "[t]his procedure shall be included in new employee orientation and reviewed by supervisors with staff as changes are made."

21. Staff working at the control center, on the night of the incident, stated they had never received training on how to contact emergency services.

Policy/Procedure Violated

- *OJA Procedure CO40300.54-1*, states "[d]uring new employee orientation and annually thereafter, the four (4) minute response policy taught. (ACA 4-JCF-4C-54) This response time is essential in the event of a health-related incident of serious nature. All saved time in response is essential to in treating the injury. When a health-care emergency situation happens, staff on the scene will immediately begin First Aid/CPR if necessary. The staff will call over their radio 'Code Blue at (location),' speaking clearly and repeating the statement twice. Control will repeat the call twice repeating the location clearly. The control operator immediately calls 911 and requests emergency response by REACT and the Tecumseh Fire Rescue. At that point all available staff will respond to the area of the scene. The assigned JSO will respond to the clinic to assist the nursing staff with emergency equipment."

Central Oklahoma Juvenile Center
700 S. 9th Street
Tecumseh Oklahoma 74873
405-598-2130

February 3, 2020

Raegan G. Qualls, M.A.
Oversight Specialist III
Oklahoma Commission on Children and Youth
1111 North Lee Avenue, Suite 500
Oklahoma City, Oklahoma 73103

Ms. Qualls,

Our facility is sending you the attached information as a follow up corrective action plan response to the findings noted in the Confidential Report sent October 25, 2019.

If you need additional information, please contact the Superintendent's office at (405) 598-4107.

DMasquat

Dana L. Masquat
Institutional Superintendent

Central Oklahoma Juvenile Center
700 S. 9th Street
Tecumseh Oklahoma 74873
405-598-2130

TO: Raegan Qualls, Oversight Specialist III

FROM: Dana Masquat, Superintendent
Central Oklahoma Juvenile Center

DATE: November 21, 2019

RE: Office of Juvenile System Oversight (OJSO)
OCCY Confidential Report Visit 2019

The following is a response to the areas of concerns and violations noted in the October 25, 2019, memo and report from Raegan G. Qualls, OCCY Oversight Specialist III, in reference to Confidential Report Visits completed on March 28, April 3, 13, and 25, 2019.

Title of Section: (**Areas of Concern)**

Concern #1: *Three residents and seven Resident Care Specialists report that they had witnessed other residents with contraband inside the facility. Examples of contraband include pills, and objects that could and were used as weapons such as glass and screws.*

Response: A memo has been generated requiring all staff to read and sign acknowledging that they understand that according to COJC Procedure CO20100.06 Facility Access which states that all employees and visitors shall enter the facility through the Control Center unless the requesting staff member obtains prior written approval from the Institutional Superintendent/designee. All items brought into the facility will be searched. Employees may only carry small, clear, see-through bags or purses, one lip product (lipstick, chap-stick), an umbrella, no more than ten dollars cash, a lunch container, one comb or brush and eye glasses. Employees are to bring in the least amount of personal items necessary for their shift. In addition, staff are allowed to bring in sealed plastic bottled beverages. The Institutional Superintendent/designee is the only person authorized to make exceptions to this procedure.

Furthermore, all employees/visitors, to include volunteers and mentors, are required to pass through the metal detector, clear a hand-held metal detector and empty all pockets prior to entering the facility. All employees/visitors are pat searched. Professional visitors, i.e. auditors or inspectors, may carry briefcases, but these are inspected prior to leaving the Control Center.

Furthermore, administration has assigned regular RCS staff to the visitation post and Central Control. These staff members were trained to monitor and recognize any unauthorized items.

Concern #2: *Two residents reported they did not always feel safe.*

Concern #4: *Documents reviewed and resident interviews indicated that residents could easily obtain sharp objects which they used to harm themselves.*

Response: It is the practice of this facility to follow the guidelines set forth in the policy and procedures. Review of the daily security check guidelines are conducted with staff, to correct future inaccuracies. In the last several months we have increased the amount of security checks on each shift. We have placed a third staff member on the unit to increase safety and security. In addition, we have added and relocated camera locations for more visibility. The pat down procedures on residents have been increased during transitions to and from locations. There have been safety and security checks implemented on facility

Procedure:

CO20100.13
Daily Physical Security Inspection, shall be completed by the appropriate security staff and forwarded at the end of the shift to the Institutional Program Coordinator (IPC) /designee for review and filing.

Concern # 3: *Seven of the ten RCS members reported that resident-on-resident and resident-on-staff assaults were commonplace at the facility.*

Response: The facility's assaults have drastically decreased over the last year. The Administration Team has increased RCS staff on the units. There are three staff placed on the units at all time. This has allowed facility assaults to be reduced significantly. For example for the month of November 2018 there were 87 Uses of Force, whereas, in March 2019 there were 14. Staff assaults have also decreased drastically in the past months, for example in December 2018 there were 28 assaults on staff, whereas, there were four in March 2019. The Administration team has implemented enhanced training for the direct care staff, which has assisted in developing effective communication and de-escalation techniques.

Concern #5: *The facility allowed co-ed movies and other co-ed activities which allegedly caused some of the "bullying" incidents between the females. When the*

females were first placed back at COJC, OCCY had been informed that the males and females would be separated at all times. If the facility were to have present in the future, considerations will take place to assess the safety and risks of any co-ed activities. OJA's Chief Psychologist can help determine if co-ed activities are appropriate.

Response: There are currently no female residents that meet the requirement of secure facility placement status.

Concern #6: *The said resident did not sign into the bathroom on the "Daily Bathroom Log".*

Violation #20: *The RCS stated she had never received training on how to conduct resident showers.*

Response: Through training and staff development the shower procedures, and practices have been addressed and revised. On June 6, 2019 a practice memo was distributed to all COJC staff changing our Standard Operating Procedure for showers. All staff were instructed of the change and acknowledgment sheets signed. The changes include having two residents in the restroom at one time with staff in the room with them to monitor activities, and one staff at the entry to the dorm. It also specified the exact amount of time given in the shower (5 minutes) as well as at the sink (5 minutes). This also specifies that by staff closely monitoring their time they are responsible for documenting it as well.

Concern #7: *The said RCS stated that she went into the bathroom to hug the said resident, and had been in previous trouble for hugging residents.*

Response: The Office of Juvenile Affairs (OJA) Residential Placement Support (RPS), Juvenile Program Manual is presented during initial In-Service Training for all new COJC employees and an acknowledgement for completed by the new employee. A memo regarding Page 5 of the OJA RPS Juvenile Program Manual outlining appropriate interactions between staff and juveniles has be issued to all staff to read and sign acknowledging that they understand. Employee violations of the Juvenile Program Manual will be handled per OJA Policy 03-05-801 Progressive Discipline. A memo has been issued referencing the following OJA Policy addressing the appropriate codes of employee conduct: The said RCS is no longer employed by the Office of Juvenile Affairs.

Concern #8: *Three residents reported that they had filed several grievances. All reported that the grievance system does not work, and the majority of the time they never hear from the grievance coordinator.*

Violation #1: *Four of the five grievances reviewed exceeded the five-day time frame for resolution.*

Violation #2: *One grievance had no documentation that any attempt was made to address the grievance or contact the said resident.*

Violation #6: *Four of the five grievances reviewed were not logged "as received" from two up to ten days after being filed.*

Response: The grievance procedures have been addressed with department head staff regarding the grievance resolution timeframe of three working days. Staff has been instructed to follow policy guidelines and respond to the grievances within the policy timeframe. CO30100.02 III D. We have increased the level of accountability, and oversight to ensure grievances are resolved and in a timely manner. We will continue to strive for excellence in this area

The facilities grievances that were not resolved in a timely manner has drastically decreased over the last year. For example for the following months:

- December 2018 – 58 grievances filed with 20 unresolved.
- January 2019 – 37 grievances filed with ten unresolved.
- April 2019 – 67 grievances filed with zero unresolved.
- May 2019 – 74 grievances filed with zero unresolved.
- June 2019 – 73 grievances filed with zero unresolved.
- July 2019 – 43 grievances filed with zero unresolved.
- August 2019 – 54 grievances filed with zero unresolved.
- September 2019 – 64 grievance filed with zero unresolved.

Informal grievances CO30100.02

A. Residents shall try to informally resolve a minor grievance by writing a brief description of the problem and the name of the person or group with whom the resident wants to discuss the problem. The resident shall write the grievance on Statement of Informal Grievance and Resolution, form # OJA-AG-2, if possible. The resident shall put the completed form in the grievance box located on his/her unit.

B. Each day, the Social Services Inspector shall deliver the grievances to the appropriate staff for resolution.

C. The appropriate staff shall review each informal grievance and coordinate a meeting between all parties involved.

D. The resident may choose to submit a formal written grievance If the grievance is not resolved in three working days. The Social Services Inspector shall track the grievance to ensure compliance with this process.

E. Placement grievances and major grievances may not be resolved informally.

F. The Social Services Inspector shall track and monitor all grievances and forward to the Institutional Superintendent a copy of this tracking device on a monthly basis.

Violation #3: *Seven of the ten RCS staff reported that they had witnessed residents bullying each other. This is supported by the OPI resident interviews for CO19-01-005, that said resident was often picked on by other residents with more dominate personalities.*

Violation #4: *Interviews from OPI investigation CO19-01-005 related that RCS III and RCS II, and RCS three informed the investigator said resident was often picked on by the other*

residents throughout the day. They believed it occurred because male residents showed an interest in said resident.

Violation #7: *Seven of the ten RCS staff reported that they had witnessed residents bulling each other. This is supported by the female residents interviewed by OPI for CO19-01-005, that said resident was often picked on by the other residents with more dominate personalities. The OJSO could not locate any documentation that staff had completed a multipurpose report for these incidents had been reported.*

Response: Immediate response was taken, and several bullying groups were held on resident units. There has been an increased emphasis placed in the ongoing process groups and psychoeducational groups. The topic of bullying is within the curriculum utilized by clinicians and JJSs.

CO20100.04
Daily Shift Report
The Residential Care Specialist Supervisor (RCSS) will complete the Daily Shift Report form noting any pass- on items, items of concern or caution, security or safety issues. This form will be forwarded to the Institutional Programs Coordinator (IPC), Institutional Safety and Security Coordinator (ISSC) or designee for review. (4JCF-2A-10). He/she will compile and review for completeness and accuracy, all Physical Force reports OJA ISD 31) and Multi- Purpose Reports and Continuation Reports that are generated during the shift. This will be completed prior to the end of the shift. (4-JCF-2A-19)
II. Reporting Requirements

Any staff member involved either as a participant or witness to a reportable incident shall complete a detailed account of the incident on a Multi-Purpose Report, OJA form ISD-32 or on an IRS Report. Reportable incidents include, but are not limited to: (4-JCF-2A-19) (4-JCF-3B-08)
1. State or federal law broken by any person
2. Major rule violations
3. Minor rule violations resulting in CMU admission
4. OJA policy or COJC procedure
5. Injury to a person
6. Property damage
7. Use of force to control juveniles
8. Use of restraint equipment (other than transportation)
10. Important information reported to staff (including rumors)
11. Lost or missing keys
12. Lost or missing tools
III. Required Information – All Multi-Purpose Reports will contain the following:

A. Time and date of the incident;

B. In sequential order, the circumstances preceding the incident and the facts of the incident;

C. Name of the resident

D. Name of person writing report

E. All persons involved in the incident;

F. Detail the use of force employed;

G. Any rule violation

H. The justification for the use of force, including all efforts taken to avoid the use of force or the reasons for the lack of such efforts; and

I. Any resulting personal injury or property damage

J. All required signatures.

IV. Additional Pages

A. Staff shall continue writing on Multi-Purpose Report Continuation form # COJC SC-02 if two pages (front and back of OJA Form ISD-32) are not enough to complete the report.
B. Staff writing the report shall document the additional information on Multi-Purpose Report Additional form # COJC SC-03 if additional information is requested by reviewing staff.
V. Importance of Content – This is a legal document and may be used in court. Staff shall describe the details clearly and ***print*** *so every word is easily read.*

VI. Signature and Date – Staff writing the report shall sign and date the report. (4-JCF-2A-19) Names shall also be printed below staffs' signatures.

VII. Routing

A. If the report involves a juvenile, staff writing the report shall submit the completed report to the RCSS no later than the end of the shift of the staff writing the report.
1. The report will be placed in the resident's master file after review by by the Institutional Superintendent/designee (4-JCF-2A-19).

B. If the report does not involve a juvenile, staff writing the report shall submit the original to the RCSS and a copy to the appropriate supervisor no later than the end of the shift of the person writing the report.
B. The RCSS IV will review all reports. If there are any incident(s) involving a staff member in inappropriate behavior/conduct, the RCSS IV will immediately report to the Institutional Superintendent, Institutional Deputy Superintendent, or Institutional Safety & Security Coordinator.

C. The Institutional Superintendent shall notify the Institutional Services Division Director. (4-JCF-3D-01; 4-JCF-3D-02)

Violation #9: *Interviews from OPI investigation CO19-01-005 related RCS III, RCS II, and RCS III informed the investigator said resident had often been picked on by the other residents throughout the day. They believed it occurred because male residents showed an interest in said resident, and the other girls were jealous. The OJSO could not locate any*

documentation that staff had completed multipurpose reports regarding said resident being "bullied" by other residents.

Response: Immediate response was taken, and several bullying groups were held on resident units. There has been an increased emphasis placed in the ongoing process groups and psychoeducational groups. The topic of bullying is within the curriculum utilized by clinicians and JJSs.

Violation #11: *CO18-11-096 Administrative Investigation dated November 25, 2018, 2223 hours: Two RCSs' work performance was unsatisfactory, for failure to properly monitor said resident on mild suicide precaution, which allowed said resident to cut on herself. A third RCS work performance was unsatisfactory, for failure to properly monitor said resident on mild suicide precaution by positioning themselves where they could not see said resident's head or hands at all times. These allegations did not come from staff working the unit, but when video was being reviewed for a "Use of Force Briefing" by other staff following the incident.*

Violation #12: *CO18-11-047 dated November 11, 2018, 0827 hours: said resident was on "Suicide Prevention" due to her actions during CO18-11-046. Said resident was allowed to use the restroom. When she exited the restroom at approximately 0832 hours she had a "cross shape cut into the left side of her face on her cheek." Two small pieces of glass were collected from said resident.*

Violation #14: *Two of the RCSs interviewed on CO19-01-005, reported that said resident had recently learned that her custody had been extended for another year, the other female residents had been picking on her throughout the day, and she appeared "sad". The residents interviewed and documentation reviewed indicated said resident had been placed on suicide precaution twice for extended periods of time. Given these factors the staff on the unit did not place said on "Close Observation". Instead staff allowed her to take an extended shower, to give her some alone time.*

Response: There is currently new leadership in place who has identified areas of concern, and has enforced measures to resolve the Suicide Precaution (SP) procedure. By April 2019, a new process was developed: it is now the responsibility of the clinician who is assigned the resident who is placed on status to follow up daily. They are to ensure that the daily paperwork is being completed. The Clinical Service Director, Psych Clinician, and Psych Administrative Technician haves developed a quality assurance tracking system to ensure SP documentation is completed accurately and thorough, and complete discontinuance of status, and follow up within 72-96 hours of discontinuance of status. The department supervisor has conducted department meetings to convey the importance of collecting and maintaining the documentation. A memo was sent to staff for review and training. They were required to sign acknowledgment and understanding sheet. This was required to be completed prior to July 31, 2019; which was successful.

Procedure:

1. ***CO40400.02 A**. Any time a resident makes a suicidal gesture or threat, "**any staff'** will immediately place the resident on suicide precaution, initiate the SPCR form (SPCR-ISD-63) and will notify the Juvenile Security Officer Supervisor (JSOS). Other reporting staff will use multi-purpose report (ISD-32). All reports shall be entered into IRS before the end of shift. The JSOS will immediately make the appropriate notification to other personnel per the Critical/Major/Significant Incident Notification Check List (Form OJA-ISD-18).*
2. ***CO40400.02 G.** Unit staff and/or Juvenile Security Officers will ensure a pat down search is completed of the resident. The resident's room is searched and stripped of any items considered potentially harmful. The resident's room will be checked at the beginning and end of each shift. All personal items will be inventoried, stored on the unit, issued as needed and returned when the resident is removed from suicide prevention. Appropriate search forms (Form OJA-ISD-12 and Form OJA-ISD-13) will be completed and submitted to the JSOS prior to the end of the shift.*
3. ***CO40400.02 K.** The Consulting Psychiatrist, Psychological Clinician, or Nurse on Duty will evaluate the resident activities to determine potential risk factors and document any changes and reason for changes on the Behavioral Observation Record (BOR). Areas that may be affected by this may include, but not be limited to:*
    1. *School*
    2. *Skills Center*
    3. *Work assignments*
    4. *Recreational activities*

    Documentation in the resident's individualized treatment plan will be made to include a plan for monitoring, intervention and care and re-evaluation of the resident.

    *V. B. Staff on each shift responsible for supervision and observation of residents on suicide prevention will be required to document their review of all relevant suicide observations and their responsibilities regarding suicide observations (e.g., shower and bathroom supervision) on the Behavior Observation Record (BOR) ISD-67**.***

4. ***CO40400.02 XIII D.** A Suicide Tracking Outcome Form (ISD-66) shall be completed by the psychological clinician regarding the history of the suicide precaution episode, interventions utilized, results of the BSI and recommendation for follow-up treatment and concerns and submit to the Psychological Clinician Supervisor for signature. The record shall be maintained in the resident's psychological file.*
5. ***CO40400.02** SAME AS LISTED ON #3*
6. ***CO40400.02 IX M.** After removal of suicide prevention, the SPCR will be reviewed and signed by the Unit Manager and forwarded to the assigned Psychological Clinician for review and completion. The completed SPCR will then be filed in the resident's psychological file.*
7. ***CO40400.02 A**. Any time a resident makes a suicidal gesture or threat, "**any staff'** will immediately place the resident on suicide precaution, initiate the SPCR form (SPCR-ISD-63) and will notify the Juvenile Security Officer Supervisor (JSOS). Other reporting staff will use multi-purpose report (ISD-32). All reports shall be entered into IRS before the end of shift. The JSOS will immediately make the appropriate notification to other*

personnel per the Critical/Major/Significant Incident Notification Check List (Form OJA-ISD-18).

8. ***CO40400.02 G.*** *Unit staff and/or Juvenile Security Officers will ensure a pat down search is completed of the resident. The resident's room is searched and stripped of any items considered potentially harmful. The resident's room will be checked at the beginning and end of each shift. All personal items will be inventoried, stored on the unit, issued as needed and returned when the resident is removed from suicide prevention. Appropriate search forms (Form OJA-ISD-12 and Form OJA-ISD-13) will be completed and submitted to the JSOS prior to the end of the shift.*
9. ***CO40400.02 K.*** *The Consulting Psychiatrist, Psychological Clinician, or Nurse on Duty will evaluate the resident activities to determine potential risk factors and document any changes and reason for changes on the Behavioral Observation Record (BOR). Areas that may be affected by this may include, but not be limited to:*
    1. *School*
    2. *Skills Center*
    3. *Work assignments*
    4. *Recreational activities*

    Documentation in the resident's individualized treatment plan will be made to include a plan for monitoring, intervention and care and re-evaluation of the resident.

    V. B. Staff on each shift responsible for supervision and observation of residents on suicide prevention will be required to document their review of all relevant suicide observations and their responsibilities regarding suicide observations (e.g., shower and bathroom supervision) on the Behavior Observation Record (BOR) ISD-67.
10. ***CO40400.02 XIII D.*** *A Suicide Tracking Outcome Form (ISD-66) shall be completed by the psychological clinician regarding the history of the suicide precaution episode, interventions utilized, results of the BSI and recommendation for follow-up treatment and concerns and submit to the Psychological Clinician Supervisor for signature. The record shall be maintained in the resident's psychological file.*
11. ***CO40400.02*** *SAME AS LISTED ON #3*
12. ***CO40400.02 IX M.*** *After removal of suicide prevention, the SPCR will be reviewed and signed by the Unit Manager and forwarded to the assigned Psychological Clinician for review and completion. The completed SPCR will then be filed in the resident's psychological file.*

Violation #5: *One clinical staff member reported that there was not follow up on a contracted clinical staff member responsible for entering the data for monthly treatment plan reviews.*

Response: Case Management System Training was conducted on September 16, 2019. A subsequent meeting was conducted on September 24, 2019, with the COJC Superintendent, JJS Supervisor and Director of Clinical Services in which the Residential Placement Support's Deputy Director's directive was made clear regarding CMS entries being documented for the 1st of the month through the last day. In the meeting it was also conveyed via charts and diagrams why these Monthly Treatment Plan Reviews must be completed by the 10th of the following month in efforts to comply with OJA policy. All the counseling clinicians, including contracted, have been provided

a calendar of dates when the residents' monthly treatment plan review is due. The monthly treatment plan review is discussed in weekly group supervisions.

Violation #13: *CO18-12-121, This Administrative Investigations was terminated on January 3, 2019. The heat and air unit on Lodiska Unit (female dorm) was destroyed on December 22, 2018. The female residents had not been moved to a unit with working heat until after December 28, 2018. The HVAC unit still had not been repaired until after the New Year. A referral was accepted as an OPI investigation, but then terminated due to the female residents being moved; however, according to the National Weather Service the weekly average from December 22, 2018, was 44 degrees.*

Response: The female residents were moved to Creighton Unit on December 29, 2019. There was partial heat on Lodiska where the female residents were staying from December 22, 2018 until December 28, 2019. There was controlled temperatures in the dayroom area; this is where the girls were moved to until further accommodations could be made. There were extensive electrical damages on the roof of Lodiska. The Electrical contractor that was contacted determined that the conduit to each HVAC unit needed to be replaced, and new wiring ran from the circuit panel to each disconnect. A light fixture on the west end of the building needed to be replaced, and exhaust fan/duct work was necessary. Shawnee Electric prepared a quote for repairs, which was determined to be $4570.00 for the electrical damages. There were three HVAC units damaged, the cost was $930.00. These repairs were made in January 2019.

Violation #8: *CO18-10-059 documented staff had been informed that a resident's coat had been "defiled", but staff "forgot" to report the incident.*

Violation #10: *Documents reviewed (see IRS and OPI reports outlined in this report) indicated the female residents had engaged in inappropriate sexual contact on multiple occasions while staff looked on.*

Violation #16: *CO18-10-059 reported, a number of females had access to a "white cream" substance (from a hygiene box) on the unit, "defiled" a resident's jacket.*

Response: The OPI investigation on CO18-10-059 was confirmed on said staff member for unsatisfactory work performance, reprimanding discipline was imposed on January 3, 2019.

Violation #15: *CO19-01-005 staff interviews indicated said resident was allowed to take a shower, because she appeared to be sad. When said resident entered the restroom (which was not documented in the Unit Logs or the Bathroom Logs) she had her hygiene kit and a folded bed sheet (which she later used to hang herself). It is unclear if said resident retrieved her hygiene kit from her cubical or retrieved it from*

staff. There was no documentation in the Unit Log Book or on the Bathroom Log as to where said resident obtained her hygiene kit.

Violation #17: *CO19-01-005, video reviewed, reveals, "6:07:05 p.m., said resident enters the bathroom, 6:08:35 p.m., RCS II enters the bathroom. 6:10:10 p.m., RCS II exits the bathroom…6:17:21 p.m., RCS II is sitting at the desk.*

Violation #18: *CO19-01-005, video reviewed indicated said resident was alone in the bathroom for approximately twenty-one minutes without staff supervision. RCS III reported that the ten minute shower rule was seldom enforced on the girls unit.*

Response: The OPI investigation on two employees for neglect was confirmed. Of the two employees, one had resigned, and the other was terminated.

Violation #19: *According to the RCS staff members on duty the RCS III had not been informed that said resident was in the shower.*

Response: This instance was not a change in shifts; this was a change in the staff member from the RCS II to the RCS III (supervisor) to supervise the shower. Per video review, the RCS III stands and supervises the shower.

Violation #21: *Staff working at the control center, on the night of the incident, stated they had never received training on how to contact emergency services.*

Response: Security has increased the number of Code Blue drills that are conducted throughout the year. Weekly and monthly security meetings are held to discuss the behaviors of juveniles, or any special incident that needs to be closely monitored. When a Code Blue is called, it is now an automatic response that 911 is called by the control center. When the nurse arrives, they determine the level of severity, the nurse is provided a phone to confirm or deny the need for the first responders.